Physical Boundaries and Social Networks: How Structural Configurations and Networks of Support Influence Life Satisfaction in Assisted and Independent Living Facilities

Morgan Watts
morgan.watts@otterbein.edu

Follow this and additional works at: https://digitalcommons.otterbein.edu/stu_honor

Part of the Psychology Commons

Recommended Citation
https://digitalcommons.otterbein.edu/stu_honor/64
Physical Boundaries and Social Networks: How Structural Configurations and Networks of Support Influence Life Satisfaction in Assisted and Independent Living Facilities

by

Morgan Watts

Department of Psychology

Otterbein University

Westerville, Ohio 43081

March 29, 2018

Submitted in partial fulfillment of the requirements

For graduation with Honors

Dr. Robert Kraft  ____________________________
Honors Advisor (Please print name)  Advisor’s Signature

Dr. Michele Acker  ____________________________
Second Reader (Please print name)  Second Reader’s Signature

Erica Van Dop  ____________________________
Honors Representative (Please print name)  Honors Rep’s Signature
Acknowledgements

I would like to sincerely thank all those who have helped me along my research journey, academic career, and personal endeavors. Without their guidance, knowledge, and support I would not have been able to accomplish many of my academic successes thus far.

Dr. Robert Kraft- I can not thank you enough for your guidance and wisdom throughout this process and throughout these last four years. You have allowed me to discover the areas of research that interest me the most, also while teaching me the tools and knowledge necessary to help me reach my goals. Thank you for your encouragement and your active interest in not only this project, but in my future steps after Otterbein. I have always been able to confide in you about different decisions and life paths knowing you would give me the most honest and invaluable advice. Thank you for advising me through this project as well as advising me through searching for graduate school. I can’t thank you or let you know how much I appreciate everything you have done enough.

Dr. Michele Acker- Thank you for your many aspects of insightfulness and encouragement over these last four years. As my academic advisor, you have guided me to be as academically successful as possible while also providing me with opportunities to figure things out for myself. Through academics, travel, and research you have always made me strive to explore new ideas and activities that has helped me grow as a student. Thank you for all your instruction throughout this research project as well as my search for graduate school. I can not thank you enough for all the energy and time you have dedicated to me.
Dr. Cynthia Laurie-Rose- I want to thank you for seeing potential in me from the very beginning. It was your advice that I should join the honors program my freshman year or I wouldn’t be where I am at today. You have always encouraged me to aim higher and have been there to support me when I did. From convincing me to join the honors program, to being one of my professors, and to helping me look for graduate schools; you have been a vital support in my Otterbein career and I am extremely thankful for all that you have done.

I would also like to thank my honors representative Erica Van Dop, Dr. Karen Steigman, and the Honors Program for the instruction and support given over the past three years. Thank you to the Otterbein Psychology Department for all the preparation you have given me. Thank you to Dr. Frey for helping me with analysis and editing of this research project. Thank you to the Otterbein Student Research Fund, the Undergraduate Research and Creative Work Summer Stipend, and Larry Cox Research Award for providing me with the funding necessary to complete this research as well as present at a conference. A big thank you also goes to the two facilities that made it possible to complete this research. Thank you to Friendship Village and Oakleaf Village staff, residents, and participants for allowing me to get to know your residents, your community, and making the whole process welcoming and accessible.

Finally, I would like to say thank you to all my friends and family. Thank you all for your endless encouragement, support, and reassurance throughout this process. Thank you for always standing by me through the ups and downs of the past four years. I owe a lot of who I am and the accomplishments I have made today because of all those around me who show unconditional love and support.
Abstract

As the elderly population continues to grow, the importance of gaining knowledge on how assisted and independent living facilities affect residents’ psychological, social, and physical well-being also continues to grow. This research looked at how the structural difference of independent and assisted living facilities (the integration of living and recreational areas between different levels of assisted residents) affect residents’ social support networks and happiness in independent living as compared to assisted living. A qualitative analysis was used to determine other important themes about the well-being of these older adults.

The two facilities used in this study included Friendship Village, which does not integrate living and recreational areas, and Oakleaf Village, which does integrate living and recreational areas. To complete this research, participants from these two facilities completed an interview as well as a happiness questionnaire. Interviews were tape recorded, transcribed, coded, and compared with the results of the happiness questionnaire.

Quantitative analysis concluded independent living residents at Friendship Village were significantly happier than independent living residents at Oakleaf Village and across both independent and assisted living, participants at Friendship Village were significantly happier than participants at Oakleaf Village. Qualitative analysis found multiple themes during interviews including relocation, socialization, physical health, finding meaning in life, and opinions of other residents. This study has been able to continue building knowledge and information about the older adult population. There is, however, a need for more answers on the influence the physical structure of independent happiness.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>i</td>
</tr>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iv</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Method</td>
<td>13</td>
</tr>
<tr>
<td>Quantitative Results and Discussion</td>
<td>17</td>
</tr>
<tr>
<td>Qualitative Results and Discussion</td>
<td>19</td>
</tr>
<tr>
<td>General Discussion and Critique</td>
<td>54</td>
</tr>
<tr>
<td>References</td>
<td>60</td>
</tr>
<tr>
<td>Table 1</td>
<td>65</td>
</tr>
<tr>
<td>Appendix A</td>
<td>66</td>
</tr>
<tr>
<td>Appendix B</td>
<td>67</td>
</tr>
<tr>
<td>Appendix C</td>
<td>68</td>
</tr>
<tr>
<td>Appendix D</td>
<td>69</td>
</tr>
<tr>
<td>Appendix E</td>
<td>71</td>
</tr>
</tbody>
</table>
The rapid growth of the elderly population has made assisted living one of the fastest growing long-term care facilities for older adults (Kemp, 2012). The number of people using nursing facilities, alternative residential care places, or home care services is projected to increase from 15 million in 2000 to 27 million in 2050 (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013). In 1940, 6.8% of the U.S. population was 65 or older. In the 1990s, this number rose to 12.7%, and by 2040 the figure is estimated to be 21.7% of the population (Lewis, 1997). It becomes apparent that with these growing numbers, there is an increase in the importance in gaining knowledge about how these facilities affect residents’ psychological, social, and physical well-being.

**Senior Living Background**

Traditionally, elderly persons who had lost the ability to take care of themselves fully would enter a healthcare facility of a nursing home. However, a new option emerged as a market response to emerging demographic trends and consumer demands: assisted living facilities (Yang, 2015). These facilities allow for social services to offer elderly people the traditional role that family used to fulfill (Ergin & Mandiraciglu, 2015). Continuing Care Retirement Communities (CCRC) are facilities with multiple levels of living that respond to residents’ changing needs. These communities typically include assisted living (AL) and independent living (IL) settings that allow for residents to “age in place” within one facility (Shippee, 2012). AL residents generally do not require high levels of care that can be typically related to a nursing home, and these residents generally conduct themselves with a certain level of autonomy. IL facilities are for those who require the least amount of medical and personal care assistance but require or prefer a small amount of supervision for housekeeping, medical, and daily needs.
(Yang, 2015). CCRCs are especially beneficial for IL residents who report greater quality of life and social engagement, along with healthier and more active lifestyles after moving into the facility (Shippee, 2012). Past research and literature tends to focus on those living assisted rather than those living independently. The difference in level of autonomy between these two groups has the possibility to influence the residents’ life satisfaction, relationships, and physical health. In these facilities, the relationships that elderly residents bring with them and the new ones that are formed have been shown to influence their happiness and life satisfaction (Nguyen, Chatters, Taylor, & Mouson, 2015).

**Happiness Among the Elderly**

“Happiness is considered to be a state of mind or feeling characterized by contentment, love, satisfaction, pleasure or joy” (Hirosaki et al., 2011, p. 531). Previous research on this topic has concluded older adults in community living perceive that functional ability, mood, quality of life, and income are important factors for happiness. Within the older population, older age has been shown to be an unhappier life stage compared to earlier stages. If this statement is accurate, then it is of special interest to identify life or personal conditions that may contribute to the increased well-being and life satisfaction of this life stage (Moreno, Godoy-Izquierdo, Pérez, García, Serrano & García, 2014). This measure is an essential need and indicator of successful aging (Ergin & Mandiracloglu, 2015). Not only does chronic unhappiness have psychological implications, physical implications are apparent as well, including depression of immune system and raised blood pressure (Ergin & Mandiracloglu, 2015).
Social Support Networks

The important and meaningful relationships in one’s life are referred to as one’s social support network (Nguyen et al., 2015). In previous research, social support has been identified as accounting for 23% of the satisfaction with life ratings among older adults (Schnittger, Walsh, Casey, Wherton, McHugh, & Lawlor, 2012). These social support networks are important because they provide individuals with a range of different types of support including emotional, advice, friendship, and caregiving (Nguyen et al., 2015). People who are more socially integrated and who experience more supportive relationships have been shown to have better mental health, higher levels of subjective well-being, and lower rate of morbidity and mortality (Feeney & Collins, 2015). Social support networks can transform and adjust as relationships come and go throughout a lifetime.

In the case of older adults, where they once may have listed their spouse, children, and parents as part of their close social support network, they have likely outlived their parents and eventually one spouse will have outlived the other spouse as well. Having one’s children as part of one’s social support network can vary depending on the individual and how his or her relationship with their children has developed over the years. This is where quality friendship begins to enter the social support network for older adults. Close friendships can offer more support than family relationships in certain situations (Nguyen et al., 2015). Support from both kin and non-kin is important, but each meets a different need for older adults (Lewis, 1997). Past research has indicated that social engagement is associated with increased life satisfaction, improved health, and well-being for older adults. Being able to remain active and connected with others helps
residents in community settings to feel less isolated, more empowered, and in control of their lives (Shippee, 2012).

**Shared Interest Groups**

Another possible influence on happiness and life satisfaction that goes with social support networks is group integration. Cummings (2003) found that group therapy techniques were designed to address the increased rate of depression among older adults living in AL. The results showed group settings offer a social interaction that counters isolation and loneliness while also offering the opportunity to develop stronger social support networks. These group settings were also found to have the ability to assist residents coping with feelings of declining autonomy, problematic institutional relationships, and maintaining a sense of self-continuity. An importantly positive outcome that can be noted about group therapy for older adults is the supportive aspect that the group setting offers. Group members have the ability to discuss common issues they share, fears, new information, and problem solving (Cummings, 2003).

Research in the early 2000s looked into the similar concept of Shared Interest Groups (SHIG), which are topic-specific small group interventions that are led by a facilitator. The goal of these groups is to enhance opportunities for socialization and create an environment that is conductive of friendship formation (Cohen et al., 2007). SHIGs are designed to introduce opportunities to meet people with similar interests, which can help combat social isolation and loneliness. When SHIGs were used within an elderly population, the results showed the positive atmosphere and building of community between participants that suggests further development of SHIGs is needed in this population (Cohen et al., 2007).
Inclusion Settings

This theme of inclusion could be a major factor in influencing life satisfaction among the elderly living in assisted and independent living facilities. Inclusion is defined as learning with peers (Kirby, 2017). In children, the result of exclusion is shown to perpetuate stereotypes and inequality. In the classroom, children with learning disabilities have been shown to be more successful in inclusion classrooms rather than in a resources room as a result from psychological traits of the other students. (Kirby, 2017). These students are shown to have higher reading and writing skills and better math, science, social studies and language arts test scores, along with fewer absences. (Kirby, 2017).

Looking at the physical benefits from an inclusion setting, children with mental challenges show similar play behavior and activity levels of children without mental challenges (Berktas, Yanardag, Yilmaz, Aras, Konukman, and Boyaci, 2011). Though my thesis discusses the elderly in this research and not children, the idea that the inclusion atmosphere promotes learning and activity is a concept that might help those residents living in assisted and independent living facilities. If a resident is living assisted and is exposed to other residents that have a high level of autonomy, they might feel more inclined, motivated, and driven to participate in the mental and physical activities of the other residents. This overall would promote healthier living and has the potential to increase their social support networks. This in turn affects their happiness.
Mental and Physical Health

Mental Health

Positive social support networks can help individuals be protected against mental health issues such as depression. Additionally, they help decrease feelings of loneliness (Pinquart & Sorensen, 2001). Depressive symptoms occur in 18-37% of older people and tend to increase with age (Lee, Yeh, Lee, Lin, Chen, Hsieh, & Lai, 2012) and 40% of older people state feeling lonely (Cohen, Mansfield, Parpura-Gill, Kotler, Vass, MacLennan, & Rosenberg, 2007). Loneliness and lack of social contact have been associated with depression in older adults (Cohen et al., 2007) and has been shown to influence happiness and well-being among those individuals living in an AL facilities.

In older adulthood, it is typical that social networks, including the size of one’s social network, the frequency of social contact, and the number of people who would be considered close emotional support all decline (Pinquart & Sorensen, 2001). Previous research on this topic has shown that this prevalence of loneliness can simply be related to an individual’s age. To support this claim, studies have shown that seniors over 65 report feeling lonely 5% to 15% of the time, while 50% of seniors 80 and older often report feelings of loneliness (Pinquart & Sorensen, 2001). This information shows that the influence of loneliness is an aspect that will increase with age to a certain degree regardless of environment. However, it is a factor that has the ability to be decreased through intervention of other influences such as social support networks with friends and family. Depression not only affects mood, but can also lead to functional and cognitive decline and can reduce quality of life.
The development of depression in the elderly comes from a variety of causes. These include environmental, social, psychological and biological factors. Risk factors for depression have been found to include being female, having lower education attainment, perceived income inadequacy, poor self-rated health and the presence of chronic disease, living alone, loneliness, and poor social support (Lee et al., 2012). To prevent these symptoms and risk factors for depression in the elderly, research has shown that an increase in encouragement for leisure activity, socializing with others and joining activities groups have been shown to produce overall well-being, positive feelings, and refresh residents to help them better cope with stress (Lee et al., 2012).

**Perceived Stress and Physical Health**

Several studies have revealed that perceived life stress is an important predictor of late-life depression. When an elderly person has significant perceived life stress related to depression, it generally includes interpersonal conflicts, death of a family member or friend, health-related disability, loss of social contact, and absence of a friendly companion (Lee et al., 2012). Other studies have concluded that life satisfaction and social support is associated with self-rated health such that, older adults who are satisfied with their levels of available social support are associated with better self-report of health status (Burke, Schnittger, O’Dea, Buckley, Wherton, & Lawlor, 2012).

Perceived life stress can lead to physiological effects, which impact physical health, such as immune responses and blood pressure (Burke et al., 2012). Psychological distress, which is defined as “unique discomforting emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary, or permanent, to that person” can affect physical health and life satisfaction.
Forty-six percent of older adults in Canadian long-term care centers showed symptoms of psychological distress, while 22.4% were seriously distressed (Schnittger et al., 2012).

Future research is looking into the topic of psychological distress in the elderly and the association with comorbid illness and mortality risk. With this in mind, it is important to be aware that psychological distress is showing to be a critical issue affecting quality of life in older adults with both mental and physical health implications. Positive social support networks and high life satisfaction are shown to be associated with reduced psychological stress, perceived stress, depression, and physical health (Schnittger et al., 2012).

**Relocating to Senior Living**

Relocation and transition to an AL facility is often listed as the most stressful life event for older adults (Street et al., 2007). Moving from the community to an AL facility can be a major life transition that is often prompted by the death of a spouse or due to health issues (Street, Burge, Quadagno, & Barrett, 2007). Two types of relocation have been studied: forced relocation and voluntary relocation. Those individuals who have been forced to relocate to an AL facility state the transition to be particularly stressful with negative outcomes, whereas, those who feel they had more control over the situation such as a voluntarily relocation, state having more positive transitions and outcomes (Street et al., 2007).

These two different types of relocation have a psychological effect on one’s feeling of autonomy, which has been shown to negatively affect levels of life satisfaction (Cummings, 2003). A major developmental task for the elderly population involves
learning how to accept appropriate assistance from others without losing self-pride.

Lewis (1997) states that one’s housing and social support resources during this time of transition may have a significant impact on the success with which one lives on into old age.

A successful transition into a facility is dependent upon a variety of variables. One of these variables that can cause difficult transition and negatively affect life satisfaction and happiness is the death of a spouse. Literature suggests that institutionalization rates rise immediately following the loss of a spouse. This impact can be dramatic and traumatizing, leading to physical and mental health issues such as those previously mentioned: impaired immune function, depression, and increased mortality risk (Conlon & Aldredge, 2013).

**Physical Environment of Facility**

Social and personal aspects are not the only variables that can contribute to residents’ happiness in AL and IL facilities. These self-rated variables rather could be reflecting the larger contextual factors surrounding them. In part, these factors include the design and physical environments of communities that are vital in shaping older adults’ sense of self and overall well-being (Shippee, 2012). Shippee (2012) states, “the *personal-environments fit* perspective concerns how physical environments promote or hinder the development of social ties and the organization of residents’ daily lives.” Environmental characteristics that have the opportunity to affect residents’ ties includes proximity to neighbors, organization of indoor and outdoor spaces, support services, and facility age (Shippee, 2012). It is now known that the role of lifestyle, behavior, and
environments pose even more threats to good health than the roles of genetics and biology (Lewis, 1997).

**Goals of this Research**

Past research has examined these variables of social support networks, group integration, relocation and transition, on happiness in those residents residing in AL and IL facilities. The aim of this current study is to look at how the structural differences in facilities (the integration of living and recreational areas between different levels of assisted residents) affect residents’ social support networks of independent living residents as compared to assisted living residents and how this variable affects residents’ happiness. The past research on this topic focuses mainly on AL residents, whereas this current research will extend to residents at all levels of autonomy, assisted and independent living. The atmosphere, issues, and lifestyle of residents in higher levels of autonomy can be very different from those living at a lower level of autonomy, which may cause differences in social support networks, happiness, and successful aging.

**Facility Information**

This research study looked at two different Assisted and Independent Living Facilities in central Ohio: Friendship Village and Oakleaf Village. These two facilities differed in a variety of ways that affect the conceptualization of assisted living verses independent living. These variations included their physical, structural characteristics.

The first facility, Friendship Village, defines assisted living as needing some level of assistance for personal or daily self care, unable to transport themselves, unsafe for resident to be alone, and needs aid with daily medication. Independent living is defined as needing no assistance for personal or daily self care, able to transport themselves without
aid, safe for resident to be alone without any supervision, and has control over their own medications. Friendship Village has separate dining and recreational areas for those residents living assisted verses those residents living independent. These areas are at separate ends of the building, providing little contact between those living assisted and those living independently. Friendship Village’s facility holds 63 assisted living residents and 175 independent living residents.

The second facility, Oakleaf Village, defines assisted living as needing some level of services from the facility, not including dining. Independent living is defined as needing no services from facility, not including dining services. Oakleaf Village does not disclose the labels of independent or assisted living to the residents. Therefore, the residents do not know whether they are defined as assisted or independent living. Oakleaf Village has inclusive and integrated dining and recreational areas for those living assisted and independent. Oakleaf Village holds 127 residents total, both assisted living and independent living residents, however for a number of each was not given.

**Hypotheses**

Based on the literature review, people who are more socially integrated and who experience more supportive relationships have been shown to have higher levels of subjective well-being (Feeney & Collins, 2015). This finding, along with the idea of an inclusive setting, has the potential to boost social support networks even more. Because of this finding, one research hypothesis is that residents living at Oakleaf Village, due to their more inclusive environment, will have more positive social support networks, in that they will rate having higher quality friendships than those at Friendship Village.
A second hypothesis is also based on the concept of inclusion. This concept concluded that children with mental challenges exemplify similar play behavior and activity levels of children without mental challenges when put into an inclusion classroom (Berktas, Yanardag, Yilmaz, Aras, Konukman, and Boyaci, 2011). It is hypothesized that this same idea will translate into the elderly population in independent and assisted living facilities in that assisted living residents at Oakleaf Village will have higher levels of happiness than assisted living residents at Friendship Village. However, independent living residents at Friendship Village will have higher levels of happiness than independent living residents at Oakleaf Village.

To test these hypotheses, two happiness questionnaires were integrated to measure self-reported happiness. Alongside this questionnaire were semi-structure interview with participants at both facilities. The interview questions were determined based on the themes incorporated in the literature reviews listed above, as well as new themes to help answer the underlying question of physical structural differences in this research.
Method

Participants

A total of 49 participants (males and females) completed interviews and questionnaires in this study. Twenty-seven of these participants were from Friendship Village and 22 were from Oakleaf Village. The participation was voluntary through a sign-up sheet and each facility was given a $200 donation to the residents for the participation in the study.

Materials

In order to conduct this research, a semi-structured interview and an elaborated happiness questionnaire was competed by participants. Before data collection began, approval was granted from the Otterbein Institutional Review Board (Appendix A). Looking first at the elaborated happiness questionnaire, two different, validated happiness measures were adopted from the literature. The first measure is the Oxford Happiness Questionnaire (Appendix B), which was devised as a measure of personal happiness and has been found to produce consistent results (Hills & Argyle, 2001). The set of twenty multiple choice items included in this questionnaire are relevant to subjective well-being. The Oxford Happiness Questionnaire has demonstrated high scale reliabilities in past research with values of $\alpha=0.91$ (Hills & Argyle, 2001).

The second happiness measure used alongside the Oxford Happiness Questionnaire is the Flourishing Scale (Appendix C). This scale is an eight-item scale created to measure social-psychological aspects of well-being. Several universal human psychological necessities such as competence, relatedness, and self-acceptance are measured with this scale (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener,
The Flourishing Scale has been shown to have high reliability as well as high convergence with other psychological well-being scales with a value of $\alpha = .87$ ((Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). The combination of these two scales allowed for a more reliable and comprehensive happiness measure.

Semi-structured interviews with the participant followed the questionnaire. The questions for the semi-structured interview were determined by the themes incorporated in the literature review listed previously in the introduction section, as well as new themes to help answer the underlying question of physical environment influences in this research (Appendix E).

**Procedure**

Both facilities were made aware of this study through participation flyers giving details of the study and what their participation would include, as well a $200 donation to their facility on behalf of the facilities participation. Through a sign-up sheet posted at the front desk, residents were able to sign up for interview time slots that best met their preferences and schedules. Interviews began at Friendship Village first and lasted over the course of 3 weeks. During these interviews, residents first completed the consent form and the happiness questionnaire (Appendix D). Once these were completed, the semi-structured interview began in a private, comfortable, and quiet room and was voice recorded. The interviews lasted anywhere from twelve minutes up to an hour long. Once the interviews at Friendship Village were completed, this same process was repeated for those residents at Oakleaf Village.
The happiness questionnaires were scored upon completion of the interview and recorded. Voice recorded interviews were transcribed into word documents after completion of the interview. Due to limited research funding, only a select few interviews could be sent to an outside transcription resource for verbatim transcription. All of Friendship Villages’ transcripts were transcribed by hand and verbatim by the researcher along with half of the Oakleaf Village interviews. The researcher edited the other half of Oakleaf Village interviews, which were transcribed by an outside source to ensure accuracy.

Once the interviews were transcribed, the transcriptions were coded in order based on the number of years residents lived at the facility. For example, those residents who have lived at either facility for a span of two years were coded first. The coding of residents living less than two years at the facility followed these interviews. Lastly, the transcripts of those who had lived at the facility for more than two years were coded. This order of transcription was chosen in order to group together those residents who had lived at the facilities for similar periods of time. This created an understanding of the participants’ perspectives and relationships based on the number of years lived at facility.

The transcriptions were coded for a variety of themes based on topics identified in the literature review: social support networks, physical capabilities, relocation, and the facilities physical environment. These topics developed the themes of socialization, independence, and relocation. To identify these themes, key words and descriptions were analyzed when participants answered the interview questions regarding their relationships with family and friends as well as explanations on how they moved to the facility.
was another theme identified when transcribing interviews that was not made apparent during the literature review. The theme of finding meaning and purpose in life was mentioned on different levels by multiple participants at both facilities and determined meaningful enough to include in the researches findings. Transcribed interviews were coded for descriptions of wanting to be involved and helpful, religion and spirituality, and the need to continue one’s life work. All of these themes are discussed in the results section.

For those quotations from participants used in this research, irrelevant words were taken out of the reporting. These unnecessary words included: um, ah, and uh. Those quotations used that included repeated words were also excluded from the reporting of this research.
Quantitative Results and Discussion

One major goal of this research is to discover if an inclusive atmosphere promotes learning and activity in assisted and independent living facilities and potentially increases the social support networks of the residents. With this in mind, the first hypothesis for this research stated that residents living at Oakleaf Village will rate having higher quality friendships than those at Friendship Village due to their inclusive setting. The literature review also stated that an inclusive setting has been shown to increase intelligence, social skills, and mental health among children in the classroom (Kirby 2017). This idea led to the development of the second hypothesis, which stated that assisted living residents at Oakleaf Village will have higher levels of happiness than assisted living residents at Friendship Village. Followed by the third hypothesis, independent living residents at Friendship Village will have higher levels of happiness than independent living residents at Oakleaf Village.

To test the first hypothesis, a Chi-Square test of independence was conducted to determine if the quality of friendship (close vs. acquaintance) differed across facilities. Quality of friendship was determined through participants’ interview responses coded for statements of close friendships or acquaintance friendships. It was found that there was a significant difference between facility and quality of friendships, such that Oakleaf Village residents reported higher proportions of close friendships, ($\chi^2(1, N=46)= 5.26, p=.02$). However, when a Chi-Square test of independence was conducted to determine the difference between positive language versus negative language used by the participants across facilities, it did not yield significant results ($\chi^2(1, N=44)= .642, p=.423$). These two tests reveal that although participants at Oakleaf Village report having
higher quality friendships than those residents at Friendship Village, Oakleaf Village participants do not speak about their relationships more positively than Friendship Village participants.

In order to confirm the two measures of happiness used for the research—the Oxford Happiness Scale and the Flourishing Scale—measured the same level of happiness among participants, a Pearson’s R was conducted, which showed there was a significant relationship between the scores for the Oxford Happiness Scale and the Flourishing Scale, $r (49)= .76, p<.001$. Knowing this, only results from the Oxford Happiness Questionnaire are reported in the results for this research. Looking at the overall Oxford Happiness scores from participants across facilities, a one-way between groups ANOVA was conducted that showed the mean happiness score for Friendship Village participants 4.678 ($SD= 0.658$) and the mean happiness scores for Oakleaf Village participants 4.127 ($SD= .863$) yielded a significant difference such that Friendship Village participants were significantly happier than Oakleaf Village participants $F (1,47)= 6.42, p= .015$.

There was not an assisted living population from Friendship Village to compare to Oakleaf Village assisted living participants, so it was not possible to run analyses for the second hypothesis. The third hypothesis was supported, in that there was a significant difference between the mean Oxford Happiness scores of Friendship Village independent living participants 4.678 ($SD= .6577$) and the mean Oxford Happiness scores of Oakleaf Village independent living participants 3.938 ($SD= .5924$), such that Friendship Village independent living participants were significantly happier than Oakleaf Village independent living participants $t (38)=3.434, p= .001$. 
Qualitative Analysis and Discussion

Throughout the interviews of 49 participants, four major themes were observed and analyzed. Some of these themes were directly mentioned in the semi-structured interview in the form of questions. These themes were gathered during the literature review, while others themes were made apparent during the course of the interviews when participants brought up topics in which they wanted to discuss. Although this section mainly discusses qualitative results, specific quantitative results emerged from a few of these sub-themes and are discussed in the section pertaining to their significance. The four themes gathered from the interviews explore the following concepts: (1) socialization; including family support network, friend support network, romance, the dining room, and activity involvement; (2) meaning and purpose in life; religion/spirituality, wanting to be involved/helpful, and continuing one’s life work; (3) independence; personal space, driving, and physical capabilities; and (4) relocation; for voluntary health purposes, voluntary family purposes, non-voluntary health purposes, and non-voluntary family purposes. Table 1 gives a visual depiction of these themes and sub-themes and their connections.

Socialization

Socialization is one of the main themes that inspired this research, specifically the effect that relationships with family and friends have on the residents. These relationships represent the residents’ social support network and are the important and meaningful relationships in the residents’ lives. Previous research has identified that social support networks account for a major percentage of life satisfaction rating among older adults (Schnittger, Walsh, Casey, Wherton, McHugh, & Lawlor, 2012). These networks are
important because they provide emotional support, advice, friendship, and caregiving (Nguyen et al., 2015), and people who are more socially integrated and who experience more supportive relationships have been shown to have better mental health, higher levels of subjective well-being and a lower rate of mortality (Feeney & Collins, 2015).

The sub-themes in this research are common findings among all the participants, specific participants’ opinions, and selected quantitative results on the topics of family support networks, friend support networks, romance, the dinning room, and individual and group activities.

**Family Support Network**

In this portion of the interviews, participants were asked to describe their relationships with different family members. These family members primarily included spouses (if still living), children, grandchildren, siblings, and other relatives. The participants discussed these relationships with regard to how close and meaningful the relationship was, how close in proximity the participant was to different family members, how often they saw these family members, and how often they spoke to these family members.

Looking first at the proximity of family, the majority of participants stated they had some relation of family that lived in close proximity. At Friendship Village this was the case for 18 participants as compared to seven participants who stated they were not in close proximity to any family. At Oakleaf Village, 20 participants stated they were located in close proximity to their families while only two participants were not in close proximity to their families. The important aspect of this question is to determine if the individual has some sort of familial support located within a reasonable distance. There
was, however, a significant number of participants who had at least one family relative living close by. Participants from Oakleaf Village had a large number of family who lived in close proximity to the facility. Whereas, participants at Friendship Village stated having only one to three family members that lived nearby. Based on previous research stating the importance of strong social support networks, not having family is close proximity did not seem to have an effect on the happiness levels of the participants in either facility in this study.

Though there were participants who did not have family living in close proximity to the facility, this was not upsetting to them. One participant, when listing where her children lived explained, “The oldest one lives in South Carolina just outside Charleston. The second one and he is the one who got rid of everything in my house and brought me here, they live in Charlotte, North Carolina. The youngest one I see them quite often they live over North West of Chicago and North Aurora…. but I tell people they say, ‘Oh, your family is so far away!’ you know, ‘I have family here’ and that is why they have moved here because family was living here and they can come and see them and I’d say, ‘No I don’t mind it at all. My sons can't tell me what to do and I will do as I please. I am still independent’” (OL-14).

The amount of time participants reported seeing their families, talking to their families, and being close with their families was relatively similar for all participants. About half the participants at each facility stated they saw their families often, while the other half stated they did not see them often; a majority stated having positive relationships with family members as opposed to negative relationships; and a majority also stated they communicated with their families frequently verses not talking to family
frequently. The participants who mentioned seeing and talking to their families frequently described the visits as occurring on a regular basis. “My son and daughter-in-law are here. I see them at least once a week and if they are away they call every night” (FV-02). “The daughter here I see weekly… at Sunday night supper” (FV-15). “My daughter I see her probably a couple times a week… my son… rented a place close by so he can be here a lot so we see him every other day at least” (OL-15). “My niece calls me everyday” (OL-07). Those who stated not seeing their families often talked to their families frequently by phone or email to stay in touch. Only a small number of participants did not see their family often or talk through other forms of communication on a regular basis.

One prominent sub-theme emerged when participants were discussing the amount of time in which they saw or spoke with their families: the idea of burdening their family, their children in particular. Eleven participants in total discussed this concern. Participants stated, “My daughter was just here for Mother’s Day… she’s a very busy woman and I’ve never expected her to take time away from her responsibilities to come here” (FV-07). “I don’t want to be a burden on our kids anymore than I have to cause I look at the folks here that are in independent living already having their kids do everything for them” (FV-16). “It’s easier for my family and it's easier for me… they don’t have to worry… I took care of my mother-in-law and I took care of my father… and so I’m happy not to do that to mine” (OL-09).

For most participants, family was a pleasant topic to discuss. When participants were first asked about their relationships with family, similar discussions would emerge. Many described their childhood (their parents and siblings, going through their lives chronologically), their spouse (if still living), children, and grandchildren. The other path
participants took was first stating their job position or career, talking about children and grandchildren, and then if the participants’ spouses were still living they would discuss their spousal relationships. Participants usually did not initiate conversations about their spouses and most of the time a question about a spouse would have to be asked separately in order for the discussion to begin. There were a few participants who did not have positive relationships with their family members due to a variety of issues. The issues mainly included: proximity to family and non-voluntary movement to the facility. Many of these participants’ families lived a great distance away or the families moved the participants to the facility against their wishes. This theme of relocation to a facility will be discussed in length in a later section on voluntary and non-voluntary movement to facilities.

For independent living participants specifically, a Pearson’s R test did not yield significant results pertaining to independent living participants and the amount to which they see their family. The conclusion can be made that many independent living residents have similar circumstances and happiness scores as assisted living residents when it comes to how often they see their family.

**Friend Support Network**

Close friendships can offer more support than family relationships in certain situations (Nguyen et al., 2015). Support from both family and friends are important because each fulfill a different set of needs for older adults. Having close friendships allows older adults to remain active and connected with others, helping residents in community settings to feel less isolated, more empowered, and in control of their lives (Shippee, 2012). Because of this, relationships with friends both inside and outside the
facilities were an important topic to discuss during interviews. Many participants discussed this topic at length and described the depth their friendships. Relationships with friends were discussed and recorded according to three main topics. These topics included: if the participants’ friendships being described as close friendships or as acquaintances, if the participants had friends outside of the facility or did not, and if the participants viewed the friendships inside the facility as positive or negative.

The first topic, participants describing their friendships as close friendships or acquaintances, was examined. The results were unexpected based on the information gathered from the literature reviews, which described close friendships as more supportive than family relationships in certain situations. A majority of participants at both facilities listed their friendships as acquaintances. Looking specifically at each facility, Friendship Village listed mainly acquaintances and half of Oakleaf Village participants stated they had close friendships and half stated their friends were acquaintances. Many participants expressed the inability to develop close friendship due to a variety of reasons including the facility setting, health and illness, and age. One participant explained, “I can’t say I think at this age that you make just a really close friend… one of the hard parts about living here is that you make friends and you know people get sick and you start losing friends” (FV-02). Similarly, another participant stated, “I have a good relationship with one woman she has a very serious illness, so I feel very sad about this because when I lived in Indiana I lost more than one friend due to a brain aneurysm” (OL-04).

Though this was a very common theme for participants to discuss, a minority stated they would not be interested in friendships at the facility at all. This was the case
for one participant who explained her personal reasoning for not getting involved with friendships: “I’m not interested in gossip, and that’s something that is big time… people don’t have enough to do to occupy their minds, and so they go to gossip and that’s not on my list of things to do” (OL-23).

While there were a group of participants who exhibited these viewpoints, the other participants expressed close and satisfactory relationships with their fellow facility residents. One participant categorized as having satisfying friendships had recently moved into the facility. He discussed that he was making friends at the facility and explained how he was doing so. “I’m becoming well acquainted. We have 180 or so people in independent living and I’m intentionally trying to learn all their names. I compare a 180 people to a small church a medium size church. I used to know all the names of my church members so why shouldn’t I know all the names of people I live with you know. So I probably know 50% of them their names and I volunteered recently to interview new residents to write up a short biographical sketch that will be published in our weekly paper, so I’m getting to know the new residents really well” (FV-25).

When studying how the participants described their relationships with fellow residents at the facilities, positive and negative word choices were coded. The degree to which participants used positive and negative language varied by facility. At Friendship Village, positive language was used and was able to be coded for 14 participants as compared to the 11 participants who used negative language. At Oakleaf Village, positive language was also used and able to be coded in 14 participants while only six residents used negative language. Though more participants spoke negatively at Friendship
Village, the comments that participants made were similar in topic for both positive and negative language.

Examples of positive language included participants who stated: “My life is better here than I thought it would be… we all share each other’s sorrows as well as good luck” (FV-11); “To me this community is very friendly and there are many interesting people and you form relationships on different levels” (FV-01); “The people are easy to get along with” (OL-03); and “When you come here just put your hand out and say your name and with a smile and you will have friends” (OL-14). For those participants who used negative language when discussing their friendships in the villages, a few participants explained, “Historically, I don’t keep friendships. I had no desire to” (FV-07) and “Residents as friends, nobody that I would just run too… I’ve got acquaintances in the village” (FV-26). The variety of responses about friendship could also have to do with the personality and temperament of the participants. For example, one could speculate that introverts prefer to spend more time by themselves and extroverts like more social interaction. Though each personality type most likely prefers a balance of both, the negatively interpreted opinions of some of the participants could be due to their personality type rather than their dislike of friendships with the other residents at the facility.

One interesting theme of discussion with the participants about their friendships is the importance of friendships outside of the facility. When a one-way, between groups ANOVA was conducted, there was not a significant difference between having friends outside the facility and the participants’ happiness score, \( F(1,45) = .200, p = .657 \). However, there were a significant number of participants who discussed the personal
importance of having friends outside of the facility. This trend could show the importance of having a large social support network that embodies a variety of interactions. As discussed in the literature review, large social support networks are important because they provide individuals with a range of different types of support (Nguyen et al., 2015).

In order to understand their differences in lifestyle, independent living participants’ happiness scores were analyzed separately using a one-way ANOVA. The results show that there was a significant difference between independent living participants having friends outside the facility and their happiness scores such that independent living participants who had friendships outside the facility were significantly happier than those who did not $F(1,39) = 4.538, p = .040$. This finding indicates the increased importance for all residents in the facility to keep social networks outside of the facility, and it also shows the increased importance for independent living residents to maintain those relationships. A variety of rationale for this includes: a larger more supportive social support network, increased activity level which could help physical health as well as mental stimulation, and the psychological support of being able to leave the facility.

Romance

A noteworthy topic that became apparent during the course of the interviews was the role that romance played in participants’ social support network. Though it was expected that some participants would still have a living spouse that they might discuss, there were a few participants who brought up stories and opinions on dating and being interested in other residents at the facility romantically. Participants initiated this topic when discussing their relationships with family and friends. Some recounted previous
times they had tried dating in the recent past, while others expressed their interest or lack of interest is trying to date again. Because of this, this sub-theme of romance was separated into two categories of married/interested and not interested/not mentioned. Those who did not mention a spouse or mention the interest in dating were still accounted for in order to understand the sample from the population.

As mentioned earlier in the literature review, those individuals who moved to or lived at the facilities with their spouses were discussed. However, this concept was only discussed within the parameters of relocating to a facility due to the passing of a spouse. Many participants did explain that their relocation to the facility was due to this life event, however many who moved to the facility with a spouse elaborated on the support that the spouse was able to provide. Several participants moved to the facility with their spouses, and their spouses have since passed. However, having that support while going through the transition process was a theme that various participants made apparent.

Living spouses described their current marriage as “pleasant”, “supportive”, and “good relationship”. A few described their marital relationship as stressful at times when the participant needed more care or when the spouse was actively a caretaker. One participant described her husband who was an independent resident and then later developed health issues. “He’s had 5 knee surgeries this past year, and those have been really rough on him but our Lord’s been with us” (FV-01). Another stated her frustration when asked to describe her relationship with her husband. “Stressful. I had to push and get a wheelchair in the car in October, November, December…we’re on a second round of physical therapy… he cares about me…I love him but…I to get frustrated when I think he knows how to do something he won’t do. So it’s very hard for me. It’s a role. I’m a
caregiver, wasn’t what I thought would happen. And like when I get upset I have to remember he would do it for me if it was reversed” (OL-06).

Some participants spoke of romances they had experienced since moving to the facilities, while others expressed their interest in sharing a connection again. This was the case for one participant who had recently moved to the facility and entered into a new relationship. “I’ve also developed a close relationship, one step up from friendship I would suppose you would say with a gentleman I met since moving here. So it’s like you know going through you know I have a new boyfriend situations and that’s really been fun and nice” (FV-10). Another spoke of her interest in dating by telling a story of an interaction during a card game. “There's a nice-looking man here and he kind of went for me a little, I'm still attracted to men. And so, I was his partner that time and he says, ‘oh we did good’ and he plays just like I do to win. And so he said, ‘Now, we'll be partners next time’” (OL-12).

In order to provide more information about independent living residents, specific data was analyzed for those participants who identified as independent living in order to see if this factor yielded any influence on happiness scores. A Pearson’s R test was run, but it did not yield any significant results. During the interviews, no independent living resident provided information that distinguished them from information provided by assisted living residents. Therefore, for this study it can be concluded that many independent living residents have similar opinions and situations dealing with romance as assisted living residents.
The Dining Room

When discussing social circles with the participants, the dining room and mealtime was an aspect of life that was important to all participants. The dining room is an area in which residents are able to socialize and meet other residents whom they might not otherwise meet in their usual social circles. While it can be a positive gathering for some, others express the stress and loneliness that is experienced in this environment. For those new residents who do not yet know anyone, this experience can be stressful and cause feelings of rejection at times. One participant described this experience in her own words. “I came here expecting to making friends, and they already had their own friends. And I got a table and I’m sitting at a table and all the people walked passed me and sees these empty seats, they just keep on going” (OL-12). Though some expressed such experiences, the majority of the reactions to the dining room were pleasant and residents stated that the dining area was where they get to know new people. “I enjoy you know meeting people and talking to people over meals” (FV-15). “There was one guy here that’s 95 nobody paid much attention to him so I sat at his table… and I’ve been sitting there ever since and we’ve become good buddies” (FV-05).

The topic of food was frequently discussed when the participants were asked about the dining room. Participants shared their opinions on the quality of the food as either good or inedible. Opinions varied as they did with many of the topics discussed. Some stated the food was great while others proclaimed their disgust. “Some of the food I have a problem with but you know everybody we are from all different parts of the country so and everybody has some likes and dislikes” (OL-14). “The food here is just inedible most of the time it’s really bad and I’m used to fresh go out in the garden and
pick something for dinner” (OL-07) and “We have good food here and eating in the
dining room is I think is a positive experience with people” (FV-13).

While Friendship Village and Oakleaf Village shared many similarities on the
topic of dining, the language used to discuss those residents in the dining room who had
wheelchairs or walkers at Friendship Village was very different. The opinion of one
independent living resident was, “That was not really the purpose of the main dining
room was for. They did not want people with wheelchairs… I have a friend right now
that we have been helping come down to dinner because she had arthritis… she can’t
walk… she got a mobile chair, we will still sit with her and be part of her life but she has
a motorized chair” (FV-08). Another participant expressed this same concern, “We’ve
noticed a trend here of the independent living people coming in older and it’s a real
problem for the leadership or various groups and organizations… there are many more in
the dining room now they have many more people who use the rollers and carts and
power chairs” (FV-21).

Though this was a topic of concern for participants from Friendship Village, it
was not expressed in this way by any of the participants at Oakleaf Village. One reason
for this could be the inclusive setting at Oakleaf Village, which allows for independent
and assisted living to dine together and perform all activities together. In this instance,
walkers and wheelchairs are not new sights, unlike those residents that live in the
independent living section at Friendship Village who are used to having younger and
more physically capable companions.
**Individual and Group Activities**

During the interviews, participants were asked to self-report those activities in which they participated, both individual and group activities, especially those that involved cooperation with others, used teamwork, and mentally engaged them. To understand if these activities were influencing the participants’ happiness scores, a Pearson’s R test was used. The Pearson’s R test revealed that there was a significant difference between participants’ happiness scores and the number of total activities the participant was involved in ($r (49)= .451, p< .001$), such that those participants who engaged in both individual and group-oriented activities, had higher happiness scores than those participants who did not participate in as many activities. With this finding in mind, it is important to note that Friendship Village participants named a total of 43 different individual and group activities with an average number of 5.5 activities in which each participant was involved. However, at Oakleaf Village there was a total of only 23 different individual and group activities that participants listed. There was an average number of 3.68 activities in which each participant was involved.

Oakleaf Village participants had significantly fewer activities and less access to activities compared to Friendship Village mainly because of lack of accessibility. Despite this, participants at Oakleaf village spoke highly of the activities they were able to participate both within outside of the facility. “I love them!” (OL-14) and “I like the activities that they plan” (OL-21). The top three activities participants listed being involved in included: readings, card games, and bingo. The top three activities listed by Friendship Village participants included: readings, Vespers, and exercise.
The original intention of the activity discussion with residents was to introduce
the topic of socialization and happiness gained through involvement in activities.
However, physical health and physical activity also were discussed during the interviews.
A pattern emerged that showed the activities self-reported by participants from
Friendship Village were more likely to be physically orientated activities than those self-
reported by participants at Oakleaf Village. Friendship Village, however, had more direct
access to exercise because of their exercise room at the facility, which held instructed
classes. This is not an activity offered to participants at Oakleaf Village. To discover if
there was a link between physical activities and the participants’ happiness scores, a
Pearson’s R test was used. The Pearson’s R test showed a significant difference between
physical activities and participants’ happiness scores, \( r (49) = -0.282, p < 0.050 \) such that
those who participated in more physical activities had higher happiness scores. This
finding could be a significant health factor for many individuals to consider when looking
into independent and assisted living options.

**Meaning and Purpose in Life**

While socialization was a theme that was discussed in the literature review, the theme
of meaning and purpose in life was discovered throughout the course of the interviews. In
this section, three sub-themes will be discussed. The first of these sub-themes was
religion and spirituality. Religion and/or spirituality were spoken of in the context of
giving comfort, guidance, and strength while participants are at a point in their lives when
they don’t feel that they have a purpose. The second sub-theme was the need and the
search for a purpose in their lives now that they are retired from their careers and or are
not physically able to do their hobbies that they had enjoyed for years. Those who
mentioned this idea described how the loss of these activities made them feel unneeded and unhappy. The third sub-theme mentioned by participants is continuing their life’s work. A select few expressed their need to finish or continue the career that they had been in for their whole lives. Coping with the inability to do so, or to do so in the same capacity, was a difficult challenge for some participants.

**Religion/ Spirituality**

Religion and/or spirituality was a significant topic of discussion among many participants. Those who mentioned the theme did so for a variety of reasons. Several participants explained their involvement with church related activities both at the facility and outside the facility. These church related activities included attending services, bible study, choir, and community volunteering. Participants explained the support network they gained through these activities and the friendships that were formed through church related events and activities.

Several participants also mentioned this theme within the concept of aiding their lives and providing meaning during this season of their lives. One participant explained, “Yeah I think my faith really means, I mean I think that’s where my strength is, my hope, and my purpose in life” (FV-01). “I have a strong faith which helps me realize that wherever I am you know I have control of my life and I think my strong faith helps me have that confidence” (FV-06). Another stated, “I’m not a church person but I’ll put my beliefs up against anybody including the pastor because I believe you have to live it everyday. And I think if people need help you help them you don’t question why you just do it” (OL-15).
**Being Involved/ Helpful**

The next theme was not considered before the interviewing process, but emerged based on topics the participants initiated. The idea of wanting to be involved and or being helpful was not directly stated by participants, but it was apparent through their discussions regarding interactions with others both at the facilities and outside the facilities. The need to be helpful was in a variety of contexts such as: staff relations at the facility, helping their families, helping their fellow residents at the facility, and helpful outlooks on life.

One occasion in which the participants mentioned this idea was when discussing their relationship with staff at the facilities. Both facilities offered a community meeting during which the directors of the facilities and other staff gave updates on different plans and programs at the facilities. Residents also were given the opportunity to directly discuss concerns or questions with staff. Many participants felt this was a worthwhile and important time for their opinions and ideas to be heard. Being heard and involved with the staff of their facility made these participants feel like their opinions mattered, and that they had control over the environment around them. One participant explained, “I feel that they really listen to people, really respect people… it’s a wonderful we have a rapport you know we can talk to people and we have a lot of rights that are significant but they handle it so beautifully people just feel we’re heard, you know there’s progress going. We have this sort of a feeling we’re apart and they are working for us and we are working together and I think that helps a lot” (FV-01). Similarly, another participant stated, “Very approachable and she listens and she yeah, so that's the thing everybody listens to you, you know, if you want to” (OL-09).
Another way in which many participants at Friendship Village initiated this subject was in regard to helping others including their family members, others in the facility, and those in the community through volunteer work. One participant discussed how assisting her adult child made her feel helpful and gave meaning to her life. “I retired early because my oldest son had a massive stroke and his when the money ran out the therapy stopped and he still needed some therapy so I retired and I did his therapy… he is now not at 100% but he’s independent and he owns his own home, he works part-time… I feel that was one of the purposes of my life” (FV-06).

Many interesting ideas emerged when residents described finding purpose through helping others at the facility. “After my wife died, a gentlemen here, who has now died, (but he) got me involved in different organizations here and that was nice. It helped. So people go out of their way to make me feel welcome. So I try and do the same since I have some experience here now” (FV-14). Volunteer work was the another topic mentioned under this theme of wanting to feel helpful and involved. Many participants expressed the desire to volunteer in the community and or in the facility in any way possible. According to the participants, this allowed them to feel appreciated by others for their contributions.

Lastly, one participant mentioned his life-long desire to be in a career that was helpful and engaging of others. He discussed how this life fulfilling philosophy required advanced education, only to gain a career that did not earn a lot of money. He continued to explain that his choice was very different than those of the rest in his family. “There was no real purpose in what they were doing, and that was really not, I just didn't think
that way” (OL-10). For this participant, his work was what gave him meaning and purpose, and at times he still wished he was able to work.

**Continuing One’s Life Work**

As discussed briefly in the previous section, there were some participants who discussed the need and desire to continue the work they had in their previous careers. The ability to carry on this work gave the participant a purpose and something to look forward to in this later stage of life. Though few participants mentioned this theme, when it was mentioned it was very important to these participants because they had to give up their careers when coming to the facility. One participant explained, “When I gave up my career finally…it’s hard to do. It was hard to do. If you’ve been if it’s been part of your life for that long, it’s like putting the brakes on like after you’ve already hit a car in front of you” (OL-10). Another participant who had to give up her career due to medical issues described the struggle this way, “I have a lot of research notes… to store research material… otherwise there’s a danger that when I die everything will just be chucked out… I’ve tried to keep up with it as much as I could but the stroke has had an effect, strokes have an effect on people. So I have not done as much as I should or as much as I’d like to do” (OL-19). Both of these participants described the struggle they experienced when they were not yet ready for their careers to be over at the time in which they had to move to an assisted living facility.

Others participants were able to turn their skills and focus from their old career into a new one, which currently benefited them. One such participant worked in the business-consulting field and discussed the desire to start an internship program at the facility with college students from neighboring universities. This project is one in which
the participant felt he could bring his previous expertise and knowledge to aid himself and those around them in their present circumstances. Another participant discussed how he used to be a minister and now is one of the working chaplains at the facility’s vespers services. Both individuals were able to bring the work from their retired careers into the retirement facility in order to bring meaning to their lives and to the lives of others.

Interestingly, just as there were some who mentioned the desire to continue their life’s work, there were some who stated that they’d worked their entire lives and they were tired and not wanting to work anymore. They expressed that they had worked enough over the years and that it was time for a break. For example, one participant stated, “It’s just that I’ve said to myself I don’t want to have to do anything. I’ve done enough” (FV-19). When asked about his involvement in activities at the facility, another participant stated, “We’ve done that our entire lives… we don’t we try to avoid chairing committees and organization that are here” (FV-21).

**Independence**

The theme of independence was one that several participants introduced during interviews. The idea of independence and individuality was important for the participants, and they expressed that having a level of autonomy and individualism while living in the environment of a facility was very important to them. The author John Leland expressed his understanding of this concept. “I think what people do really well in is when there's possibilities for interaction and closeness and making decisions in their own lives…But even in the good nursing homes, the residents there often aren't making decisions of what sort of life they want, what kind of activities they want, what kind of interactions they want, what they want to eat, when they can eat…I think we'll want
something where we have all the supports that people need - or that we need, but we want
more individual decision-making” (2018).

This same idea was expressed by other participants: “My sons can’t tell me what to
do and I will do as a please. I am still independent” (OL-14) and “I am very
independent…I actually rather do everything myself in independent rather than anybody
doing anything” (OL-15). These ideas and themes of independence were evident within
smaller sub-themes such as describing their personal living spaces, their ability to or not
to drive, and their physical capabilities.

**Personal Space**

This sub-theme of personal space within the concept of independence and
individuality was mentioned by a majority of participants. For some participants, this
discussion involved the participants’ apartment sizes and privacy. Some participants
stated that they were either pleased with how large their apartment was so that they were
able to host family members; others explained how they needed to downsize, most often
after losing a spouse, and they were pleased with their smaller apartments. However,
those participants who downsized spoke of the difficulty they had adjusting to this new
living environment. One participant described, “The biggest transition was after my wife
died…we lived in a great big lovely 1250 square foot apartment… I had to go from a
two-bedroom apartment to a one-bedroom apartment… I never lived in that little space
since I was a graduate student and found it very difficult and that’s been in the last year
and a half transition is trying to adapt to a small space” (FV-26). “It was an easy
transition except they moved me into a studio from a one bedroom…I don’t have room
for everything” (OL-04). Those who spoke of the need for privacy explained that their
apartments were their space and they did not invite people into their space. Other participants who did not discuss the theme in this way mentioned how they liked the community aspect. “We’re not isolated. If you want to have companionship there’s always someone around” (OL-11).

Driving

Driving was a topic equally discussed by participants from both Friendship Village and Oakleaf Village. Participants mentioned this topic in three different contexts: they were still able to drive and did drive; they were able to drive but gave up driving; or they were no longer able to drive. For those who were able to drive and still drove, the participants described how the freedom and independence of this was very important and helpful. One participant stated, “Yeah I drive and I like to be out and about so I’m out and about as much as I can be” (FV-04) and another said, “I still have my freedom, I still drive” (OL-09).

Some participants no longer able to drive stated said that this did not bother them while others expressed disappointment about their inability to drive. One participant explained, “I’m living here because I swim at the Y and I read and I know I’m within walking distance of both places. If I’m still driving but if I’m not driving I can still get to those places” (OL-02). This is an interesting example of a situation in which the participant specifically moved to that facility based on its location in preparation for the day when she would no longer able to drive.

The residents who could not drive anymore expressed disappointment. Many participants were in this situation and stated: “I don’t drive and I miss going out when I really want to” (FV-11) and “I get very frustrated because I can’t come and go… recently
in a bad car automobile accident… and we just never got another car… it can be very frustrating when you live in a structured box” (OL-05).

Interestingly, the aspect of the discussions pertaining to driving was the importance that these residents placed on their ability or inability to drive. If they were able to drive, the participant spoke in a proud manner. Having this liberty provided a feeling of freedom and independence at the facility.

**Physical Capabilities**

Predictably, many topics voluntarily initiated by the participants were related to physical health issues. Previous studies have concluded that life satisfaction and social support are associated with self-rated health such that older adults who are satisfied with their levels of available social support are associated with better self-report of health status (Burke, Schnittger, O’Dea, Buckley, Wherton, & Lawlor, 2012). Though many of the participants had good social support networks, negative physical health and physical capabilities were the topics many participants discussed. Most of these participants described how the loss of physical capabilities limited their ability to see family and friends, limited their involvement in activities, and affected their overall quality of life. Participants who fell into this category explained, “I can’t because I’m confined to this chair. I can’t walk at all and so there’s only room for one wheelchair in the bus … not much you can do in a wheelchair” (OL-07). Another participant explained how she did not want to move to the facility and her weight decreased from 140 pounds to 118 pounds after moving in because of her dislike of the food and the atmosphere. This weight loss is an example of mental and physical limitations that have negatively affected this participant since moving to the facility.
For those participants who expressed positive physical capabilities, the majority of the topics included recovery from health issues or their increased activity in exercise programs. A good example of this is when one participant explained how moving to the facility allowed her to be more active due to the increased help and activities the facility offered. “It gave us both more freedom. My husband is free to go to act in movies, even be gone overnight if necessary because there is somebody here to look after me if I need them, and I can go to the library, and the beauty shop, and the band, and the gym, and Vespers all by myself. I can get there independently so I love that independence here” (FV-22). Another participant explained how her health recovered because of the available resources at the facility. “I go swimming twice a week or water aerobics really and the village takes me for that… I had a crack in my pelvis a year and a half ago and they told me I wouldn’t walk but they gave me a walker … now I walk a lot and I make myself walk on the days that I don’t go swimming” (FV-11).

Relocation

As mentioned in the literature review, relocation and transition to an IL and AL facility is often listed as the most stressful life event for older adults (Street et al., 2007). The two types of relocation that have been studied include forced relocation and voluntary relocation. Those individuals who have been forced to relocate to an AL facility described the transition to be particularly stressful with negative outcomes. Whereas, those who feel they had more control over the situation (such as a voluntarily relocation), described having more positive transitions and outcomes (Street et al., 2007). When participants were asked during the interviews why they had moved to the facility and what their transition was like, participants’ descriptions were in one of these four
instances: a voluntary movement for health related purposes, a voluntary movement for family related purposes, a non-voluntary movement for health related purposes or a non-voluntary movement for family related purposes. These four instances will be discussed in more depth in this section.

In order to assess the data collected about participants’ relocation and compare it to the results from other studies, an independent samples t-test was conducted. This study found similar results to that of previous studies in that analyses revealed that there was a significant difference between those residents who moved voluntarily (M=4.45, SD= .728) and those who do did not move voluntarily (M=4.37, SD=1.11) and their happiness scores, $t (40)= .263, p>.020$, such that those who moved to a facility voluntarily were significantly happier than those who did not move to the facility voluntarily.

Another interesting aspect of this theme becomes apparent when specifically examining the independent living participants. Of the 41 independent living residents who participated in this research, only three moved to a facility non-voluntarily. These findings show that independent living people are more likely to move to the facility in their own time and at their own will. Because of this, those individuals are more likely to have higher happiness. If older adults have the ability to make these decisions and transitions for themselves in a timely manner that makes them more likely to be an independent living resident, it seems that their chances for a successful and satisfying transition are higher.
Voluntary Relocation

Health Purposes

Moving to a facility for voluntary health-related purposes was the most frequently reported reason for relocation at both facilities. At Friendship Village, this was reported by 62% of the participants and at Oakleaf Village this was reported by 40% of the participants. The health purposes included a variety of scenarios including: the death of a spouse and the resulting safety issue of living alone, the declining of health in general, the recovery after a broken bone or surgery, or the health of a spouse. One participant who moved due to his spouse’s health condition discussed living in independent living while his spouse lived in assisted living, “She’s in assisted … she’s been everywhere but independent cause she came in the Health Center then they moved her into the Memory Center… I have to do everything I can think of to keep her organized … I spend as much time as I can there and it’s kinda nice to be together but trying to keep her organized so it kinda like a fulltime job” (FV-16). At Friendship Village all of these participants were living independently while at Oakleaf Village, six participants were living independently and three were in assisted living. Of those who were assisted, all three participants relocated due to declining health that required extra care.

Family Purposes

At Friendship Village, the remaining participants who did not state health-related reasons for their relocation to a facility explained that their voluntary movement was due to family related issues. Thirty-seven percent of participants stated this reason and were all independent living, compared to 31% of participants from Oakleaf Village, four of whom were independent living and three of whom were assisted living. For those
participants who were independently living, family reasons including the death of a spouse and not wanting to be alone, social interaction, children or grandchildren asking the participant to move for peace of mind, or downsizing and lifestyle were reported.

For those participants who were assisted living, the family reasons were stated as moving closer to children and moving for a healthier environment. One participant described her circumstance for relocation, “My previous place of residence was a large apartment building and over the years I felt that folks that were sort of my age range were moving out to different places… I was just feeling out of touch with the other folks... it’s been a help I think you know from that feeling of isolation where I was living before to where I’m living at a place where I can get involved in activities and with people and I’ve certainly felt a lot less depressed here then I did there” (FV-10).

Non-Voluntary Relocation

Health Purposes

Though there were not many participants who stated they had relocated to the facilities non-voluntarily, there were a few and their feelings towards this move were very powerful. There was only one participant who stated she was moved to the facility, Oakleaf Village, non-voluntarily for health-related purposes. This participant explained her situation and feelings, “I am here because I fell and broke my hip and I don’t have anybody to take care of me. I don’t have relatives here and I don’t know about all the help I could have gotten in my own home” when asked what her transition to the facility was like she continued, “very very hard… I hate it here mainly because it’s totally different from what I’m used… I’m just unhappy here” (OL-07).
Family Purposes

The rest of the participants who relocated to facilities non-voluntarily did so for family related reasons. Five participants, all from Oakleaf Village, three of whom were independent living and two were assisted living fit into this category. The non-voluntary reasons these participants moved all included their children having power of attorney and moving them to the facility. The interesting finding about this circumstance is that four out of the five participants ended up happy with their lives at the facility while only one out of the six was unhappy. This participant explained her feelings in the interview, “This was not my choice. My children, I have six children, and a couple of them decided that I needed to be somewhere… I moved in and immediately became very unhappy. I didn’t mingle with anybody. In fact, I got so bad I didn’t even like myself. I wanted to get out of here in the worst way. I kept telling my kids I don’t want to stay here… I would jump at the chance to move out of here” (OL-16). This participant’s situation left her very distraught, describing times of extreme weight loss and panic attacks thinking about dying in the facility. The participant did state she was trying to make the most of the situation and meet new people. However, she would leave if she could.

Facility Structure

One of the main goals of this research is to determine the facility structures that best promote healthy and happy living among its residents. The two facilities, Friendship Village and Oakleaf Village, had different social structures. Friendship Village did not have an inclusive setting among its independent and assisted living residents, whereas at Oakleaf Village there is an inclusive setting between these two groups. The effect of these settings on the participants has been shown through the many different themes of
socialization, meaning and purpose in life, independence, and relocation. However, when asked during interviews how the participants felt about different aspect of their facilities, varying opinions and ideas arose. These conversations mainly involved the lifestyle differences that independent living and assisted living have to offer. In this section about the facilities’ structures, aspects of continuing healthcare, couples being able to live together, and each facility’s view of the assisted living population will be discussed.

**Continuing Healthcare**

At Friendship Village, a program called “Continuing Healthcare” was an option for some residents who moved to the facility. This program allowed people to join the facility’s continuing healthcare, and if at some point the residents were unable to pay their monthly bills after a certain period of time, they will still get to live at the facility or, if the resident has a health issue, the facility would help pay the medical bills and pay for the stay in the Health Center. Another feature of this program is that it allows residents to move from one section of the facility to another if necessary without raising their monthly rates. For example, if a resident is a part of the Continuing Healthcare program and he or she develops Dementia, he or she can move to the Memory Unit of the facility (which can cost more monthly for more assistance) without his or her monthly bill rising. However, this program does not include any pre-existing health conditions. The benefits of this program for the residents are obvious for financial reasons and for peace of mind. For the facility, it is beneficial because it persuades people to move to the facility at an earlier age, before any pre-existing health risk arise, to join their independent living population.
This program was the reason a number of participants from Friendship Village stated making the move to the facility. These participants described their reasoning in the interviews, “We looked at seven life plan communities, that’s the descriptor for nonprofit continuing care communities, life plan communities… and decided this was the most attractive to us and so chose to move here” (FV-18) and “We like people, I like people and so that was my decision and also the healthcare the continuing healthcare aspect” (FV-17). Along with these participants, there was another who spoke of the financial burdens he and his spouse were having and the fact that they were not able to buy into continuing healthcare. This has been a concern of theirs should they not be able to afford the facility in the future.

**Couples Staying Together**

An interesting topic that many participants at both facilities discussed in the course of the interviews was the topic of couples being able to stay together. For those at Friendship Village, the discussion was about being able to stay within the same building, but in different sections, should their spouse need assistance. Whereas, participants at Oakleaf Village spoke of how some couples had to live at different facilities should one spouse be independent and the other need too much care to qualify for assisted living. That isn’t to say there weren’t couples that were able to stay together at Oakleaf Village. They could both be assisted, both be independent, or one be independent and one be assisted. However, if one individual’s assisted needs grew beyond what the facility could care for, that individual would be sent to a nursing home. At Friendship Village, one section of the facility is a nursing home. This allowed for the couples at Friendship Village to stay close to one another in spite of specific circumstances.
The couples at Oakleaf Village who were able to stay together, even at different assistance levels, spoke of the great support still living with their spouses offered them. One participant from Oakleaf Village described, “I had a cancerous tumor, brain tumor… I was in rehab for a period of time and from there I came here… my wife and I are both here together. She isn’t right now, her health isn’t as good as mine. She has a lot of issues…it probably gives me a little support helping her too by being here you know” (OL-15). Another participant, from Friendship Village, had similar remarks about being with his spouse. “I spend as much time as I can there and it’s kinda nice to be together” (FV-16). One participant, who was not living with a spouse but explained the issues couples faced, stated, “Couples that moved here and one of them gets too bad they have to go to the Alzheimer’s and it’s clear across town and they cannot visit them” (OL-14).

**Friendship Village’s Opinions of Assisted Living Residents**

Near the end of the interviews with Friendship Village’s independent living participants, they were asked a form of the question, “Do you have any contact with those residents living in the assisted living sections?” They usually discussed the settings and situations in which they had interacted with individuals who have lived or live in the assisted living sections. The question that followed was, “Do you think it would be beneficial to have more activities between the independent living residents and the assisted living residents?” This section discusses the variety of responses that were recorded from participants.

The majority of participants had some interaction with those in assisted living either through friends that had transitioned from independent to assisted living, through a program that Friendship Village offers called Friendly Visitors (who visit the patients in
the Health Center), or through interactions in events such as Vespers services. However, of all the responses a majority of the participants did not give a definitive answer of ‘yes’ or ‘no’ to the question, “Do you think it would be beneficial to have more activities between the independent living residents and the assisted living residents?” Most participants debated and/or defended their opinions and feelings.

Of twenty independent living participants responses, five gave a definite ‘yes’ answer to the question described previously, seven gave a definitive ‘no’ answer, and eight did not give a clear response. For the participants who answered, “Yes it would be beneficial”, responses mainly included comments such as, “Yes I think the interaction is very good… especially in our fitness department. Our fitness director goes on a regular basis and does exercises classes with them… when they come here. Yes I like helping them” (FV-06); “I know that friends particularly the one I have now that’s in the hospital is feeling at loose ends… she’s so bored you know so I think that would be something that they might think more about involving folks” (FV-10); and “Yes that would be beneficial” (FV-15).

The participants who stated that, in their opinion, this arrangement would not be beneficial gave reasons such as: “For me I guess I would say no and that’s kind of I don’t know a good answer… it wouldn’t be something that would you know appeal to me I guess” (FV-04); “I’m not sure I can help them much and it’s depressing for me…I’m not really a good person to go to the Health Center. I feel like I should go more than I do and I do some depending on how close a friend it is” (FV-13); and “We have activities they are welcome to come… there’s a difference in life capability and life concern and priorities… when committees have assisted living representatives they rarely show up,
they’re not in great health wise, they’re not they tend not to be involved contributors you
know they don’t enter the conversation” (FV-18).

For the remaining participants who could not decide one way or another, the most
frequent response was that assisted living residents were welcome to join in the
independent living events, but that it was the responsibility of those residents to come and
be involved. One participant explained his opinion. “It has to be an effort on their
part…some of this has to be their efforts too because they are all welcome to activities
like the music programs and things and we have several of them that do come down.
They’re welcome to come down to the movies but they have to bring themselves down”
(FV-23). Another participant expressed his puzzlement over this question by explaining,
“I’m not sure how to answer that. I think when we move here when we’re independent
and we’re healthy we have our own automobile, life is normal. We don’t think much
about assisted living… I’m not sure how to answer that. Now I have nothing against
interacting with assisted living it just doesn’t happen much. They have their own dining
room and a lot of them hangout in the physical therapy department. Sometimes we
interact in the in the fitness center either working out they’ll be somebody workout out
from assisted living but I don’t know. Don’t know how to answer that question” (FV-25).

Oakleaf Village’s Opinions of Assisted Living Residents

The questions concerning interaction between independent living and assisted
living were not asked during the interviews with participants from Oakleaf Village as
they were with participants from Friendship Village. The reason being that the inclusive
setting offered by Oakleaf Village made this question irrelevant as it pertained to their
specific situation. However, though participants were not asked these questions, many did
offer up opinions they felt towards those who lived assisted. These opinions came from both independent living participants and assisted living participants, and their comments were coded for negative connotation verses positive connotation in this section.

Without being prompted, eight participants brought up this topic during the course of their interviews. Of those eight participants, three of these comments had positive connotation while the other five had negative connotation. The interesting part about this section is the majority of criticism about assisted living residents came from other assisted living residents. Three of the negative comments that were stated came from other assisted living residents while assisted living residents also stated all three positive comments and the remaining two negative comments were made by independent living residents.

The negative comments included statements such as, “I would probably do more activities if they had something I could do or if they didn’t change everything here is lowered to the lowest dementia so there’s nothing for people who still have a little grey matter to be sparked by or to do cause it’s all dumbed down” (OL-07). Another participant stated, “As far as friends here, I have to speak on their level which is not easy for me… cause quite often, if it didn’t happen in two rooms down from where they live it’s really not important” (OL-10). One participant described her feelings by saying, “What upsets me the most as I go into the lobby and I see people sitting starting into space like cabbages and they don’t seem to want to do anything, not even talk to each other particularly… I thought, ‘Gosh, I hope I don’t end up like that’” (OL-19).

The positive statements that some participants made involved helping and caring for others. Such was the case of one participant who said, “She lives next door and she’s
alone…but she is handicapped right now. I try to keep a fairly close eye on her. I don’t know if she realizes I do” (OL-05). A different participant, when talking about couples with one individual living independently and one living with assistance (sometimes not permitting them to live together), showed her excitement that the facility was building a memory unit that would then allow some couples to be able to stay together. “You lose them… they have to go to Alzheimer so I am glad they are building an Alzheimer’s building out there because we have had couples that move here and one of them gets too bad they have to go to Alzheimer’s and it’s clear across town and they cannot visit them” (OL-14).
General Discussion and Critique

The first hypothesis of this research (residents living at Oakleaf Village would have more positive social support networks than those in Friendship Village) was not supported by the qualitative analysis. There was, however, a significant difference between independent living residents, happiness scores, and interactions with friends outside the facility. The more friends that one has outside the facility, the happier the resident. Nonetheless, there were no overall conclusive results to support the first hypothesis.

Due to an insufficient number of assisted living participants, tests to compare independent living happiness scores with assisted living happiness scores did not yield sufficient statistical significance. Therefore, it was not possible to test the second hypothesis that assisted living residents at Oakleaf Village will have higher levels of happiness than assisted living residents at Friendship Village. The third hypothesis was supported in that independent living residents at Friendship Village were significantly happier than independent living residents at Oakleaf Village. Analysis also concluded that across both independent and assisted living, participants at Friendship Village were significantly happier than participants at Oakleaf Village.

For the qualitative results, multiple themes arose during the course of the interviews. Some were ideas and concepts that had been discussed through the literature review and therefore found in previous studies, such as relocation, socialization, and physical health. In other cases, many new themes emerged including the ideas of finding meaning in one’s life, religion, staying involved in the community, and opinions of those
who the participants lived with. All of these factors were able to give insight into the lives of those who live in independent and assisted living facilities.

**Thoughts on Methodology**

The interviewing process provided unexpected insight into the methodology. For instance, no assisted living residents at Friendship Village signed up to participate in the study. At first, this seemed frustrating because this aspect of the research was not able to be analyzed. However, not having this specific population choose to join the study may have provided different information to this topic than if they had participated. Perhaps, those living assisted were not physically or mentally able to participate in the study or the assisted living residents were not encouraged to participate at the same level as the independent living residents. For either situation, it was apparent that in order to have more assisted living residents participate in research a more approachable and accessible method needs to be planned rather than a sign-up sheet. Another method could have been to go door-to-door explaining the study to the residents and allowing them to complete the interview in the comfort of their own apartment rather than having a designated meeting area and time.

Another understanding gained through this methodology was the opportunity for the researcher to walk through and see the facilities in which the participants were living. This allowed for the researcher to develop an understanding of the environment, atmosphere, and hospitality that the residents experienced daily. One instance where this was very apparent occurred during the interviewing process at Oakleaf Village. The main lobby of Oakleaf Village is also a lounge area for the residents. Walking in the front doors of the facility for the first time you see a variety of residents. Some are struggling
to walk while others are moving about easily from person to person having different social interactions. This is exactly the atmosphere promoted by this facility. No matter your ability, no matter your situation, people of all kinds live and reside here. This was also the message that promoted by the participants from this facility.

**Limitations**

This research had some limitations in which the researcher couldn’t control. One of these limitations was the number of participants who voluntarily signed up for the study. Though there were 49 participants, a larger sample size may have allowed for more relationships to become apparent and generalizations about the population to be made. Also, a larger number of assisted living participants, especially at Friendship Village, would have allowed for more analyses on the second hypothesis.

Another possible limitation to this research that could help explain the low number of significant differences with the participants’ happiness scores and their social support network was the lack of an operational definitions. Because there was no definition of close verses acquaintance given to the participants, the participants at both facilities had to self-rate their relationship level with family and friends based on their own ideas and definitions, which could vary from person to person. Providing the participants with an operationalized definition may have allowed the results to be more conclusive and reliable.

One aspect of the demographics of the facilities, which were not accounted for prior to beginning the research, is the socioeconomic status of those who participated. A demographic question about the participants’ socioeconomic status was not given during the data collection process. However, it was evident during the course of the interviews
that these two populations were of different status. This was clear through their
descriptions of their career fields, their education levels, their financial troubles, as well
as which facility itself that the participants could afford. Those living at Friendship
Village were of higher economic status and professional achievement than those living at
Oakleaf Village. This was evident when participants described their education
background, their job and career history, as well as mentioning if they had any financial
burdens. This could have altered the level at which participants were satisfied with their
lives at the facility. Issues with financial troubles, available recourses, and life
experiences could account for stress and dissatisfaction experienced by the participants
from Oakleaf Village more than those participants from Friendship Village.

**Future Research**

In order to answer the underlying research question of whether or not the physical
structure of an independent and assisted living facility affects the social support networks
and happiness levels of residents, some alterations to the study could be made. One of
these ways includes continuing the interviews across multiple facilities. Continuing to
interview residents from facilities, which have the same structure as Friendship Village
and Oakleaf Village, would allow for the development of a broader and clearer picture of
the results that could be generalized to a broader population.

Another possible direction for this research is to continue building upon the
limited research of different types of independent living facilities. Much of the research
that has been done up to this point has been on nursing home settings and or assisted
living facilities. There are very few studies that focus on independent living and the
lifestyle, struggles, and other relative aspects this population might face. Having the
opportunity to build this area of research could prove useful for much of the current population as well as the growing elderly population.

**Final Thoughts**

This research study was able to support, refute, and build upon topics from previous research studies, all of which are equally important. However, the most significant information obtained through this research were the words coming straight from the participants during the interviews. Understanding the struggles, joys, and concerns that this population experiences while making this new transition into not only a new life stage but also a completely different living atmosphere is very important.

This research showed that the transition can be scary for many and exciting for a few, healthy to some and devastating to others, revitalizing for a majority and a death sentence to the rest. The question becomes, is there a way to make sure that a greater number of the elderly are experiencing transitions that are exciting, healthy, and revitalizing? This is the question that this research study brought to light. The understanding of the importance of socialization and social support networks, good physical and mental health, and voluntary relocation were all topics that were known to be very important facets of live in a residential facility. However, this study found that providing an older adult with a sense of purpose and meaning is a theme that multiple participants discussed and should be a consideration for this population group. People might asking themselves, ‘What can I do when I am an older adult that brings me joy and promotes my health?’ Most likely, the answer to this question isn’t going to be the same activity or career choice that person has been devoted to throughout their lives, due to physical and mental limitations that come with aging. Nevertheless, one can integrate
those aspects of joy and health with an activity provided into related areas. One such example is a participant in this study who loved working in the business administration field. He now has altered his specialty into non-profit senior living communities since retiring. This allows him to use the concepts of business that bring him joy and mental engagement while also helping those around him find suitable living accommodations.

People need to understand these ideas and take them into consideration, not only for their parents or grandparents’ well-being and happiness, but for their own as well. In today’s world, life expectancy is continuing to grow and more older adults are transitioning into living at these types of village communities. It is important for people to understand that old age isn’t something that just happens to you, but rather it is the next season of life that you need to prepare for just as you would prepare for going to college, entering the work force, or having children. One author stated this idea perfectly by explaining, “When we think about ourselves as not aging, then we think about age as something that happens - old age is something that happens after you've completed your life, after it's a story. Well, you've done everything. And now you're sort of shot. And now you're in old age. But what really happens is old age isn't that, it's just the next chapter of the life you've been living before. It's a continuation of it, not this happy or unhappy chapter tacked on at the end.” (Leland, 2018). This research has been able to continue building knowledge and information about the older adult population. However, there is a need for more answers on the influence of physical structure on happiness.
References


### Table 1. Qualitative Theme Outline

I. Socialization  
   a. Family Support Network  
   b. Friend Support Network  
   c. Romance  
   d. The Dining Room  
   e. Individual and Group Activities  

II. Meaning and Purpose in Life  
   a. Religion/ Spirituality  
   b. Being Involved/ Helpful  
   c. Continuing One’s Life Work  

III. Independence  
   a. Personal Space  
   b. Driving  
   c. Physical Capabilities  

IV. Relocation  
   a. Voluntary: Health Purposes  
   b. Voluntary: Family Purposes  
   c. Non-Voluntary: Health Purposes  
   d. Non-Voluntary: Family Purposes
Appendix E. IRB Approval

INSTITUTIONAL REVIEW BOARD
RESEARCH INVOLVING HUMAN SUBJECTS
OTTERBEIN UNIVERSITY

ACTION OF THE INSTITUTIONAL REVIEW BOARD

With regard to the employment of human subjects in the proposed research:

HS # 16/17-76
Kraft & Watts: Physical Boundaries and Social Networks: How Structural ...

THE INSTITUTIONAL REVIEW BOARD HAS TAKEN THE FOLLOWING ACTION:

[Check Box] Approved
[Check Box] Approved with Stipulations*
[ ] Deferred
[ ] Disapproved
[ ] Waiver of Written Consent Granted

*Stipulations stated by the IRB have been met by the investigator and, therefore, the protocol is APPROVED.

It is the responsibility of the principal investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject’s participation in the proposed activity. Should the principal investigator leave the college, signed consent forms are to be transferred to the Institutional Review Board for the required retention period. This application has been approved for the period of one year. You are reminded that you must promptly report any problems to the IRB, and that no procedural changes may be made without prior review and approval. You are also reminded that the identity of the research participants must be kept confidential.

Date: 3/23/17
Signed: [Signature]
Chairperson

OC HS Form AF
Appendix B. Oxford Happiness Questionnaire

Below are a number of statements about happiness. Please indicate how much you agree or disagree with each by entering a number in the blank after each statement, according to the following scale:

1 = strongly disagree
2 = moderately disagree
3 = slightly disagree
4 = slightly agree
5 = moderately agree
6 = strongly agree

Please read the statements carefully, because some are phrased positively and others negatively. Don’t take too long over individual questions; there are no “right” or “wrong” answers (and no trick questions). The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please give the answer that is true for you in general or for most of the time.

1. I don’t feel particularly pleased with the way I am._____  
2. I am intensely interested in other people.______  
3. I feel that life is very rewarding.______  
4. I have very warm feelings towards almost everyone.______  
5. I rarely wake up feeling rested.______  
6. I am not particularly optimistic about the future.______  
7. I find most things amusing.______  
8. I am always committed and involved.______  
9. Life is good.______  
10. I do not think that the world is a good place.______  
11. I laugh a lot.______  
12. I am well satisfied about everything in my life______  
13. I don’t think I look attractive.______  
14. There is a gap between what I would like to do and what I have done.______  
15. I am very happy.______  
16. I find beauty in some things.______  
17. I always have a cheerful effect on others.______  
18. I can fit in (find time for) everything I want to.______  
19. I feel that I am not especially in control of my life.______  
20. I feel able to take anything on.______  
21. I feel fully mentally alert.______  
22. I often experience joy and elation.______  
23. I don’t find it easy to make decisions.______  
24. I don’t have a particular sense of meaning and purpose in my life.______  
25. I feel I have a great deal of energy.______  
26. I usually have a good influence on events.______  
27. I don’t have fun with other people.______  
28. I don’t feel particularly healthy.______  
29. I don’t have particularly happy memories of the past.______
Appendix C. Flourishing Scale

Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ I lead a purposeful and meaningful life
____ My social relationships are supportive and rewarding
____ I am engaged and interested in my daily activities
____ I actively contribute to the happiness and well-being of others
____ I am competent and capable in the activities that are important to me
____ I am a good person and live a good life
____ I am optimistic about my future
____ People respect me
Appendix D. Comprehensive Happiness Questionnaire given to Participants

NAME__________________________ ID__________

Instructions

Below are a number of statements about happiness. Please indicate how much you agree or disagree with each by entering a number in the blank after each statement, according to the following scale:
   1 = strongly disagree
   2 = moderately disagree
   3 = slightly disagree
   4 = slightly agree
   5 = moderately agree
   6 = strongly agree

Please read the statements carefully, because some are phrased positively and others negatively. Don’t take too long over individual questions; there are no “right” or “wrong” answers (and no trick questions). The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please give the answer that is true for you in general or for most of the time.

1. I don’t feel particularly pleased with the way I am. ______
2. I am intensely interested in other people. ______
3. I feel that life is very rewarding. ______
4. I have very warm feelings towards almost everyone. ______
5. I rarely wake up feeling rested. ______
6. I am not particularly optimistic about the future. ______
7. I find most things amusing. ______
8. I am always committed and involved. ______
9. Life is good. ______
10. I do not think that the world is a good place. ______
11. I laugh a lot. ______
12. I am well satisfied about everything in my life. ______
13. I don’t think I look attractive. ______
14. There is a gap between what I would like to do and what I have done. ______
15. I feel able to take anything on. ______
16. I find beauty in some things. ______
17. I always have a cheerful effect on others. ______
18. I can fit in (find time for) everything I want to. ______
19. I feel that I am not especially in control of my life. ______
20. I feel I have a great deal of energy. ______
21. I feel fully mentally alert. ______
22. I often experience joy and elation. ______
23. I don’t find it easy to make decisions. ______
24. I don’t have a particular sense of meaning and purpose in my life. ______
25. I feel I have a great deal of energy. ______
26. I usually have a good influence on events.
27. I don’t have fun with other people.
28. I don’t feel particularly healthy.
29. I don’t have particularly happy memories of the past.
30. I lead a purposeful and meaningful life.
31. My social relationships are supportive and rewarding.
32. I am engaged and interested in my daily activities.
33. I actively contribute to the happiness and well being of others.
34. I am competent and capable in the activities that are important to me.
35. I am a good person and live a good life.
36. I am optimistic about my future.
37. People respect me.
Appendix E. Interview Questions

1. Tell me a little about yourself and how you came to live at (facility name).
2. Looking at your social circle, tell me about your relationship with your family. Tell me about your relationship with your friends. Would you consider yourself closer to one group more than another? Why?
3. What activities are you involved in here at (facility name)? When doing activities here at (facility name), do you prefer to do group oriented things or individual things on your own? Which do you think is more beneficial?
4. (Friendship Village only) Have you had any interactions with those residents living in the assisted living sections of the village? Do you think it would beneficial to have more interactive activities between the two groups?
5. What would you like to say about your life that we haven’t talked about?