

Abstract

Purpose and Quality of Life Among Assisted Living Residents

The increasing number of older adults in the United States has led to a growing number of people entering assisted living settings. Purpose and quality of life are important constructs in improving overall well-being for this population. This dissertation study investigates purpose and quality of life among assisted living residents. Secondary data analysis of a publicly utilized and widely accepted data set developed by the Center for Disease Control was employed. Analysis showed that participation in religious activities, socialization to include having visitors or living with a relative or spouse and being married or widowed were linked to the increased likelihood and presence of purpose and quality of life. These findings established a foundation for future studies on this essential topic.

Purpose and Quality of Life Among Assisted Living Residents

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Dedication

To the memory of my grandmother, Janice Walters who always believed in my ability to earn a doctorate degree. Her encouragement and support was unwavering.

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Chapter I: Proposal Overview

Introduction

This study examined purpose in life among assisted living residents by examining the factors that contribute to finding and maintaining purpose in life in this setting.

This was a quantitative study employing secondary data analysis. Quantitative research utilizes observations on occurrences or phenomena that effect people with a reliance on data (Allen, 2017). In 2010 the Centers for Disease Control and Prevention's (CDS) National Center for Health Statistics (NCHS) division conducted a study named the "National Survey of Residential Care Facilities" (NSRCF). The data from this study was analyzed with the statistical program regularly used for data analysis in the social sciences, SPSS to examine the relationships between the variables. Although all the social work codes in the National Association of Social Workers Code of Ethics (2017) are encompassed in this research, dignity and worth of a person, service and competence are the three that are most relevant and impactful.

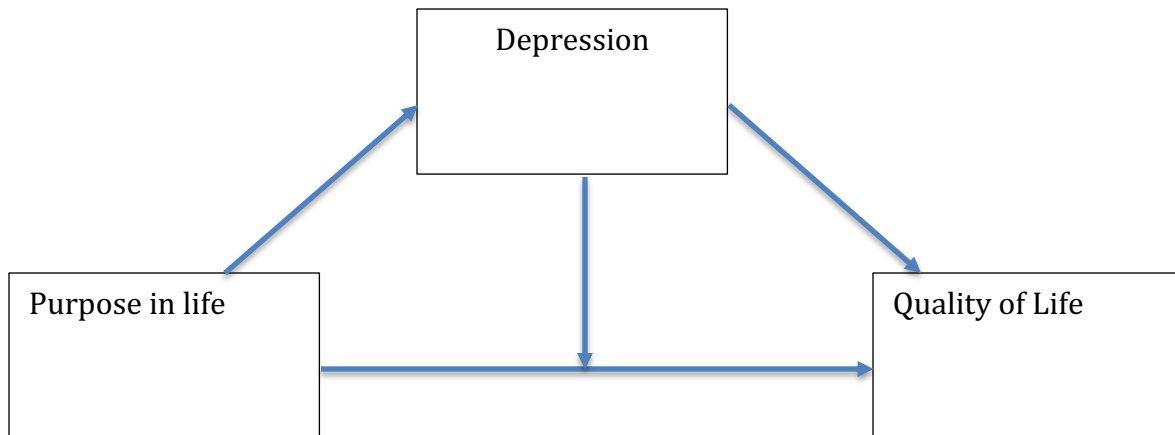
Rationale for Study

With the growing population of older adults in the United States, there is a larger number of individuals requiring care as they age. Assisted living residences represent one care option that is becoming increasingly popular among the elderly. With a greater number of older adults entering assisted living, there is an increase in the demand for competent social workers and other practitioners to provide care to these older adults. This research will provide social work practitioners with information regarding how to help the assisted living

population obtain and maintain purpose as they age in these settings and thereby enhance quality of life. Purpose in life impacts an individual's overall quality of life. Figure 1 below displays the connection between quality of life, purpose in life and depression. Being that assisted living is a social model embodying the NASW Code of Ethics, social work services are necessary and crucial to residents in this setting.

Figure 1

Relationship between depression, purpose in life and quality of life



Chapter II: Study Problem

Introduction

The problem this study will address is the overall well-being and quality of life experienced by older adults residing in assisted living residences. Purpose in life is an integral piece of these two important constructs and will be elaborated on in this chapter and the literature review chapter of this dissertation.

The older adult population is rapidly increasing in America and a larger number of older adults will be transitioning into residential care alternatives such as assisted living facilities. This shift demonstrates an important life change that will have an impact on the individuals undergoing this adjustment.

As a growing number of older adults relocate to assisted living facilities, it is important to recognize that maintaining their quality of life in these settings is imperative to their health and well-being. Purpose in life is a construct that has been shown to have positive effects on the overall mental and physical health and well-being of older adults. Awareness of positive outcomes associated with purpose in life is essential and ensuring that assisted living residents obtain and maintain purpose is crucial. The concept of purpose in life and the role it plays in the lives of assisted living residents requires continued research and exploration.

United States of America

Between 2012 and 2050, the United States of America will continue to face substantial growth in its older population (U.S. Census Bureau, 2014). This increase in the

median age of Americans is sometimes referred to as the “graying of America” (Troutman-Jordan & Staples, 2014). By 2030 older adults, or those age 65 and older will encompass twenty percent of the total American population. In 2050, the estimated population of older adults is expected to total 83.7 million. This is almost double the projected population in 2012 of 43.1 million (U.S. Census Bureau, 2014).

With the rise in the elderly population, awareness and preparation of appropriate interventions is important to ensure the quality of life experienced by older adults as they age. With increasing life expectancy, people are more often turning to alternative living communities as they age. Assisted living, a form of housing that provides services including but not limited to, meals, personal care, activities and security has become one of the most popular forms of housing for elderly individuals who cannot live independently within the community (Day, 2002; Knickman & Snell, 2002). It is likely that the demand for assisted living sites will increase parallel to the rise in the aging population (U.S. Census Bureau, 2014).

World Population

Presently, in comparison with other countries throughout the world, the American population is relatively young (Mather, Jacobsen & Pollard, 2015). In regards to percentage of elderly, the United States was ranked 48th oldest country in 2015 thereby establishing its youth in comparison to the rest of the world (He, Goodkind & Kowal, 2016). Resembling that of America, the world as a whole is seeing an increase in its older population. Specifically in developed countries, there is a projected increase between the present and 2030. Simultaneously, other developed countries, including America have had increased survivorship rates among their older adult populations (U.S. Census Bureau, 2014).

Europe's large proportion of older adults makes it the oldest region and this growth is projected to continue through 2050 (He, Goodkind & Kowal, 2016). However, the oldest country in terms of population composition is Japan. In 2015 26% of Japan's population was elderly (He, Goodkind & Kowal, 2016). By 2030, older adults age 65 and over are expected to make up about a third of Japan's population. However, the United States maintains the largest number of individuals in the oldest-old age group, or those age 85 and older, and will hold this spot until 2030 when it is expected that Japan will take it (Mather, Jacobsen & Pollard, 2015).

China and India are the two most populated countries in the world; however, the percentage of older adults inhabiting these two countries is smaller than the United States. By 2050, these two countries are expected to surpass the United States in the size of their elderly population (Mather, Jacobsen & Pollard, 2015).

Explanations for Increasing Older Adult Population

Baby Boomers

The recent rise in the older adult population represents a historically significant trend for the United States (Mather, Jacobsen & Pollard, 2015). A large portion of this increase may be attributed to the baby boom generation, or those born approximately between 1946 and 1964. The first "baby boomers" began reaching age 65 in 2011 and that number will continue to grow with each passing day. By 2030, the baby boomers will dominate the older adult population and in 2050 all remaining baby boomers will be over age 85 within the "oldest old" portion of the population (U.S. Census Bureau, 2014). The baby boomer generation is partially responsible for the restructuring of the elderly population in America (Mather, 2016).

Characteristics that separate baby boomers from the generations that have preceded them include higher educational attainment and increased experience and number of years employed and working (Mather, Jacobsen & Pollard, 2015). Baby boomers are categorized as having fewer children and higher rates of divorce. This may result in a growing number of individuals who live alone as they age into the older adult category. Due to divorce levels, having less children or children in the workforce and independent living, the population may lack care through the informal network including, care provided by children, spouses or other family members (Mather, Jacobsen & Pollard, 2015). This informal network is a support system that has been vital in the care of older adults as they age. The decrease in informal caregivers will lead more individuals to paid and institutional care (Mather, Jacobsen & Pollard, 2015).

Life Expectancy and Survivorship

Another factor contributing to the increase in the elderly population is life expectancy. By 2050 life expectancy at birth is projected to reach 76.2 years up from 68.6 years in 2015 (National Institutes of Health, 2016). Males in particular have experienced a much greater increase in life expectancy and will continue to do so. Although women continue to outlive men the gap is decreasing and is expected to become progressively narrow through 2050 (Mather, Jacobsen & Pollard, 2015; U.S. Census Bureau, 2014).

Increased life expectancy may present with some challenges both financial and health related. A longer life expectancy means the necessity to fund additional years of life. This may increase the number of necessary years worked (Mather, Jacobsen & Pollard, 2015). Social Security and Medicare are programs that thrive when the working population is able to sufficiently fund them for the retired population. The “elderly support ratio” compares

people age 18 to 64 with those over 65, or the retirement age. This ratio has continued to drop with time thereby reducing the number of individuals in the workforce supporting those older adults who are retired. Currently, there are approximately four people in the work force for every retired person. This is expected to drop to two working people supporting one retired adult by 2060 (Mather, Jacobsen & Pollard, 2015).

Overall the health of the older population has improved in comparison with previous generations. Older adults and in particular the oldest old, age 85 and above are experiencing less physical and cognitive disability than previous generations. However, there are two prominent risks that have arisen with the potential to affect the health and well-being of older adults. These risks include obesity and smoking (Mather, Jacobsen & Pollard, 2015). Life expectancy is growing in the United States particularly among people age 85 and older. However, as baby boomers begin to age into the oldest old category, it is predicted that due to obesity there will be a rise in chronic disability compared with previous generations (Mather, Jacobsen & Pollard, 2015). Between 2009 and 2012, the rate of obesity among individuals age 65 to 74 was about 40 percent (Mather, 2016). Obesity is linked to chronic conditions including but not limited to hypertension, adverse lipid concentration and diabetes. However, even obesity is not as severe as smoking considering mortality. The generations following the baby boomers have progressively decreased in the number of individuals who smoke, which is expected to have a positive effect on health in old age (Mather, Jacobsen & Pollard, 2015).

Healthy life expectancy, or the number of years an older adult may presume to live without a disability is currently 70 years of age and it is projected to increase in the coming

years. Additionally, being physically active is important to remaining free of disabilities in old age (Mather, Jacobsen & Pollard, 2015).

Diversity

The population of Americans, age 65 and older is expected to more than double. Additionally, the oldest old, age 85 and older, although a smaller population in comparison with the total number of older Americans, will triple. With this increase in older Americans, greater diversity among the population will ensue (U.S. Census Bureau, 2014 & Mather, Jacobsen & Pollard, 2015).

Non-Hispanic white Americans have held the majority in the past and currently, however as the next few decades approach we will see a shift in which the minority population will continue to grow and eventually outnumber non-Hispanic whites (Mather, Jacobsen & Pollard, 2015). By 2030, a quarter of the older adult population is projected to be composed of ethnic and racial minorities and by 2060 that amount will increase to half the population (Mather, Jacobsen & Pollard, 2015).

Residential Care for Older Adults

Housing specifically designed for older adults is becoming increasingly common in the United States with the mounting care needs and size of the population. Prior to individuals reaching eighty years of age, the number requiring additional care is relatively low. As adults age beyond eighty, the probability that they will need assistance and/ or skilled care for physical and/ or cognitive reasons is higher (Mather, Jacobsen & Pollard, 2015; National Institutes of Health, 2016). With the baby boomers now actively entering their older adult years, after 2030, at their peak there will be a large increase in the number of people requiring senior living accommodations.

Life expectancy for both men and women is on the rise. The increasing life expectancy, especially that of men, being that it is at a higher rate than women may have an impact on care and residential needs. With men living longer there will be a decreased number of women living alone at least during the “young old” stage of older adulthood. Spouses may serve, at least for a time as an informal caregiver to their significant other. This may prolong or prevent the need for institutionalization for a period of time for some (Mather, Jacobsen & Pollard, 2015; U.S. Census Bureau, 2014).

Residential Care Options

The decision to move into any form of residential housing for older adults is a difficult one. More often than not, it is not one’s own decision. As a result, it is important to be educated on the different forms of housing provided in your state in order to find the correct setting. There are several types of housing available for older adults today. Each type of housing provides different services that help older adults age in place. They range from retirement communities in which residents are independent to nursing homes, which provide skilled nursing care for older adults with the most advanced of long term care needs (AboutAssistedLiving.org, 2016a).

Retirement communities are for older adults who would like to live among others their own age and who are usually retired. There are very few care services provided as it is expected that adults in this type of community are almost completely independent, although there are some communities that allow residents to hire their own private caregiver to provide for any care needs they may have. Social and community activities are the main services provided in this setting (AboutAssistedLiving.org, 2016a).

Assisted living residences are the next level in regard to type of care provided. Assisted living is regulated at the state level and as a result the care offered in this setting may differ depending on the state. In general, basic care with activities of daily living (ADLs) may be provided in this setting. Additionally, in some states further licensing may be applied for allowing residents with increasing needs and some advanced care with ADLs to remain in this setting (Bowblis, 2014; AboutAssistedLiving.org, 2016a).

Much like assisted living residences, nursing homes, or skilled nursing facilities provide long term care to people in need of it. The level of care however, is much greater in a nursing home than in an assisted living residence. When an individual has substantial deficiencies in ADLs and requires complete care, this setting is appropriate for them. A nursing home provides 24 hour around the clock nursing care (Bowblis, 2014; AboutAssistedLiving.org, 2016a).

Assisted Living

As mentioned above, one form of housing that is available for older adults as they age and may require additional help and support is assisted living. This study is focused on assisted living residences. An assisted living residence is a residential community, primarily for the geriatric population, that provides assistive services while simultaneously striving to keep residents as independent as possible. Most assisted living residences are designed to offer a home-like environment thereby making it more appealing than a nursing home setting and fostering a sense of autonomy and privacy for its residents (Beeber et al., 2014).

The design of a resident's apartment in assisted living may vary from site to site. Residents of these facilities may have a private or semi-private apartment with a kitchenette

(Thomas, Guihan, & Mambourg, 2011). In some assisted living facilities, residents may have access to larger apartments incorporating extra bedrooms, bathrooms and living spaces.

Cost of Assisted Living

The increasing age of the labor force is becoming apparent with a projection that by 2022, individuals age 55 and older will make up 26 percent up from 12 percent in 1990 (Mather, Jacobsen & Pollard, 2015). This growth in participation may be attributed to the abolishment of mandatory retirement ages in the majority of jobs, a decrease in tax penalties for people who would prefer to stay in the labor force, improved life expectancy and health in old age. Additionally, some people delay retirement due to the increase in the social security set retirement age to receive full benefits (Mather, Jacobsen & Pollard, 2015).

There are a few forms of income older adults may receive including retirement savings such as a 401K or an IRA, compensation from current employment, including wages and salary, pensions, assets and social security benefits. Social security commenced with President Roosevelt's approval in 1935 and by the 1960s it accounted for a third of the income received by older adults (History.com staff, 2009; Mather, Jacobsen & Pollard, 2015). Older adults may, and usually do have income from more than one of these sources. However, earnings for racial and ethnic minorities are typically exclusively or mainly from social security due to the likelihood that other income through sources such as assets and earnings are less usual. Additionally, those who have completed less education are not as likely to stay in the workforce for longer periods and instead rely on social security. However, social security expenditures will increase to 12 percent in 2050 thereby making it more difficult to maintain this income source considering the elderly support ratio (Mather, Jacobsen & Pollard, 2015; Mather, 2016).

In addition to the forms of income mentioned, assisted living facilities also allow for other payment sources. These options include long-term care benefits and veteran's benefits. For long-term care an individual would have purchased a package with an insurance company. However, the standards at which the insurance company pays for services varies dependent on the specific stipulations of the plan initially purchased. Many of them require the need for assistance with at least two ADLs or more.

The majority of assisted living sites are private pay however; there are some that will accept Medicaid, or at least partial payment through this program. These sites are referred to as licensed assisted living programs in New York for example. All states have different regulations on accepting Medicaid and whether it may be used for full or partial payment (AboutAssistedLiving.org, 2016b).

Care Provided

Services offered in assisted living may include but are not limited to meals, help with ADLs, personal care, medication management, recreational activities, transportation, 24-hour security, laundry, and housekeeping (Day, 2002; Knickman & Snell, 2002). These services are usually provided by licensed professionals depending on regulatory requirements set forth by each individual state. In New York State assisted living, commonly referred to as assisted living residences (ALRs), are governed by the New York State Department of Health. Licensed professionals including social workers, nurses, doctors and home health aides provide care. An assisted living site may supplement services by incorporating visiting doctors of different specialties that provide appointments and care to residents on either a weekly or monthly basis according to the needs of the population within the assisted living facility.

Assisted living residences have gained popularity over time and have added additional services to help residents' age in place and also to compete with other residences and other forms of housing available. In New York State, assisted living residences may apply for enhanced and special needs licensing, which allows them to care for individuals with increasing care needs. A benefit of the special needs license in particular provides the opportunity for an assisted living to have memory care sections or programs. Memory care is specifically designed for individuals suffering from cognitive impairments such as Alzheimer's disease and dementia. By 2050, the number of older Americans afflicted with Alzheimer's disease is expected to reach 14 million, which is nearly triple the number of individuals suffering from this disease in 2010 (Mather, 2016). Having the ability to care for these individuals with the projected increase keeps people residing in assisted living for longer periods of time instead of being required to move on to a higher level of care, such as a skilled nursing facility commonly referred to as a nursing home (Bowblis, 2014).

Staffing

Staffing in assisted living may vary from state to state dependent on individual requirements. Staff include supervisory and nonsupervisory roles, or direct service roles. Supervisory roles may consist of the executive director, department heads, managers or directors and registered nurses (RNs). Social workers are not required in assisted living in all states. More recently through the continued support of a social model in this setting, social workers are becoming increasingly more common in assisted living facilities. If there is not a social worker present on site, residents requiring services will be referred to a social worker. In many cases it is a geriatric social worker with a focus in this population and they may come to the residence to provide services. Personal care workers may include licensed

practicing nurses (LPNs), home health aides, medication assistants and unlicensed workers including housekeeping, dining and maintenance staff. In comparison with supervisory and management staff, personal care associates are more likely to be minorities, younger and less educated (Beeber et al., 2014).

Supportive environments tend to prevent some of the challenges that are faced by staff working in assisted living communities. These challenges include, staff burnout, turnover, low quality of care for residents and low commitment levels of staff. Supportive environments highlight teamwork, empowerment of staff and encourage the participation of all staff in decision making (Beeber et al., 2014).

Overview of Assisted Living

This congregate setting has become increasingly popular since its inception over 25 years ago in the late 1980s (Assisted Living Federation of America, 2013). It is the fastest growing form of housing for older adults and receives almost 40 billion dollars each year in revenue (Lee, Besthorn, Bolin, & Jun, 2012). A Nationwide survey of residential care facilities determined that there are more than 31,000 assisted living residences serving about one million older adults across the United States (Marak, n.d.). Furthermore, the increasing rate that individuals are entering assisted living continues to grow fifteen to twenty percent on an annual basis (Cummings, 2002). The sizeable number of older adults entering into assisted living residences further proves the necessity of conducting research in this area to enhance resident well-being and understand purpose in life among individuals in these settings.

Social Work Implications

The National Association of Social Workers also commonly known as NASW is aware of the large increase in the aging population and recognizes the need for continued education and practice in this area. In particular, with the growth of the population, NASW reports that many older adults will require care in residential settings instead of at home due to physical and cognitive needs that cannot be cared for in the community. This increases the necessity for social workers to maintain roles in residential settings, such as assisted living (Yagoda, 2003).

The assisted living setting promotes many of the social work values and as a result is consistent with NASW Code of Ethics and guidelines. Independence, dignity, privacy and autonomy are among some of the values accentuated in assisted living (Williams, 2002; Yagoda, 2003). When older adults transition into a new level of care, social workers play integral roles as practitioners in assisting with the move. Older adults are more often than not unhappy about moving into assisted living as it represents a loss of both the home they had lived in that is full of memories and of independence. Social workers are trained to empower older adults and help residents and families with these transitions. NASW is involved with initiatives concerning transitions to streamline and improve this process. Some of the many social work roles in this setting include service delivery by providing resources and linkages to services within and outside the community, counseling or therapy and service coordination (Herman, 2009). These roles fall under the principle categories outlined in the Code of Ethics including, service, social justice, dignity and worth of a person, and importance of human relationships (NASW, 2017).

Conclusion

The growth of the elderly population in combination with the changes in assisted living, particularly its shift towards a more social model, signify the great need for social workers and their education in this area to increase the well-being of assisted living residents. By increasing education and knowledge in this area professionals will be more competent when working with residents thereby upholding another principle outlined in the NASW Code of Ethics (20). Knowledge concerning purpose in life, an aspect of overall well-being and quality of life will be uncovered in this study. The findings will be beneficial to both older adults residing in the assisted living setting and for the practitioners who work with them.

Chapter III: Literature Review

Introduction

The purpose of this chapter is to examine the literature pertaining to quality of life and purpose in life among the older adult population residing in assisted living. Very few studies were found focusing on this specific population thereby revealing a gap in the literature. However, existing studies and literary works concerning and related to purpose in life among this population and those closely related were identified and thoroughly reviewed. Literature was extracted from databases including PubMed Central, Health Reference Center Academic, EBSCO host, Dissertation & Theses Global and several sociology, philosophy and science ProQuest databases. Key words employed in searching for scholarly research articles included “purpose in life”, “quality of life”, “elderly”, “assisted living”, “nursing home”, “independent living”, and “life purpose”. “Meaning in life” was also a term that was inputted as some researchers merge purpose and meaning in life together or believe one is an extension of the other (Kim, Sun, Park, Kubzansky, & Peterson, 2013; Frankl, 1959/ 2006; Hedberg, 2010; Hedberg, Brulin, & Aléx, 2009; Hedberg, Brulin, Aléx, & Gustafson, 2011; Hedberg, Gustafson, Brulin, & Aléx, 2013; Hedberg, Gustafson, Aléx, & Brulin, 2010; Hedberg, Gustafson, & Brulin, 2010; Kozar-Westman, Troutman-Jordan, & Nies, 2013; McCarthy, Ling, & Carini, 2013; Pinguart, 2002; Rappaport, Fossler, Bross, & Gilden, 1993; Waddell, 2012; Welsh, Moore, & Getzlaf, 2012).

Studies reviewed are charted in Table 1 below and are arranged in ascending chronological order according to year of publication. The five categories outlined in Table

include citation, sample, research design, definition of purpose, purpose of study and findings related to purpose.

Articles were only analyzed if the primary focus was purpose in life and additionally, if at least a portion of participants were older adults incorporating individuals age 65 years and older. Particular attention was given to the five articles that specifically utilized the assisted living setting in addition to the above requirements (Missler, Stroebe, Geurtsen, Mastenbroek, Chmoun, & Van Der Houwen, 2012; Park, Jennings, Shin, Martin, & Roff, 2010; Pinguart, 2002; Troutman-Jordan & Staples, 2014 & Waddell, 2012). As Table 1 shows, of the 28 studies summarized, 19 were quantitative, 4 were qualitative, 4 were mixed methods and 1 was a meta-analysis. Other articles that were not incorporated into Table 1 were used for supporting and background information.

Purpose in Life

The construct of purpose in life has a long history in social science, predominately psychology and sociology (Kashdan & McKnight, 2013). Over time the definition has transformed and evolved. Of the many definitions used in the literature some descriptions are more widely employed than others. Below, some of the more common definitions of purpose in life are explored and elaborated on.

The concept of meaning in life was initially developed by Viktor Frankl, a psychiatrist and neurologist from Vienna who survived the holocaust and emerged with a greater understanding of meaning and purpose. Although Frankl is known primarily for his work on the concept and theory of meaning, purpose was very much connected and even tantamount to meaning in the literature he wrote. Frankl spoke of the relationship in existence between both terms, thereby displaying the link between purpose in life and

meaning in life. Frankl also proposed that purpose is a motivational factor in finding meaning in life. Furthermore, purpose is the path to meaning or the action taken that results in life meaning. According to Frankl, purpose and meaning may be achieved through three different means, including suffering, love and purposeful work (Frankl, 1959/ 2006). Frankl does not suggest that all suffering holds meaning. It is dependent upon how a person reacts and handles suffering (Frankl, 1959/ 2006). Frankl conveys that people may find salvation in love (Frankl, 1959/ 2006). He also equates love to a goal in the highest form, which people should aim for. In regard to purposeful work, Frankl stated that an, “active life serves the purpose of giving man the opportunity to realize values in creative work, while a passive life of enjoyment affords him the opportunity to obtain fulfillment in experiencing beauty, art, or nature” (Frankl, 1959/ 2006, p. 58).

Frankl created a psychotherapeutic technique entitled logotherapy as a means to cure, “the soul by leading it to find meaning in life” (Frankl, 1959/ 2006, p. 9). Viktor Frankl, his theory on meaning and purpose and logotherapy will be discussed further in the theoretical framework chapter of this paper.

An individual with purpose in life according to Carol D. Ryff (1989), “has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living” (p.1072). A few of the studies analyzed incorporated this definition of purpose in life (Lyubomirsky, Tkach, & DiMatteo, 2006; Mitchell & Helson, 2016; Pinquart, 2002). Ryff also describes purpose as one of the six vital elements of psychological well-being. The six vital elements include acceptance of self, positive relationships with others, autonomy, environmental competence, personal growth and as mentioned, purpose in life (Ryff, 1989). Self- acceptance is the attitude you

have about yourself and your ability to cope and be content with the person you are despite positives and negatives you have recognized. Positive relationships with others may include the ability to maintain relationships embodying traits that would describe a good relationship. Some of these characteristics are trustworthiness, empathy, affection, and warmth or caring. Autonomy is the ability to maintain a sense of independence and self-determination. Environmental competence is having knowledge of your own community and environment. It is awareness of the different opportunities available in your setting and your ability to maintain yourself in the environment. Personal growth is recognizing your own potential and capability to continue to develop as an individual. Lastly, is purpose, which is also described as having goals, a sense of directedness, aims and meaning. Ryff's inclusion of purpose in life in the vital elements of well-being has led some researchers to describe purpose as well-being in their literary works (Bennett, Schneider, Buchman, Barnes, Boyle, & Wilson, 2012). Purpose in life has also been labeled a component or dimension of well-being (Ferrand, Martinent, & Durmaz, 2014) and eudemonic well-being, or a sense of meaning and purpose in life (Chippendale & Boltz, 2015).

McKnight & Kashdan (2009) define purpose as, “a central, self-organizing life aim that organizes and stimulates goals, manages behaviors, and provides a sense of meaning” (p. 242). In the development of goals, purpose is on a continuum comprising strength, awareness and scope. McKnight and Kashdan outlined five elements that influenced their definition and that are essential characteristics in a person who has purpose in life. The five elements include consistent behavior, approach oriented attitude, being flexible psychologically, allocation of resources proficiently and cognitive processing at a higher level. Consistent behavior is the ability to be resilient and to keep striving for goals and aims as the

environment is changing. An approach-oriented attitude describes an individual who looks to satisfy their needs. Psychologically flexible is the ability to alter your thinking during hardships. Resource allocation is the ability to effectively distribute time and energy. Lastly, being able to process at a higher cognitive level and strive for higher motivations instead of low-level, or primal needs (i.e. hunger). According to Mcknight & Kashdan, without these elements purpose would not exist in an individual's life (2009).

Boyle, Barnes, Buchman & Bennett evolved the definition of purpose in life in 2009 by describing the concept as, "A complex, multidimensional construct that reflects the tendency to derive meaning from life's experiences and possess a sense of intentionality and goal-directedness that guides behavior" (para. 7). Other scholars have adopted this definition as part of their research as depicted in Table 1 below (Buchman, 2012 & Kim, Sun, Park, Kubzansky, & Peterson, 2013).

According to Corey Keyes (2011), "Purpose is an intention and a cognitive sense of one's life" (p. 281). The discovery of purpose represents a feeling of being alive in that an individual is now taking part in something that is important. Purpose provides direction for the future and reduces any confusion. Where Ryff (1989) focuses more on the individual, Keyes (2011) expands the definition to incorporate the influence of the masses and community as a whole.

Eight of the studies in Table 1 did not incorporate one of the definitions mentioned above (Eakman, Carlson & Clark, 2010; Hill, Turiano, Spiro & Mroczek, 2015; Park, Jennings, Shin, Martin, & Roff, 2010; Rappaport, Fossler, Bross, & Gilden, 1993; Reichstadt, Depp, Palinkas, & Jeste, 2007; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010; Troutman-Jordan & Staples, 2014; Waddell, 2012). Other definitions in the analyzed

literature are an individual's strongest motivation for living (Hedberg, Brulin, Aléx, & Gustafson, 2011) and goals and aims that hold meaning for the future (Missler et al., 2012).

The construct of purpose in life was initially developed and studied by Frankl. As a result his definition will serve as the foundation for this study. Purpose is the path and the motivational influence to finding meaning. Through purposeful work, love and suffering the concept of purpose in life may be attained. Although Frankl's definition will be recognized, the others mentioned above will also be influential in this study as purpose is also individual to each person in addition to being a widespread construct.

Purpose in Life V. Meaning in Life

Purpose in life is linked to meaning in life in many different ways (Krause, 2009). These two terms are intimately related throughout the literature. Meaning in life has been defined as a philosophical term that is constructed through significance, value of self and purpose (Welsh, Moore, & Getzlaf, 2012). It has also been described as one's own interpretation of life and living (Westerhof, Bohlmeijer, & Valenkamp, 2004). Purpose in life has been explained as a "dimension," or aspect in the make up of meaning (Krause, 2009). Additionally, purpose has been referred to as a "related construct" or an idea connected to meaning (Boyle, Buchman, & Bennett, 2010).

Several of the studies incorporated meaning into their definition as a related term or to describe purpose as shown in Table 1. Purpose may result in meaning or vice versa depending on the literature reviewed. Ultimately these concepts are connected.

Although these two ideas are sometimes presented in relation to each other, they are also depicted as separate ideas in some studies. Kashdan & McKnight (2013) concisely outline the difference between these two terms when they state, "Meaning in life conveys the

degree to which a person sees significance in their life; purpose provides a lens to view life that directly affects meaning” (p. 1151).

Results

As mentioned, the literature on purpose in life regarding the assisted living population is extremely sparse. There are very few studies that have been conducted with older adults focusing on purpose and almost none that are specific to a particular setting such as assisted living, nursing home or independent living. The extant data on purpose among older persons is in reference to community dwelling adults or adults who are not residing in institutional or residential living alternatives. Additionally, the majority of studies examined utilize a sample from more than one setting instead of focusing on a specific form of housing or level of care. This is of great importance as site-specific data is most helpful in acknowledging which information and strategies professionals should implement. A large majority of the studies were quantitative compared to the few qualitative and mixed methods. The breadth of this topic was captured in some ways with the quantitative studies although not specific to the population. In the articles utilizing mixed methods, quantitative research was primary with qualitative research as secondary.

Health Associations

The studies in Table 1 present many associations and findings. Purpose in life is associated with a decrease in some morbidities and mental health issues. The risk of mild cognitive impairment and Alzheimer’s disease is reduced in the presence of purpose in life (Bennett et al., 2012; Boyle, Buchman, Barnes & Bennett, 2010; Buchman, 2012; Geda 2010). Moreover, there is a slower rate of cognitive decline in individuals who have a sense of purpose (Bennett et al., 2012; Buchman, 2012; Geda, 2010). There is a considerable

reduction in the risk of impairment of mobility disability and other instrumental activities of daily living (IADL) with greater purpose in life (Boyle, Buchman, & Bennett, 2010). It is less likely for individuals with greater purpose in life to undergo myocardial infarction or a heart attack (Kim, Sun, Park, Kubzansky, & Peterson, 2013). Those with purpose in life are less likely to suffer depression (Pinquart, 2000; Hedberg, 2010), social anxiety disorder (Kashdan & McKnight, 2013) and death anxiety or a fear of dying (Cicirelli, 2006; Missler et al., 2012; Rappaport, Fossler, Bross, & Gilden, 1993). Mullins and Lopez stated that older adults at end of life in nursing homes display greater fears regarding death (as cited in Cicirelli, 2006). Depression may result in the decline of an individual's purpose in life, particularly among women (Hedberg, Brulin, Alex, & Gustafson, 2011). Greater purpose in life is associated with a decreased risk of mortality among community-dwelling older persons (Boyle, Barnes, Buchman, & Bennett, 2009). Lastly, as demonstrated above and mentioned specifically in certain studies, subjective well-being is tied to purpose in life (Boyle, Buchman, Barnes, & Bennett, 2010; Kashdan & McKnight, 2013; Pinquart 2002; Scheier, Wrosch, Baum, Cohen, Martire, Matthews, & Zdaniuk, 2006). As shown in Table 1, Buchman describes purpose in life as a component of well-being (2012).

Two non-health related items that are associated with a decline or absence of purpose in life are stereotyping and mattering to others. Older adults continue to face ageism or prejudice due to their age. Ageism may come in the form of stereotyping or beliefs about a person or group held by society. Some of the common stereotypes held by society are that the elderly are cognitively impaired, less intelligent than the young, irritable, boring and weak. Older adults may permit certain stereotypes, commonly referred to as “negative self-stereotyping” and even use ageist stereotypes themselves. The idea of mattering to others

plays a significant role in the maintenance of purpose in life in a retirement community setting. This can be classified as either interpersonal mattering including mattering to a specific individual or mattering to a larger entity or society as a whole. Mattering is not only being important to others but also being recognized by others. Those individuals who feel they matter to others have a higher level of purpose (Dixon, 2007).

The findings uncovered establish the necessity of engaging in further research on discovering and maintaining purpose in life. With the benefits provided through this construct, residents may thrive at a higher level.

Finding and Maintaining Purpose in Life

Understanding the concept of purpose in life and its importance to the elderly population is vital. The literature has shown that purpose is related to positive overall mental and physical health as well as to a more positive quality of life. However, in order for practitioners to have a positive impact and assist the population as a whole, the findings must be implemented and utilized to create appropriate interventions to support assisted living residents in discovering and maintaining their individual purpose as they age in this setting.

The quantitative and qualitative empirical studies analyzed in Table 1 present ideas that may lead professionals in the appropriate direction to discovering how to help older adults find purpose in life in the assisted living setting. These sources of purpose may be classified into five main categories including activity, psychological intervention, religion/spirituality, socialization/ relationships and education.

Meaningful activity engages and stimulates older adults (Reichstadt, Depp, Palinkas, & Jeste, 2007). Activity may be as basic as daily activities including gardening, meal preparation and housekeeping (Brownie & Horstmanshof, 2012; Hedberg, Brulin, & Aléx,

2009) or more complex such as heightened physical activity, travel and volunteerism (Boyle, Buchman, Barnes, & Bennett, 2010). Volunteerism was particularly noteworthy as a meaningful activity (Boyle, Buchman, Barnes, & Bennett, 2010; Brownie & Horstmanshof, 2012; Chippendale & Boltz, 2015; Eakman, Carlson, & Clark, 2010; Heaven, Brown, White, Errington, Mathers, & Moffatt, 2013; Li & Ferraro, 2005; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010). Volunteerism is a basic activity, which can increase a person's feeling of purpose in addition to self-worth and accomplishment (Brownie & Horstmanshof, 2012). Additionally, the development of new and interesting activities may foster protection against any deterioration in purpose in life that may occur with age (Pinquart, 2002).

The Meaningful Activity Participation Assessment (MAPA) was utilized in one study shown below in Table 1. One of the activity items outlined in MAPA is volunteering. In a sample of adults age 65 and older who were dispersed among retirement communities, residential communities or community inhabitants, it was found that volunteerism is related to purpose in life and further supports research that there is an increase in purpose in relation to participation in volunteerism (Eakman, Carlson, & Clark, 2010).

Another study in Table 1 focused on an adult's perspective on successful aging. After conducting qualitative interviews with 22 adults over age 60 residing in retirement communities and low-income senior housing, it was concluded that giving to others was one of the most reported actions concerning successful aging. Giving to others, or volunteering gave individuals a sense of purpose (Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010).

Chippendale & Boltz's study on the "Living Legend's Program" as depicted in Table 1, demonstrates how an older adult's ability to take part in volunteerism positively impacts their level of purpose in life. The "Living Legend's Program" allowed those individuals in

the treatment group to undergo intergenerational exchange with students, in addition to just the life review writing workshop in which an individual has the opportunity to write about their life. This exchange fostered a sense of altruism for the elderly participants. The participants in this study were from naturally occurring retirement communities (NORCs) and a senior center in New York City (2015). NORCs are similar to independent living as they do not provide many services and are for independent older adults. NORCs also developed naturally with time and weren't originally structured and planned to provide housing for seniors.

Psychological techniques have also been found to assist in discovering and maintaining purpose in life. Common techniques include life review (Chippendale & Boltz, 2015; Stinson, 2013), reminiscence (Hedberg, Gustafson, Brulin, & Aléx, 2013; Stinson, 2013), meaning centered therapy (Pinquart, 2002), and some forms of psychotherapy including, Viktor Frankl's logotherapy technique (Melton & Schulenberg, 2008).

Religion and spirituality play a role for some in purpose in life. These two concepts are related and are sometimes used interchangeably. However, the terms have also been described and defined in different ways. Religion is defined as a belief and practice system that is shared by a portion of the public in a formal way (Stinson, 2013). The definition for spirituality sometimes includes the search for purpose and meaning in life and it does not always incorporate faith in God (Stinson, 2013). Seven studies supported religion and spirituality as constructs that influence the creation and maintenance of purpose in life (Ardelt, 2003; Błażek & Besta, 2012; Greenfield, Vaillant, & Marks, 2009; Hedberg, Brulin, & Aléx, 2009; Park, Jennings, Shin, Martin, & Roff, 2010; Stinson, 2013; Troutman-Jordan & Staples, 2014; Welsh, Moore, & Getzlaf, 2012).

Lastly, there is education and socialization. There is less literature and research on the relationship between these two concepts and having a life purpose, but they may also play a large role in the discovery and maintenance of purpose in life. Assisted living communities incorporate events and activities with the goal of fostering socialization among residents. However, this is organized as opposed to each individual directing their own freedom to pursue relationships. Inspiring independence in residents or empowering them to take initiative in creating new relationships and maintaining old ones is important. Socialization and relationships, especially marriage, were found to initiate the creation and maintenance of purpose in life over time (Welsh, Moore, & Getzlaf, 2012; Pinqart, 2002).

Education was discussed in two ways. Due to the access that education regularly provides concerning meaningful interests and activities, it was found that if an older adult attained a higher education level in their youth and young adulthood, they would have a greater chance of maintaining purpose over time and a lower risk of its reduction (Pinqart, 2002). Pursuing continuing education and training from childhood into older adulthood has been shown to enhance purpose in life. Education may be through formal or paid outlets such as universities or informal including educational activities provided in an assisted living community, such as seminars and workshops (Heaven et al., 2013).

In comparison with a study in which data was gathered regarding a more restrictive nursing home setting, familial relationships were regarded as most important in obtaining and maintaining meaning in life by more than half of the respondents. Following relationships, pleasure was also of great importance to this population. Pleasures included living daily life and happiness. Similar to assisted living residents, nursing home residents found purpose in belief, or religion and service, or volunteerism (Depaola & Ebersole, 1995).

Characteristics and personality traits associated with finding and maintaining purpose in life include extraversion, or the enjoyment of being around others and happiness (Lyubomirsky, Tkach, & DiMatteo, 2006), agreeableness, openness to experience, emotional stability and conscientiousness (Hill, Turiano, Spiro, & Mroczek, 2015). A conscientious individual as described in the literature is someone who carries out plans and sets goals (Mitchell & Helson, 2016).

Furthermore, the maintenance of purpose in life is more common in individuals who have strengthened coping strategies and can handle changes that they are presented with in life (McKnight & Kashdan, 2009; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010; Troutman-Jordan & Staples, 2014).

According to Keyes (2011), “not all individuals will search for their purpose in life; many will search but not find their purpose; still others will not respond to their call to purpose in life” (p. 287). Furthermore, finding and maintaining purpose in life is situational (Mitchell & Helson, 2016). Lastly, maintaining purpose is not always easy and individuals may have times when they have purpose and others when they do not. Purpose is a continuous journey (Keyes, 2011).

Discussion

Purpose in life, although seemingly important to the prevalence of good health in older adults (Boyle, Buchman & Bennett, 2010) and documented as an integral piece necessary for successful aging (Kozar-Westman, Troutman-Jordan, & Nies, 2013), is infrequently studied in the existing literature. This is even more pronounced regarding the utilization of assisted living sites and residents in studies. This study will fill a gap in current research by incorporating the assisted living population.

Purpose in life has been defined in many different but related ways although the definition provided by Viktor Frankl is widely used and comprehensively identifies the concept (Frankl, 1984 & 2006).

Knowledge of the positive outcomes associated with purpose in life is important due to the positive effects it has demonstrated pertaining to mental and physical health and well-being. Ensuring that elderly individuals obtain and maintain a purpose is imperative and requires continued exploration. Researchers who have conducted related studies have surmised that developing purpose may be difficult for older adults due to the lack of opportunities and assistance that have been provided to them in life (Krause, 2009). Furthermore, as older adults continue to age, they face an increasing number of losses including retirement, the ability to drive, their spouse, etc. These losses make it progressively difficult to maintain a high level of purpose in life (Pinquart, 2002).

Summary

The studies presented in this review of literature have provided evidence indicating that purpose in life is vital to the health and well-being of the aging population. As older adults continue to age, it will become more important for practitioners in social service and health related fields to focus on the changes that may occur within the population and arrange for services to support and assist this population in healthy and productive aging. To increase the success of social workers in this setting and with this population, information is essential regarding the psychological well-being of older adults and aspects that may support or harm their mental and physical health. With this knowledge, gaps in research may continue to be identified and professionals in the field can conduct research to close those gaps and create greater understanding of this topic within this population.

Researchers who have studied purpose in life have stated that additional research is necessary to create interventions that would enable people to find their own purpose in life (Krause, 2009). This study will provide information that may be utilized to aid in the creation of interventions for practitioners working with assisted living residents.

Table 1

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
Ryff, 1989	321 men and women divided among young, middle aged, and older adult participants	Quantitative	An individual with purpose, "has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living."	"To stimulate interest in the basic question of what constitutes positive psychological function."	In some, although not all cases, purpose in life decreases with age.
Rappaport, Fossler, Bross, & Gilden, 1993	58 retirement community residents ranging in age from 52 to 94.	Quantitative	None	To explore the relationship between purpose in life, death anxiety and temporality.	"Life purpose and death anxiety were found to be negatively correlated, life purpose was found to correlate positively with projection of future time, and death anxiety was positively correlated with temporal density in the present."
Pinquart, 2002	Purpose in life studies with 70 literary works incorporating a population of adults and older adults	Meta-analysis	"Having goals in life and a sense of directedness, feeling that there is meaning to present and past life, holding a belief that gives life purpose, and having aims and objectives for living (Ryff, 1989)."	To analyze and "synthesize findings from 70 studies on purpose in life in the middle and old age"	-Higher purpose in life is associated with increased contacts and quality of contacts with others, being married, good physical health, high levels of everyday competence, social integration,

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
					being in the labor force, and having high socioeconomic status -Subjective well-being and low depression levels are related to high purpose in life - A small decline in purpose in life as an individual ages was found however, high levels of purpose in life were maintained by many adults
Lyubomirsky, Tkach, & DiMatteo, 2006	621 retired employees of a large utility company serving much of Southern California. The age range was from 51 to 95 years old.	Quantitative	"Having valued goals, objectives for living, and a sense of directedness"	"Investigated theoretically and empirically derived similarities and differences between constructs of enduring happiness and self-esteem."	"The best predictors of happiness were the following: mood and temperamental traits (i.e., extraversion and neuroticism), social relationships (lack of loneliness and satisfaction with friendships), purpose in life, and global life satisfaction."
Dixon, 2007	167 older adults age 70 and older residing in retirement communities throughout the southwestern portion of the United States	Quantitative	None	To gain a greater understanding of the construct of matter in relation to depression and purpose in life among the older adult population.	Purpose in life was significantly related to a sense of mattering. Those who felt they mattered had higher levels of purpose in life.
Reichstadt, Depp, Palinkas, & Jeste, 2007	Participants recruited from San Diego, California retirement communities and were between 60 and	Qualitative	None	"To solicit the opinions of older adults about factors related to successful	"A total of 33 factors were identified, out of which four major

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
	99 years of age.			aging using focus group methods.”	themes emerged: attitude/adaptation , security/stability, health/wellness, and engagement/stimulation.” “Finally, a sense of engagement, reflected in pursuit of continued stimulation, learning, feeling a sense of purpose in life, and being useful to others and to society, was considered a prominent aspect of successful aging.”
Boyle, Barnes, Buchman, & Bennett, 2009	Participants’ 1238 older persons without dementia from two longitudinal cohort studies (Rush Memory and Minority Aging Research Study). They were recruited from 40 retirement communities and senior subsidized housing facilities in and around the Chicago area.	Quantitative	“A complex, multidimensional construct that reflects the tendency to derive meaning from life’s experiences and possess a sense of intentionality and goal-directedness that guides behavior.”	“To assess the association between purpose in life as an important determinant of health outcomes and mortality in community dwelling elderly persons.”	Greater purpose in life is associated with a reduced risk of all-cause mortality among community-dwelling older persons.
Greenfield, Vaillant, & Marks, 2009	"Data came from 1,564 respondents in the 2005 National Survey of Midlife in the U.S. (MIDUS)." Participants 25 through 74 years of age.	Quantitative	"The belief that one's life is purposeful and meaningful"	"This study examines whether individuals’ frequency of formal religious participation and spiritual perceptions are independently associated with diverse dimensions of psychological well-being."	"Greater formal religious participation was independently associated only with more purpose in life and (among older adults) personal growth"

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
Boyle, Buchman, Barnes, & Bennett, 2010	Participants included more than 900 older persons without dementia from two longitudinal cohort studies (Rush Memory and Minority Aging Research Study). They were recruited from 40 retirement communities and senior subsidized housing facilities in and around the Chicago area.	Quantitative	"The psychological tendency to derive meaning from life's experiences and to possess a sense of intentionality and goal directedness that guides behavior."	"To test the hypothesis that greater purpose in life is associated with a reduced risk of AD"	"Greater purpose in life is associated with a reduced risk of AD and MCI in community-dwelling older persons."
Boyle, Buchman, & Bennett, 2010	Participants included 970 older persons without dementia from two longitudinal cohort studies (Rush Memory and Minority Aging Research Study). They were recruited from 40 retirement communities and senior subsidized housing facilities in and around the Chicago area.	Quantitative	"The psychological tendency to derive meaning from life's experiences and to possess a sense of intentionality and goal directedness that guides behavior."	"To test the hypothesis that greater purpose in life is associated with a reduced risk of incident disability, including impairment in basic and instrumental activities of daily living and mobility."	"Greater purpose in life is associated with a substantially reduced risk of incident disability, including impairment in basic and instrumental activities of daily living and mobility disability."
Eakman, Carlson, & Clark, 2010	Participants' included 154 older adults age 65 and older from the Los Angeles, California area living in residential facilities, retirement communities or were community dwellers that frequented senior centers.	Quantitative	None	"The purpose of this study was to conduct a psychometric assessment of a new instrument designed to measure the degree of meaning that individuals' experience through participation in their activities, as weighted by frequency." The instrument was the Meaningful Activity Participation Assessment.	Purpose in life is associated with activity including engagement in work or volunteering. Additionally, meaningful or personally valued activity is an important component considering life purpose and meaning.

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
Geda, 2010	Participants included 900 non-demented older adults	Quantitative	"having goals and objectives that give life meaning and direction."	"To test the hypothesis that greater purpose in life is associated with a reduced risk of AD."	Having purpose in life is associated with a decreased risk of Alzheimer's disease and a Slower rate of decline in cognitive function.
Hedberg, 2010	Participants were from Sweden, and the sample varied depending on the paper.	Mixed Methods, Mainly Quantitative	Meaning defined as "the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment". Ryff (1989, p.1071) defines purpose in life as "a sense of directedness and feeling that there is meaning both in present and past time". Some years later Ryff and Keys (1995, p.720) added the definition of purpose in life as "the belief that one's life is purposeful and meaningful". "	"To explore purpose in life among very old people."	"Lack of purpose in life can result in mental disorders like depression. Stereotypes of older people can affect their views of their own ageing, which in turn can weaken their purpose in life. To prevent mental illness it is important to experience purpose in life throughout life. " "This thesis showed that women experienced less purpose in life compared to men. "
Park, Jennings, Shin, Martin, & Roff, 2010	A sample of 29 residents from four Assisted Living settings in Alabama. Sample taken from a larger study.	Qualitative	None	"To explore the experience and meanings associated with religiousness among AL residents."	"Findings revealed four key themes: the opportunity for interactions, coping mechanisms, sense of self, and privacy." Purpose in life and well-

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
					being is enhanced through private religious activity.
Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010	Participants included 22 adults age 60 and older that resided in community dwellings including, retirement communities and low-income senior housing.	Qualitative	None	“To obtain older adults’ individual perspectives on what constitutes successful aging along with their views regarding activities and interventions to enhance its likelihood.”	"Interventions to enhance successful aging may include those that promote productive and social engagement along with effective coping strategies." Contributing to others, or giving to society (volunteerism) is tied to a sense of purpose.
Hedberg, Brulin, Aléx, & Gustafson, 2011)	Study includes 51 participants from Northern Sweden.	Quantitative	Purpose in life is an individual’s motivation for living.	“To examine changes in purpose in life over five years in very old men and women and to investigate whether depressed mood, malnutrition, inactivity in daily life, or cognitive impairment increased the risk for developing low purpose in life.”	Purpose in life decreased over a five-year period for women who already had depression or a depressed mood. This was not the case for men.
A. Bennett et al., 2012	Participants hailed from Northeastern Illinois area and the majority were residents of retirement communities.”	Quantitative	Well-being	To summarize and synthesize the findings from the Rush Memory and Aging Project. “To identify factors associated with the maintenance of cognitive health despite the accumulation of AD and other pathology.	Well-Being (Purpose in Life) Purpose in life was associated with a reduced risk of incident AD, incident MCI and a slower rate of decline in cognitive function among persons without dementia or MCI. Purpose in life was also

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
					associated with a reduced risk of incident disability and risk of death."
A. Bennett et al., 2012	Participants hailed from Northeastern Illinois area and the majority were residents of retirement communities."	Quantitative	Well-being	To summarize and synthesize the findings from the Rush Memory and Aging Project. "To identify factors associated with the maintenance of cognitive health despite the accumulation of AD and other pathology.	"Well-Being (Purpose in Life) Purpose in life was associated with a reduced risk of incident AD, incident MCI and a slower rate of decline in cognitive function among persons without dementia or MCI. Purpose in life was also associated with a reduced risk of incident disability and risk of death."
Buchman, 2012	The 241 community-based older adults were from the Rush Memory and Aging Project.	Quantitative	"The psychological tendency to derive meaning from life's experiences and possess a sense of intentionality and goal directedness." Purpose in life is a component of well-being and psychological factor that has been associated with positive health outcomes. A human thriving indicator.	"To test the hypothesis that purpose in life reduces the deleterious effects of AD pathologic changes on cognition in advanced age."	Individuals with purpose in life had higher cognitive functioning. "Higher levels of purpose in life reduce the deleterious effects of AD pathologic changes on cognition in advanced age."
Missler et al., 2012	Participants included 48 older adults, ages 60 to 96 residing in an assisted living in the Netherlands.	Quantitative	"Meaningful aims and goals for the future"	"To review the available literature on their death anxiety, and to explore features of this experience among a	Older adults with low purpose in life seem to be more likely to experience death anxiety. Death

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
				small sample of older men and women in care facilities.”	anxiety was high in assisted living. Fear of the dying process was related to low self-esteem, little purpose in life, and poor mental well-being.
Waddell, 2012	Participants included 128 cognitively sound older adults ages 62 to 97 residing in senior communal living alternatives in Kentucky and Tennessee.	Mixed Methods; Majority Quantitative	None. Purpose in life was included as a part of the definition for meaning in life, “the cognizance of coherence, order, and purpose in one’s life.”	“Examine the contribution of demographic, psychological, social, and religious variables to senior living community residents' meaning in life through a quantitative questionnaire and follow-up qualitative interviews, guided by the theories of meaning in life”	Qualitative finding suggested that relationships with friends and family are important in to finding meaning in life.
Hedberg, Gustafson, Brulin, & Aléx, 2013	Sample was taken from a larger study (Umeå 85+ project). Participants were age 85 and older from Northern Sweden.	Mixed Methods; Mainly Quantitative	"Purpose or meaning in life is a psychological construct that refers to people’s ability to find meaning in their life experiences and their everyday situations"	“To describe how very old men experience and reflect on purpose in life.”	"Our findings showed that very old men experienced purpose in life most strongly when remembering the past and describing their earlier work." "Our study shows the importance of having hobbies and making future plans in maintaining purpose in life. Being healthy was stressed as important for purpose in life. "

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
Kashdan & McKnight, 2013	A sample of 38 participants from Northern Virginia with generalized Social Anxiety Disorder (SAD) diagnoses (25 women) and 38 healthy controls (24 women).	Quantitative	"A central, self-organizing life aim that organizes and stimulates goals, manages behaviors, and provides a sense of meaning."	"The present research explored daily (within-person) fluctuations in purposeful pursuits and well-being in a community sample." The sample was made up of people with and without Social Anxiety Disorder.	"Results provide evidence for how commitment to a purpose in life enriches the daily existence of people with SAD."
Kim, Sun, Park, Kubzansky, & Peterson, 2013	Prospective data from the Health and Retirement Study including 1,546 American adults age 53-101 who had coronary heart disease.	Quantitative	The definition varies; however, it can be described as an individual's sense of directedness and of meaning in his or her life. Purpose in life is related to meaning in life.	"Examined whether purpose in life was associated with myocardial infarction among a sample of older adults with coronary heart disease after adjusting for relevant socio-demographic, behavioral, biological, and psychological factors."	Myocardial infarction was less likely in those with purpose in life.
Ferrand, Martinent, & Durmaz, 2014	Participants were selected from residential services in France. There were 100 older adults age 80 and older.	Quantitative	A dimension of well-being.	"Based on the self-determination theory (SDT), this study aims to examine the psychological needs satisfaction of the elderly living in residential homes and their relationship with indicators of well-being, and then to test the contribution of each need on these indicators."	Individuals whose psychological needs were satisfied experienced higher levels of purpose in life.
Troutman-Jordan & Staples, 2014	Convenience sample of 311 community dwelling individuals recruited from, senior centers, health fairs,	Qualitative	None	"To investigate older adults' perceptions of successful aging within the context of	"Positive spirituality may decrease the sense of loss of control

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
	neighborhoods, assisted living facilities, and a Catholic parish			the theory of successful aging to validate and further inform this theory.”	that accompanies an illness and provides a cognitive framework that reduces stress and increases purpose and meaning in the face of illness they assert.” “A positive perspective was equated by many with facing life as it is, with the limitations of aging, while continuing to live as fully (e.g., be as active and experience as much meaning, purpose, and quality of life as possible.”
Chippendale & Boltz, 2015	Participants included 48 adults age 60 and older from community-based older adult program sites in New York City including three naturally occurring retirement community programs and a senior center. All participants lived in the community as opposed to institutionalization.	Mixed Methods; Mainly Quantitative	"Eudemonic well-being"	To investigate “the therapeutic benefits (i.e., sense of purpose and meaning in life) of the Living Legends program, which includes life review writing and an intergenerational exchange, compared with life review writing alone, for community-dwelling older adults.”	"The Living Legends program, which includes a life review writing workshop followed by an intergenerational exchange with health science students, resulted in a statistically significant increase in sense of purpose and meaning in life for the treatment group participants compared with the control group participants, who participated in the life review writing workshop alone."

Table 1 Continued.

Purpose in Life Studies

<u>Study</u>	<u>Sample</u>	<u>Research Design</u>	<u>Definition of Purpose</u>	<u>Purpose of Study</u>	<u>Findings Relating to Purpose</u>
Hill, Turiano, Spiro, & Mroczek, 2015	Sample taken from the Veterans Affairs Normative Aging Study across a 3-year span. Participants were 58 to 89 years old.	Quantitative	None	“The current study examined patterns of mean- and individual-level change in purpose among men in the Veterans Affairs Normative Aging Study.”	There is a negative correlation between age and level of purpose. Extraversion or openness to experience is predictive of purpose. Those who are more open may experience increased levels of purpose.
Mitchell & Helson, 2016	Sample taken from the Mills Longitudinal study and consists of 98 women.	Quantitative	"Purpose in life (Ryff, 1995) is an orientation that can motivate us to carry out the tasks that sustain social life and make life meaningful to individuals."	“This article asks whether women are likely to lose purpose in their later years, and if so, what the implications are for their positive aging.”	"Women differed in how traditional their lives were and in how much they associated purposiveness and goal attainment with life satisfaction." "The findings from our sample show that Purpose in Life varies with life events and situations"

Chapter IV: Theoretical Framework

Introduction

In this chapter two theories will be introduced that framed and guided this study. These theories include Frankl's theory of purpose and meaning in life and Erik Erikson's Stages of Psychosocial Development. They are both influential to this research.

A theoretical framework strengthens a research study and fosters a link between previous works to the present research. Theoretical frameworks have been employed widely in quantitative research for the purpose of framing findings and identifying and investigating questions and concepts. Additionally, frameworks may provide further explanations for what is already known and give some direction to the study (Corbin, Strauss, & Strauss, 2008).

Viktor Frankl's Theory of Purpose and Meaning

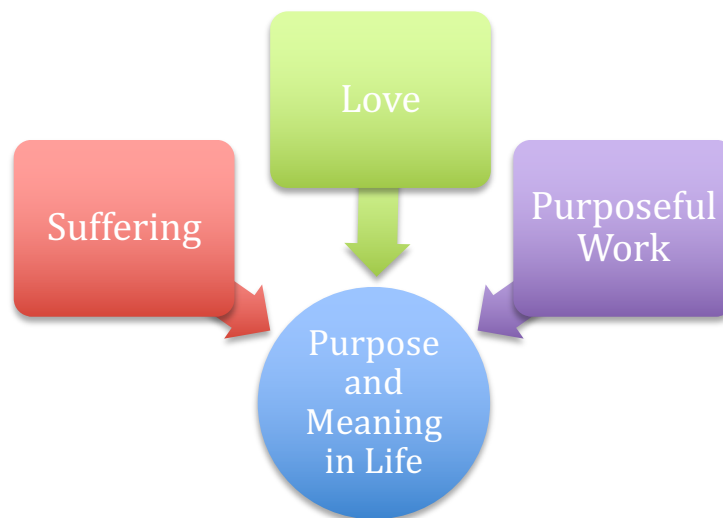
"Man's Search for Meaning," Viktor Frankl's 1946 literary work depicted his experience as a prisoner in Auschwitz and other concentration camps throughout World War II. It also served as an introduction to logotherapy, a psychotherapeutic technique he developed based on ideas that were generated during his time in the camps between 1942 and 1945. Throughout the book he addressed and answered the question of why he was able to survive life in the concentration camps. The answer was "will to meaning," or continuing pursuit of meaning and purpose in the future (Frankl, 1959/ 2006).

Frankl identifies a vital purpose that man is destined for. The purpose of life according to his memoir is the pursuit of meaning. He alleged that this quest is what ultimately helped prisoners to survive the horrible conditions and experiences throughout the

holocaust. He alludes to three elements that help promote meaning thereby fulfilling purpose. The three elements include, suffering, love and purposeful work and are believed to create purpose and meaning in a person's life (Frankl, 1959/ 2006). Please refer to Figure 2 for a diagram depicting the elements of purpose and meaning.

Figure 2

Elements of Purpose and Meaning



Suffering

“If there is a meaning in life at all then there must be a meaning in suffering” (Frankl, 1959/ 2006).

Frankl does not suggest that all forms of suffering hold meaning. It is dependent upon how a person reacts, handles and emerges from situations they have suffered through (Frankl, 1959/ 2006). A powerful quote found in “Man’s Search for Meaning” that demonstrates this idea is:

Forces beyond your control can take away everything you possess except one thing, your freedom to choose how you will respond to the situation. You cannot control

what happens to you in life, but you can always control what you will feel and do about what happens to you. (Frankl, 1959/ 2006)

The type of person someone became after enduring the harsh life in a concentration camp was in part his or her own decision. However, this is not to belittle the struggle one faced in the horrible conditions they were subjected to in a concentration camp or the impact this experience had on survivors. The internment of these individuals also had a large impact on the person they would become and the impact even extended beyond their generation. This internal struggle and the decision that is made have both a mental and spiritual effect (Frankl, 1959/ 2006).

As experienced by Frankl, after a long and hard day in which the prisoners were informed of and subject to harsher and stricter punishments, a large group gathered in a hut and Frankl found an opportunity to provide therapeutic words, which he chose to do. When Frankl addressed his comrades he felt that his words had purpose, which was ultimately to find meaning in life while they were in a situation that was hopeless (1959/ 2006). Frankl stated that, “human life, under any circumstances, never ceases to have a meaning, and that this infinite meaning of life includes suffering and dying, privation and death” (Frankl, 1959/ 2006).

Love

Frankl communicates that, “the salvation of man is through love and in love” (Frankl, 1959/ 2006, p.38). He also equates love to a goal in the highest form, which people should aim for. In “Man’s Search for Meaning,” Frankl explains that love can lead to the experience of purpose in life.

While at the concentration camps he was forced to work in the trenches and dig holes among other grueling tasks day after day (Frankl, 1959/ 2006). In order to establish the idea that love promotes meaning and purpose, he regularly beckoned thoughts of his wife and was hopeful that he would see her again. For example, at one point he tried to determine the reason for his suffering and he took consolation in silently speaking to his wife whom he loved dearly. He did not know at that point that she was a victim who did not survive the holocaust (Frankl, 1959/ 2006).

Purposeful Work

While in the concentration camps, Frankl had the opportunity to assist with the prisoners who had fallen ill due to his background in psychiatry. He made the choice to volunteer and assist however possible in the infirmary created for ailing prisoners. Frankl stated that an, “active life serves the purpose of giving man the opportunity to realize values in creative work, while a passive life of enjoyment affords him the opportunity to obtain fulfillment in experiencing beauty, art, or nature” (Frankl, 1959/ 2006). While in prison, he took part in purposeful work not only by helping in the infirmary but also by reconstructing the manuscript that had been lost to him upon entry when he was forced to remove all his clothing and belongings (Frankl, 1959/ 2006).

Summary

Frankl was able to discover the existence of life purpose and meaning under horrible conditions in an internment camp. When he finally discovered its existence, he stated:

In a last violent protest against the hopelessness of imminent death, I sensed my spirit piercing through the enveloping gloom. I felt it transcend that hopeless,

meaningless world, and from somewhere I heard a victorious “Yes” in answer to my question of the existence of an ultimate purpose.” (Frankl, 1959/ 2006)

Logotherapy

During internment, Frankl, sometimes referred to as the “Father of logotherapy,” discovered *will to meaning*. He later developed logotherapy based on this idea (Morgan, 2012; Tomy, 2014). Logotherapy is a psychotherapeutic technique that may be classified as an existential humanistic form of psychology (Devoe, 2012). It is also recognized as the third school of psychotherapy. The term *logos* in and of itself is a Greek word for meaning (Devoe, 2012). Logotherapy is a means to cure, “the soul by leading it to find meaning in life” (Frankl, 1959/ 2006).

Presently, Logotherapy is a technique used by practitioners to treat mental health diagnoses including depression, posttraumatic stress disorder, suicidal thoughts, anxiety, psychosomatic illness and childhood disorders. A practitioner’s role in logotherapy is to encourage and educate clients on achieving and maintaining a positive attitude on life, life development and overcoming life changes and crisis (Tomy, 2014).

Researchers have employed logotherapy and its principles in studies involving older adults. The death of a spouse is a difficult and traumatic loss. This loss may result in the decline of an individual’s meaning and purpose in life. Koren and Lowenstein conducted a study on the topic of marital status, longevity of widowhood and meaning in life. The sample consisted of 180 community dwelling Israeli elders age 64 and above. It was found that married individuals have the strongest sense of meaning in life followed by long-term widows and recent widows with the lowest sense of purpose. Widowhood is more common as people age (Koren & Lowenstein, 2008). Many adults in assisted living settings have lost

their spouse and experience a decrease in sense of purpose. Finding meaning and purpose in life through the techniques of logotherapy may be helpful to this population.

Erikson's Stages of Psychosocial Development

Erik Erikson, a prominent psychoanalyst created eight hierarchical stages of psychosocial development spanning across a lifetime from birth until death. Each stage presents a crisis or conflict in relation to an age group's personality and the achievement or growth resulting. In order to reach the positive resolution or virtue as it is sometimes referred to, the presenting crisis in that stage must be successfully resolved. There are significant events that characterize each stage according to the crisis and age group. Each stage holds importance, however this research is most concerned with the last stage, ego integrity vs. despair. The last stage of development encompasses individuals in late adulthood until death, thereby capturing the assisted living population being observed in this study (Erikson, E. H., & Erikson, J. M., 1997; Erikson, E. H., Erikson, J. M., & Kivnick, H. Q., 1986).

In order to understand the last stage it is important to be aware of the first seven stages. The first stage is basic trust vs. mistrust and the ultimate resolution is hope. This conflict takes place from birth until a year old during infancy and feeding is the significant event. Babies must develop a sense of trust regarding those who care for them; otherwise they will experience mistrust. Autonomy vs. shame is the second stage, which occurs during early childhood from one to three years of age. The significant incident during this stage is toilet training and will or will power is the resolution. The achievement of the virtue of will allows a child to experience choice and have greater opportunity to figure things out for themselves. If a child during this stage does not develop a sense of autonomy, they will experience shame and doubt as a result. The third stage takes place during the play age from

three to six years and is labeled initiative vs. guilt. The ultimate resolution of this stage is purpose and exploration is associated with this stage. This stage allows for a child to begin exploring the idea of power and control within their environment. If a child is successful in applying an appropriate amount of power they will achieve a sense of purpose. However, if they apply too much they will feel guilt. Industry vs. inferiority is the next stage, which occurs in school age children from six years old to eleven years old. Competence is the resolution and the significant event is school. When children enter school they have to deal with new pressures concerning academics. If they are successful in coping and handling demands, they will achieve competence; however, failure will cause a sense of inferiority. The fifth stage is identity vs. confusion that occurs during adolescence, or age twelve to nineteen. Fidelity is the ultimate resolution and social relationships are considered important in this stage. An adolescent must explore his or her own ideas and views by gaining a sense of self. If they are unable to do this they may suffer role confusion, as they have not solidified an identity. Intimacy vs. isolation is the next stage that occurs during early adulthood and takes place between age twenty and twenty-five. Love is the resolution and relationships are noted as the significant event for this stage. If an individual is able to form loving relationships, they will experience intimacy and if they fail to do so the result is seclusion and isolation. The second to last stage takes place during adulthood, incorporating individuals age twenty-six to sixty-four. This stage is known as generativity vs. stagnation. The resolution is the ability to make a difference through caring and the significant events are parentage and work for this stage. During this stage, adults work to accomplish and care for children. If they are unable to fulfill this, they will feel detached from the world. Lastly, is old age, which encompasses individuals age sixty-five to death. The conflicting values are

ego-integrity and despair and the ultimate resolution is wisdom. The important event in this stage is life reflection. It is important that when an older adult looks back on their life they feel fulfillment and as a result have achieved some level of wisdom. If they are unable to do so, they will feel despair (Erikson, E. H., & Erikson, J. M., 1997; Erikson, E. H., Erikson, J. M., & Kivnick, H. Q., 1986).

Ego-Integrity vs. Despair

Assisted living communities are composed of residents who are older adults and fall within Erikson's final stage, ego-integrity vs. despair. The ultimate goal of this stage is to find wisdom. Wisdom as defined by Erikson is an, "informed and detached concern for life itself in the face of death itself" (Erikson, 1997). If a person is able to achieve wisdom, he/she will be able to face death with strength. In reflecting back on one's life, an important question that people ask themselves is: have I led a life that is filled with meaning and purpose? (Erikson, E. H., & Erikson, J. M., 1997; Erikson, E. H., Erikson, J. M., & Kivnick, H. Q., 1986). A person who successfully completes this stage is happy and accepting of his/her past. A person who does not successfully complete this stage tends to be unhappy, dissatisfied and left with the feeling that there are things in life left unfinished or unaccomplished.

Chippendale and Boltz (2015) employ Erikson's Theory of Psychosocial Development to strengthen their study and research. The final stage of the theory involves reflection and analysis of past memories. The "Living Legends" program explored in this study involves life review, a form of reminiscence where older adults review prominent life events (2015).

Erikson's theory of psychosocial development, in particular the final stage, provides a theory regarding how older adults are able to cope with the many changes experienced in old age. With wisdom and a sense of contentment regarding their past, they are able to face the challenges in front of them including the most prominent challenge being death.

Chapter V: Research Questions

This chapter will review the questions that were addressed in this quantitative research study. The topic of quality of life among assisted living residents warrants further exploration and the following questions were designed to aid in examination of this topic.

Therefore, the main study question to be addressed is, “What is the prevalence of factors that inhibit quality of life among residents in assisted living facilities?” and “What individual and facility characteristics mitigate factors that inhibit quality of life among residents in assisted living facilities?” Based on the literature review, it is determined that the presence of depression and mental health diagnoses and symptoms indicate a decrease or absence of quality of life and therefore they serve as indicators of presence or absence of this phenomena (Pinquart, 2000; Hedberg, 2010; Cicirelli, 2006; Missler et al., 2012; Rappaport, Fossler, Bross, & Gilden, 1993; Hedberg, Brulin, Alex, & Gustafson, 2011; A. Bennett et al., 2012; Boyle, Buchman, Barnes & Bennett, 2010; Buchman, 2012; Geda 2010).

Study Questions

RQ1: How do characteristics of an individual resident impact factors that inhibit quality of life (i.e. depression, mental health symptoms, overall mental health symptoms)?

SQ1: Does depression, other mental health and overall mental health symptoms vary between men and women in assisted living?

H1a: The mental health factors that inhibit quality of life vary by gender.

As discussed in the literature review chapter, particularly among women, depression may instigate the decline of an individual's purpose in life (Hedberg, Brulin, Alex, & Gustafson, 2011). Although the population of women is usually larger than men in the assisted living setting, it is necessary to have an understanding across gender. This question is designed to foster that understanding.

SQ2: Does depression, other mental health and overall mental health symptoms vary depending on marital status in assisted living?

H2a: The mental health factors that inhibit quality of life vary depending on marital status.

There are many different forms of loss that may be experienced as individuals' age. Widowhood is more common as people age (Koren & Lowenstein, 2008). Many adults in assisted living settings have lost their spouse and experience a decrease in sense of purpose. As discussed in the theoretical framework, Frankl suggests that purpose is found through suffering and loss for many is a form of suffering. He also suggests that purpose in life can be developed through love. This can translate to the love found in some marriages (Frankl, 1959/ 2006).

SQ4: Does depression, other mental health and overall mental health symptoms vary for different age groups in assisted living?

H4a: The mental health factors that inhibit quality of life do vary amongst different age groups in assisted living.

As discussed in the theoretical framework, Erikson's theory of psychosocial development, in particular the final stage, Ego Integrity vs. Despair, provides a philosophy that older adults are able to cope with the many changes experienced in old age. With wisdom and a sense of

contentment regarding their past they can face the challenges in front of them including the most prominent challenge being death. A person who successfully completes this stage is happy and accepting of their past. A person who does not successfully complete this stage tends to be unhappy, dissatisfied and left with the feeling that there are things in life left unfinished or unaccomplished (Erikson, E. H., & Erikson, J. M., 1997; Erikson, E. H., Erikson, J. M., & Kivnick, H. Q., 1986).

RQ2: How do characteristics of the facility impact factors that inhibit quality of life (i.e. depression, mental health symptoms, overall mental health symptoms)?

SQ1: Does depression, other mental health and overall mental health symptoms vary depending on ownership, or whether a facility is private or government owned?

H1a: Private ownership decreases the mental health factors that inhibit quality of life.

In a private pay setting residents are provided with increased amenities due to the level of funding available. This includes improved living and dining quarters as well as a larger array of activities.

SQ2: Does depression, other mental health and overall mental health symptoms vary depending on occupancy or size of the facility?

H1a: Smaller facilities provide environments conducive to decreased mental health factors that inhibit quality of life.

In a smaller setting, a resident can create more meaningful interactions with other residents and employees. It is easier to get to know others and create a bond.

RQ3: How does socialization impact the factors that inhibit quality of life (i.e. depression, mental health symptoms, overall mental health symptoms)?

SQ1: Does depression, other mental health and overall mental health symptoms vary depending on socialization?

H1a: Socialization mitigates the presence of factors that inhibit quality of life.

According to some researchers socialization initiates the creation of purpose (Welsh, Moore, & Getzlaf, 2012; Pinquart, 2002).

RQ4: How does participation in activities impact the factors that inhibit quality of life (i.e. depression, mental health symptoms, overall mental health symptoms)?

SQ1: Does depression, other mental health and overall mental health symptoms vary depending on the number of activities or level of participation?

H1a: The number of activities or level of participation does mitigate the presence of factors that inhibit quality of life.

SQ2: Does depression, other mental health and overall mental health symptoms vary depending on the type of activity an individual participates in?

H2a: The type of activity does mitigate the presence of factors that inhibit quality of life.

As previously mentioned in the theoretical framework chapter of this paper, Frankl, conveys that purpose is found through love, suffering and purposeful work (Frankl, 1959/ 2006).

Other researchers have elaborated on Frankl's theory and have provided additional sources of purpose to include volunteerism or an extension of purposeful work (Boyle, Buchman, Barnes, & Bennett, 2010; Brownie & Horstmanshof, 2012; Chippendale & Boltz, 2015;

Eakman, Carlson, & Clark, 2010; Heaven, Brown, White, Errington, Mathers, & Moffatt, 2013; Li & Ferraro, 2005; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010), religiousness/ spirituality, (Ardelt, 2003; Błazek & Besta, 2012; Greenfield, Vaillant, & Marks, 2009; Hedberg, Brulin, & Aléx, 2009; Park, Jennings, Shin, Martin, & Roff, 2010; Stinson, 2013; Troutman-Jordan & Staples, 2014; Welsh, Moore, & Getzlaf, 2012), and education (Welsh, Moore, & Getzlaf, 2012; Pinguart, 2002). In addition to educational activities and volunteering, researchers have also found that religious activities are influential on purpose in life (Ardelt, 2003; Błazek & Besta, 2012; Greenfield, Vaillant, & Marks, 2009; Hedberg, Brulin, & Aléx, 2009; Park, Jennings, Shin, Martin, & Roff, 2010; Stinson, 2013; Troutman-Jordan & Staples, 2014; Welsh, Moore, & Getzlaf, 2012).

RQ5: How does the level of independence or assistance with activities of daily living impact the factors that inhibit quality of life (i.e. depression, mental health symptoms, overall mental health symptoms)?

SQ1: Does depression, other mental health and overall mental health symptoms vary depending on the level of independence or level of assistance with activities of daily living?

H1a: The level of independence or assistance with activities of daily living does mitigate the presence of factors that inhibit quality of life.

Some forms of loss may include actions that result in the loss of independence such as moving into an assisted living facility, requiring additional assistance with ADLs or losing the ability to drive. As mentioned in the literature review chapter of this study, these losses make it increasingly difficult to maintain a high level of purpose in life (Pinguart, 2002).

Overview

This study focuses on quality of life among residents in assisted living. The goal is to grasp a greater understanding of how this phenomena manifests in this setting and how to keep it present. We already know that based on the literature that presence of purpose in life is an indicator of quality of life. By determining the answers to the above-mentioned study questions the main research questions; “What is the prevalence of factors that inhibit quality of life amongst residents in assisted living facilities?” and “What individual and facility characteristics mitigate factors that inhibit quality of life amongst residents in assisted living facilities?” may be answered

Chapter VI: Research Methodology

In this chapter, the plan followed to conduct this research study is outlined. The research perspective, sample, methods, and data analysis procedures will be explained and elaborated on. After reviewing the literature and the pre-existing data set used for analysis in this study, it was determined that the concept of purpose in life was a difficult and abstract concept to measure. The accessible indicators were not appropriate for this idea. However, there were strong indicators for quality of life within the data set. Additionally, quality of life is an indicator of the presence or absence of purpose in life as discussed.

Research Perspective

The preponderance of research studies previously conducted on this topic are minimal. The majority have employed the quantitative perspective capturing the breadth of this topic among the elderly population in other settings (A. Bennett et al., 2012; Boyle, Barnes, Buchman, & Bennett, 2009; Boyle, Buchman, Barnes, & Bennett, 2010; Boyle, Buchman, & Bennett, 2010; Ferrand, Martinent, & Durmaz, 2014; Hedberg, Brulin, Al  x, & Gustafson, 2011; Kim, Sun, Park, Kubzansky, & Peterson, 2013; Kozar-Westman, Troutman-Jordan, & Nies, 2013; Lyubomirsky, Tkach, & DiMatteo, 2006; Missler et al., 2012). One mixed methods dissertation study that incorporated some assisted living residents had a qualitative aspect but a sample size of six (Waddell, 2012). None particularly addressed purpose in life in assisted living as this study set out to do.

The research questions highlighted in the previous chapter provided the focus for analysis. The quantitative research perspective was exclusively used and aided in uncovering

greater insight concerning the concept of quality of life and its presence in assisted living among residents, based on the factors that mitigate and promote it.

As defined by Corbin and Strauss (2008), analysis is, “a process of examining and interpreting data in order to elicit meaning, gain understanding and develop empirical knowledge” (p. 1). A quantitative research study will be helpful in understanding this experience. In particular, causal comparative research with a public data set was employed. “If the problem is identifying factors that influence an outcome, the utility of an intervention, or understanding the best predictors of outcomes, then a quantitative approach is best. It’s also the best approach to test a theory or explanation” (Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS), 2016). This design form will produce additional breadth on this important topic.

Context of Study

The data source for this study is a publicly available data set requiring no approval for use. In 2010 the Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS) division conducted a study; the “National Survey of Residential Care Facilities” (NSRCF). This study provided very relevant data to explore the topic of interest.

Data & Subjects

The NSRCF surveyed 2,302 residential care facilities nationwide, which encompassed 8,094 typical residents in these assisted living settings. This sample included facilities that were registered, listed, licensed or certified and/ or residences that provided room and board with services including supervision and assistance with activities of daily living, supervision and at least two meals per day. The final selection criteria was a phone call to the facility director to gain support, conduct a screening to ensure all facility

requirements as mentioned above were met and last would be the interview piece (NSCRF, 2010). The in-person interview which was the main data collection technique consisted of the facility questionnaire, the resident selection questionnaire, resident interviews and the post-debriefing questionnaire after exit (NSCRF, 2010).

The sample contained typical members of the population as recommended for research studies (Padgett, 2017). The secondary data analysis for this study was conducted with the statistical program regularly utilized for data analysis in the social sciences, SPSS to look at the different bivariate and multivariate relationships among the variables.

Variables

The variables investigated within this study are based on the literature review chapter and were shown to have relationships with the concept of purpose in life and quality of life. The dependent variables included depression, other mental health symptoms and total mental health. The other mental health variable included mental health symptoms other than depression which also have an impact on quality of life. Total mental health is the depression variable and other mental health variable combined.

The independent variables in this study were computed and coded based on individual factors that could be combined under the same group. These variables included activities of daily living (ADLs), activities, and socialization. The ADL or independence level variable encompassed assistance with bathing, dressing, ambulating, eating, and toileting. The activities variables included social service counseling, religion, trips or shopping, watching TV, taking care of a pet, other hobbies, and attending a day program. The socialization variable included talking with friends, visitors, and living with a relative or spouse.

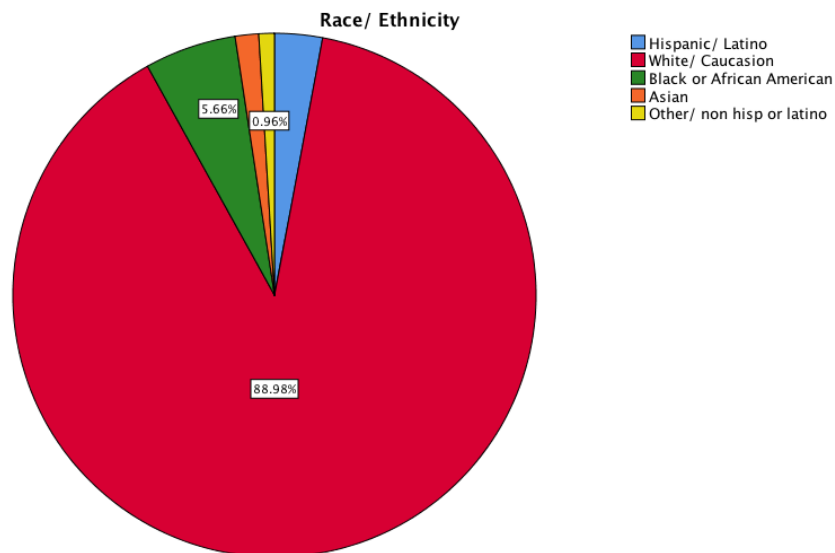
The demographic variables or descriptive variables analyzed included race, gender, age, marital status and education level. The descriptive variables for the different sites included size of facility and type of facility.

Chapter VII: Results

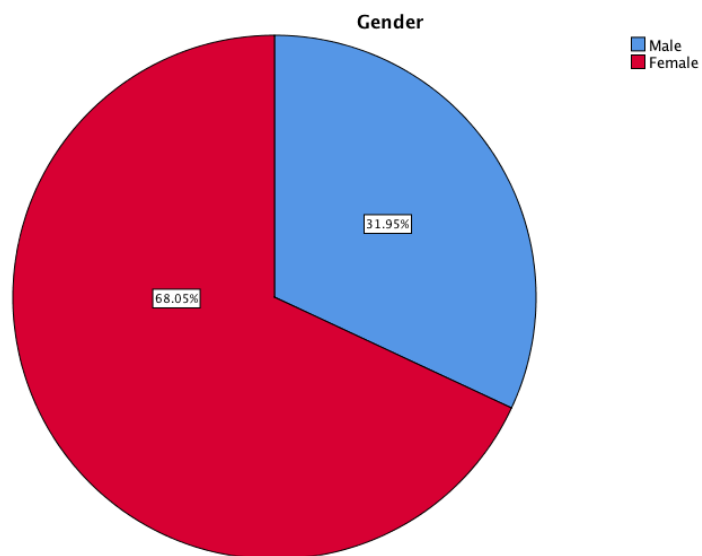
Descriptive statistics and regression were used to test the demographic, independent and dependent variables. The results are based on these statistical tests that were performed to answer the research questions and test the hypotheses developed in this study based on the literature review and theoretical framework.

Demographic Variables

Demographic variables were analyzed first beginning with Race/ ethnicity ($n = 8,094$). White/ Caucasian ($n = 7,202$, 88.98%) encompassed the largest group followed by Black or African American ($n = 458$, 5.66%), Hispanic/ Latino ($n = 239$, 2.95%), Asian ($n = 117$, 1.45%) and the smallest group, Other/ Non-Hispanic or Latino ($n = 78$, 0.96%). The pie graph in Figure 3 displays this break down demonstrating the distribution of frequencies for ethnicity and race.

Figure 3***Race/ Ethnicity***

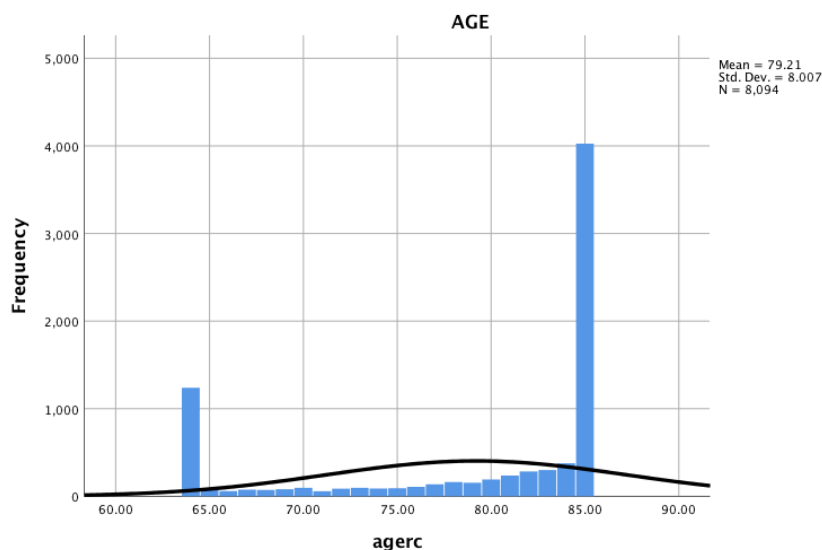
Gender was tested next and analysis showed that females represented the largest portion of the study population at $n = 5,508$ (68.05%) and males followed at $n = 2,586$ (31.95%). Please see Figure 4, which demonstrates the frequency breakdown for gender.

Figure 4***Gender***

Age is a continuous variable, so the results are displayed in a histogram in Figure 5. The mean, median and standard deviation were all selected so the variation could be detected. Participants ranged from 64 to 85 years of age with a mean age of 79 years old. There were more participants consolidated in the higher ages as determined by the skew ($n = -1$). Age 85 made up half the sample at 50% followed by age 64 at 15%. The lowest frequency age was 71 years of age encompasses less than 1% of the sample.

Figure 5:

Age



Marital status and education level were examined together. The outcome of these variables is depicted in Figures 6 and 7 displayed in bar charts to best highlight the differences amongst the participants. For marital status, the majority were widowed ($n = 4,696$), followed by married ($n = 960$), divorced ($n = 870$), never married ($n = 1406$) and legally separated ($n = 62$). Marital status had some missing data ($n = 100$) as some participants did not provide information. For education, the majority of participants had

completed high school or less ($n = 4,517$), followed by college or more ($n = 2,470$). There was some missing data in this category as some of the population ($n = 1,107$) did not respond regarding education level.

Figure 6

Marital Status

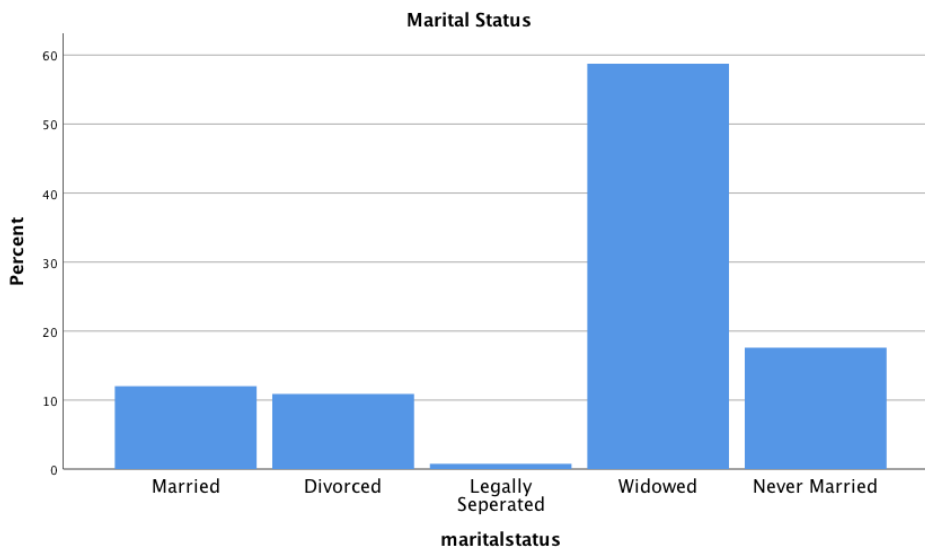
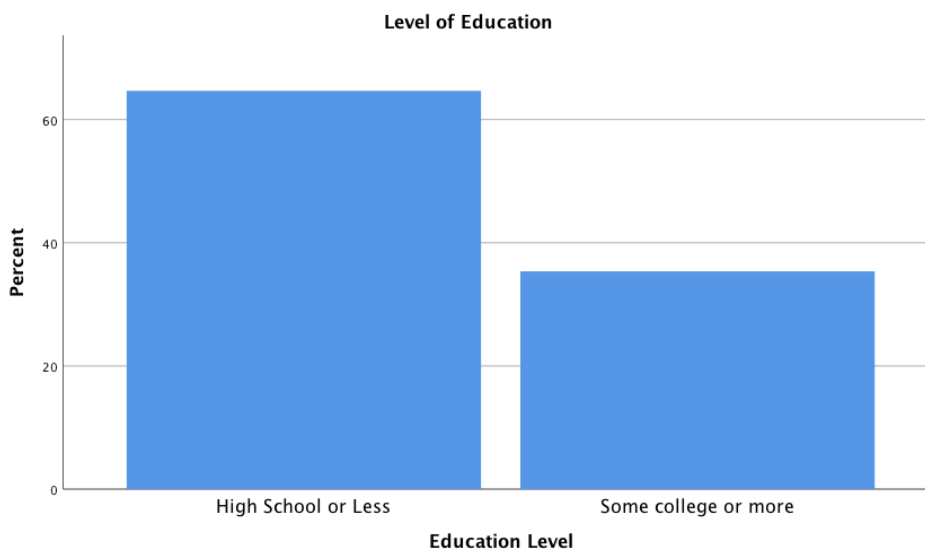


Figure 7

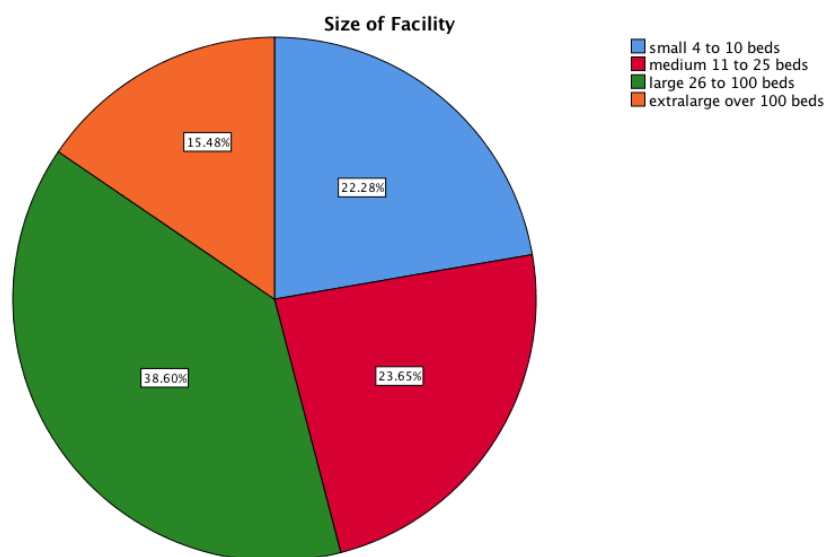
Education Level



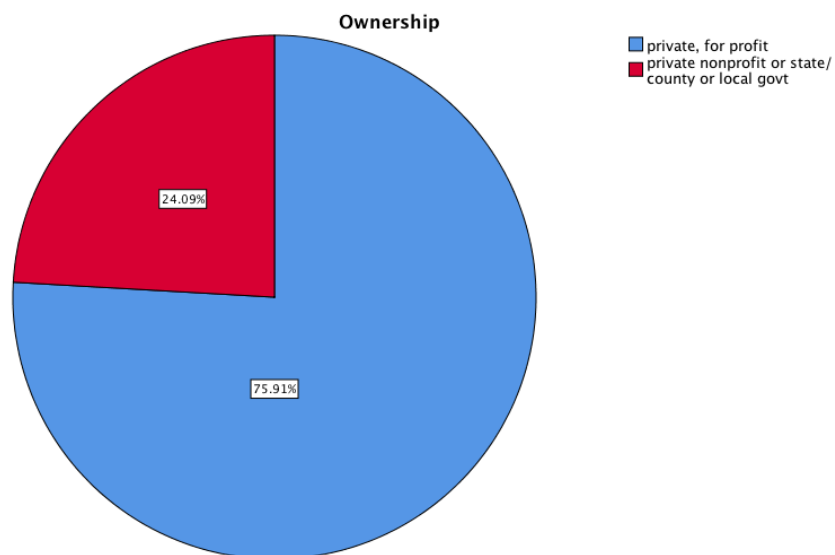
Size and ownership are other areas that were examined in regards to the facilities that were included in this study. These features were analyzed together and are displayed in pie charts in Figures 8 and 9 below. Size of the facility was divided in groups by number of beds. Large, or 26 to 100 beds represented the most common facility size ($n = 3,124$, 38.60%), followed by medium, or 11 to 25 beds ($n = 1,914$, 23.65%), then small, or 4 to 10 beds ($n = 1,803$, 22.28%), and last was extra large, or facilities with over 100 beds ($n = 1,253$, 15.48%).

Figure 8

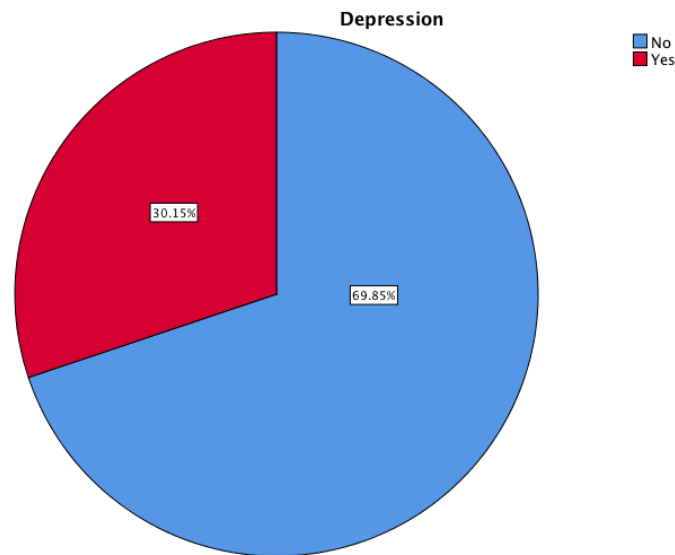
Size of Facility



When we looked at ownership there were two facility types represented in the sample including private or for-profit and private nonprofit or state/ county or local government. For profit made up the overwhelming majority at $n = 6,144$ (75.91%) and nonprofit facilities came in at $n = 1,950$ (24.09%).

Figure 9***Type of Ownership***

The first dependent variable analyzed was depression or the presence of depression. Depression and quality of life are negatively correlated so when depression increases, quality of life decreases. Since the presence of depression is linked to a decrease or absence of quality of life, it was used as one of the main indicators of inhibition of quality of life. There were only $n = 28$ responses missing for depression. Figure 10 displays the percent breakdown of those participants that have depression in comparison to those who do not. The majority of the population did not present with depression or had not been diagnosed ($n = 5,634$, 69.85%). The minority of the population was made up of residents who presented with depression or were diagnosed at the time of study ($n = 2,432$, 30.15%).

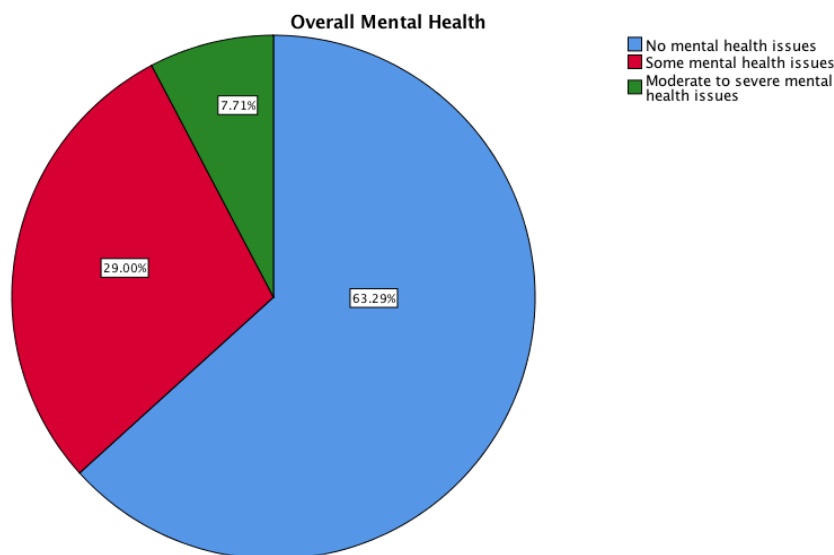
Figure 10***Depression***

The independent variables utilized in this study were computed utilizing the indicators available within the original data set. Socialization, activities, and activities of daily living (ADLs) were the three independent variables analyzed in this study. Socialization was the first independent variable analyzed. Socialization is an ordinal variable and was tested on a scale ranging from 0 to 9 with higher numbers indicating increased socialization and increased participation in activities that would fall under socialization. There was data missing for this variable ($n = 5,829$) and as a result the sample ($n = 2,265$) was smaller in comparison with the total test population ($n = 8,094$). Missing data was handled with pairwise deletion. It is a large enough sample size to achieve moderate statistical power for this test.

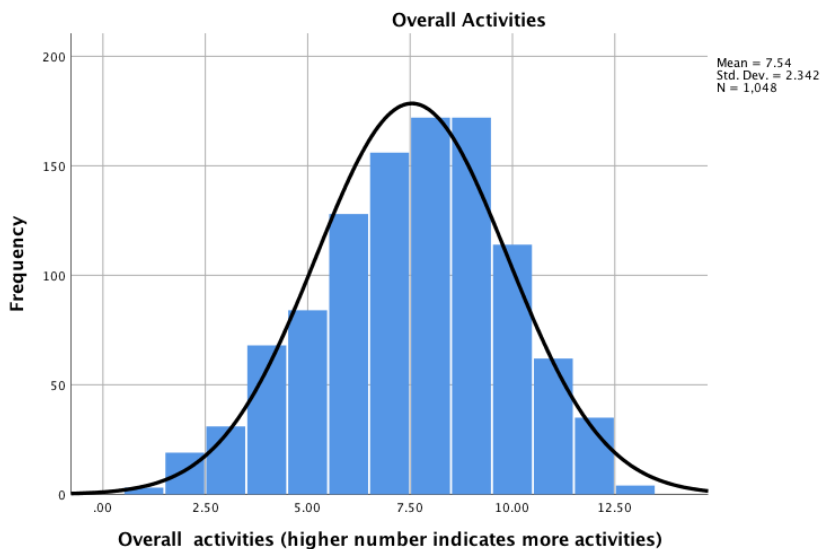
Overall Mental Health was analyzed next displaying that the majority of the sample population had no presence of mental health symptoms or diagnosed mental health symptoms ($n = 5,105$, 63.29%). Less than half of the population presented with some mental health symptoms ($n = 2,339$, 29.00%) and a small portion of the test population presented with moderate to severe mental health symptoms ($n = 622$, 7.71%). There was a minimal amount of missing data ($n = 28$) making this a strong representative sample. Figure 11 displays the break down and percentages in a pie chart.

Figure 11

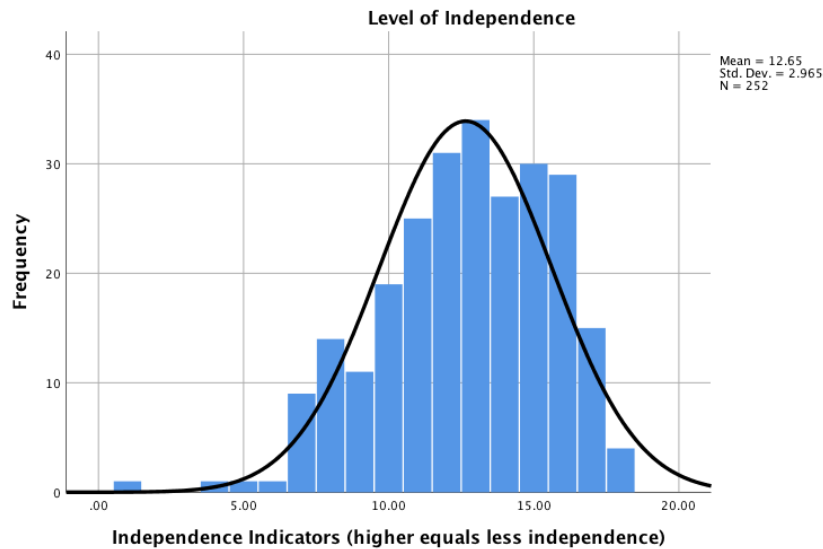
Overall Mental Health Symptoms



Overall activity showed a normal distribution and is displayed in a histogram in Figure 12. The mean ($n = 7.54$) indicates that the average number of activities participated in by the sample that responded to this variable was between 7 and 8 activities. However, the response rate for this computed variable was lower at $n = 1,048$.

Figure 12***Overall Activities***

Our computed activities of daily living variable indicates the level of independence an individual had based on the number of activities of daily living the individual gets assistance with. An increased number of ADLs means they are less independent as they require more assistance. The sample size for this variable was only $n = 252$. The mean fell between 11 and 12 activities of daily living for the sample. Figure 14 displays the breakdown of participants in a histogram.

Figure 13***Level of Independence*****Overall Analysis**

In order to determine the relationship between the independent and dependent variables, co-linearity diagnostics were conducted in SPSS. The tolerance level of the variables, were analyzed and all were greater than .1.

Three models were run to determine the relationships. The first model analyzed other mental health and the independent variables included in this model were activity factors which were attending an educational program, religion, exercise, music and social service counseling. Attending an educational program predicated a change in mental health symptoms ($B = .087, t = 2.68, p = .007$) and was significant. Receiving social service counseling was also significant in this model however, it demonstrated that those receiving social service counseling was correlated with the presence of other mental health conditions. Music, exercise, and religious activities were not significant in this model ($p > .05$).

The second model was run with the dependent variable, depression. In terms of depression, social service counseling was significant ($B = .083, t = 7.456, p = .000$). Religion, attending an educational program, exercise and music were not significant in this model.

The last model was run with overall mental health, which included the dependent variables, depression and other mental health. Attending an educational program and social service counseling both predicted changes in overall mental health and were significant. An increase in social service counseling predicted an increase in overall mental health symptoms ($B = .114, t = 10.300, p = .000$) and an increase in attending an educational program predicted an increase in overall mental health symptoms ($B = .022, t = 1.979, p = .048$). Religion, exercise, and music activities were not significant in relation too overall mental health.

The three models are all displayed in Figure 14 in the same chart to compare.

Figure 14

Activity Factors and Dependent Variables

Activities (IV)	Coefficients	Other Mental Health (DV)	Depression (DV)	Overall Mental Health (DV)
Religion	<i>B</i>	-.019	-.009	-.017
	<i>T</i>	-1.644	-.773	-1.471
	<i>P</i>	.100	.440	.141
Educational	<i>B</i>	.030	.008	.022
	<i>T</i>	2.683	.680	1.979
	<i>P</i>	.007*	.497	.048*
Exercise	<i>B</i>	.000	-.004	-.003
	<i>T</i>	.025	-.349	-.240
	<i>P</i>	.980	.727	.811
Music	<i>B</i>	.019	.014	.021
	<i>T</i>	1.576	1.192	1.739
	<i>P</i>	.115	.233	.082
Social Service Counseling	<i>B</i>	.098	.083	.114
	<i>T</i>	8.819	7.456	10.300
	<i>P</i>	.000*	.000*	.000*

Based on the initial analysis, in order to further understand the interaction between variables, overall mental health was examined with assistance with ADLs, overall activities and socialization. Overall activities and socialization were significant. Socialization predicted a decrease in mental health symptoms ($B = -.173, t = -3.553, p = .000$). Overall activities predicted an increase in overall mental health symptoms ($B = .130, t = 2.686, p = .008$).

Socialization & Overall Mental health

Since socialization came up as significant the different factors utilized to compute this variable were separated and analyzed against overall mental health in the next model. The individual factors of socialization included talking with friends, visitors and living with a relative or spouse. Results showed that all three were significant in this model. Talking with friends predicted an increased presence of overall mental health symptoms ($B = .049, t = 2.339, p = .019$). However, having visitors ($B = -.114, t = -5.322, p = .000$) and living with a relative or spouse ($B = -.137, t = -6.443, p = .000$) decreased the presence and scale of overall mental health symptoms.

Activities & Overall Mental Health

The next model looked at the individual factors that make up the activities as overall activities was significant in the model in relation to overall mental health. The initial model showed activities were significantly linked to the presence of mental health symptoms. This was not what previous research had displayed and in order to determine the causation of this relationship looking at the factors individually would provide more clarity as to which factors were most impactful. Outcomes showed that religion was the only factor that contributed to a reduction in overall mental health ($B = -.025, t = -2.060, p = .039$). Other variables had significant results, but were associated with an increase in overall all mental health

symptoms. These factors included trips or shopping ($B = .062, t = 4.550, p = .000$), watching tv ($B = .029, t = 2.505, p = .012$), taking care of a pet ($B = .028, t = 2.438, p = .015$), other hobbies ($B = .028, t = 2.315, p = .021$), attending a day program ($B = .040, t = 3.403, p = .001$).

Characteristics & Overall Mental Health

The overall mental health models showed significance amongst the independent variables and factors of these variables in comparison with the other dependent variables. As a result the overall mental health variable was analyzed with characteristics of the individual including gender, marital status, age and size of the facility residing in. Findings showed that women are more likely to have overall mental health symptoms ($B = .087, t = 7.186, p = .000$). When it comes to size of the facility, larger facilities are associated with decreased overall mental health symptoms ($B = -.060, t = -4.800, p = .000$). In regards to age, for every one year older a resident is they have less overall reported mental health symptoms ($B = -.261, t = -20.461, p = .000$) Level of education, ethnicity and type of facility were not significant when analyzed with over all mental health. Due to the way marital status was coded it was difficult to determine the outcome in this model.

Marital Status & Overall Mental Health

In the last model relating to overall mental health, the descriptive variable of marital status was deconstructed, as it was difficult to determine its relationship to overall mental health symptoms based on the way it was coded in combination with the other independent variables in the previous model. Findings for this model showed that individuals who are married or widowed have less overall mental health symptoms present as shown in Figure 16

below. This is in comparison to when you are divorced, legally separated or never married which showed a higher likelihood of mental health symptoms present.

Figure 15

Marital Status & Overall Mental Health

Descriptives								
Overall mental health								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Married	956	.3525	.56439	.01825	.3167	.3883	.00	2.00
Divorced	869	.6778	.73568	.02496	.6288	.7268	.00	2.00
Legally Separated	62	.6452	.79128	.10049	.4442	.8461	.00	2.00
Widowed	4680	.3786	.57687	.00843	.3621	.3952	.00	2.00
Never Married	1403	.5780	.72070	.01924	.5403	.6158	.00	2.00
Total	7970	.4453	.63375	.00710	.4314	.4592	.00	2.00

Depression & Significant Factors

To further analyze, the variables and factors that were significant they were put into a model in which characteristics of the individual were controlled for. In this multiple regression, the dependent variable was depression and the independent variables added to the model were marital status, social service counseling, attending an educational program, socialization, and overall activities. Age and gender were the demographic variables. The number of participants in this model ($n = 421$) was relatively low in comparison to the whole sample ($n = 8,094$) meaning one of the variables did not have a large sample size. The outcome showed that marital status ($B = -.044$, $t = 2.516$, $p = .012$), gender ($B = .109$, $t = 2.271$, $p = .024$) and age ($B = -.008$, $t = -2.243$, $p = .025$) were all still significant.

Figure 16***Depression, Characteristics of the Individual & Independent Variables***

		Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.944	.266		3.548	.000		
	maritalstatus	-.044	.017	-.136	-2.516	.012	.802	1.247
	attendededucationalprogram	-.021	.084	-.012	-.251	.802	.955	1.047
	socialservicecounseling	.043	.050	.043	.870	.385	.954	1.048
	Socialization (higher number indicates more socialization)	-.011	.014	-.042	-.750	.454	.754	1.327
	Overall activities (higher number indicates more activities)	.010	.011	.048	.907	.365	.848	1.179
	gendernew	.109	.048	.115	2.271	.024	.906	1.103
	agerc	-.008	.003	-.127	-2.243	.025	.734	1.363

a. Dependent Variable: DepressionNY

Gender

When you control for the characteristics of the individual we are seeing a difference in gender according to overall activities, social service counseling and overall socialization. Since it was discovered in the previous model that gender might have impacted the outcome the next model examined women and men separately. Overall activities and socialization show a clear gender bias when it comes to this. See Figure 17 below, which displays the interactions amongst these variables. Women are participating in more overall activities and women are participating in more of the socialization factors. Women however are not participating in more social service counseling and are also not taking part in more of the educational programs. As a result, for socialization and overall activities, it is not that they are not significant but when you control for gender, you can't make the determination on causation on whether it is the activity or gender.

Figure 17

Gender & Independent Variables

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.098	.093		1.054	.293		
	attendededucationalprogram	-.094	.086	-.053	-1.094	.275	.955	1.048
	socialservicecounseling	-.044	.051	-.041	-.862	.389	.971	1.030
	Socialization (higher number indicates more socialization)	.033	.013	.124	2.536	.012	.945	1.058
	Overall activities (higher number indicates more activities)	.037	.011	.166	3.321	.001	.893	1.120

a. Dependent Variable: gendernew

Chapter VIII: Discussion

The literature review chapter of this study summarized the minimal previous research that had uncovered relationships between purpose in life, quality of life and depression, other mental health symptoms, activities, independence and socialization. This study set out to test these constructs through secondary data analysis of a relevant data set developed by the Center for Disease Control. The factors that were linked to the presence of and inhibit quality of life were examined in this study, as the concept of purpose in life is too abstract but is directly linked to the more concrete phenomenon of quality of life.

Socialization emerged as a clear contributing factor that inhibits the incidence of overall mental health symptoms. Analysis also showed that socialization when tested with overall mental health symptoms was consistent with all age ranges in the sample. The individual elements of the socialization variable, including having visitors and living with a relative or spouse were both correlated with decreased overall mental health symptoms while talking with friends was correlated with an increase in symptoms. Spending time talking with friends may in some cases be more stressful compared to having regular visitors and living with a relative or spouse. This may be attributed to the topics of conversation that are brought up when talking with friends. Many older adults spend time discussing the negative aspects or health issues frequenting their lives, which may be stressful. In regards to marital status, married or widowed individuals have less overall mental health while those who are divorced, legally separated or never married had a greater likelihood of presenting with mental health symptoms. Although this demographic variable was tested separately, it is

connected to socialization in that living with a spouse and being married inhibit overall mental health symptoms.

Social service counseling, a factor of the overall activities variable was linked to the presence of mental health symptoms and therefore the inhibition of quality of life. This was not hypothesized, however, it can be explained by a responsive relationship. If a resident is experiencing mental health symptoms they are more likely to be referred for social service counseling thereby increasing the numbers for those who have mental health symptoms when associated with social service counseling.

Analysis showed that residents participated on average in 7 to 8 different activities. Previous research found that activities promoted the presence of quality of life. Initial analysis of the sample showed the opposite relationship in regard to overall activities however, when further analysis was conducted, variation among activities that promoted or inhibited mental health symptoms was identified. When tested with the activity factors, the only activity that resulted in a decrease in overall mental health symptoms was religion while, trips or shopping, watching TV, taking care of a pet, attending a day program and other hobbies predicted an increase in overall mental health symptoms. It can be inferred that some of these activities may cause additional stressors or isolation in the case of watching TV. This could legitimize a reactive type of response in this case. If an individual presents with mental health symptoms, the goal would be to get them involved in activities to mitigate the symptoms.

Other findings showed that women are more likely to have symptoms, women are also more likely to participate in activities, larger facilities are associated with decreased symptoms and with each year of age residents show a decrease in mental health. Research

shows that as individuals age there is an increasing acceptance of the life they have led as well as death. Erikson makes reference to this notion in his last stage of development also outlined in the theoretical framework chapter of this study.

After conducting the secondary data analysis there is still research that needs to follow in order to completely understand the concept of quality of life and how to foster it appropriately in the assisted living setting. The above-mentioned factors provide a foundation for what inhibits mental health symptoms and thereby should promote the presence of quality of life.

For both socialization and overall activities which were the two independent variables that produced the strongest relationships, it was found that when you control for gender, you cannot make the determination on whether it is the activity or gender that is causing the outcome. The next step would be randomly assigning one or both genders to groups and randomly assigning activities. This would help determine if it is activity or gender that is significant in regard to depression. A clear relationship was demonstrated but it is not clear which factor is responsible for causation.

A randomized control trial for what is caused by the unique characteristics of an individual versus the unique characteristics of the facility would be appropriate for future research as well. There is a relationship between mental health and characteristics, but the direction of the relationship and causation is unclear.

Lastly, a qualitative analysis in which residents of an assisted living community are interviewed may provide more insight on operationalizing the concept of quality of life.

There were some limitations to the study. A secondary data set was analyzed, therefore there is a reliance on the data that was collected by the Centers for Disease

Control's National Center for Health Statistics Division. This is a reliable and reputable government organization, which is a strong indicator that the data is reliable and valid.

Statistical analyses on the secondary data set did provide the magnitude and direction of relationship between variables; however, the study does not meet the criteria to determine causation that is typical in a randomized control trial investigation. Future researchers may conduct this type of investigation.

Additionally, missing data resulted in the collapse of the ownership category that went from three categories to two. Initially the survey had three ownership categories including, private for-profit, private non-profit and state, county, and local government. The Center for Disease Control adjusted the categories to two keeping private for-profit, the most common facility type in the sample and combining private non-profit with state, county, and local government. The combined categories have differences and future researchers may analyze them separately.

Due to the current state with COVID 19 the original qualitative study utilizing in person interviews had to be adjusted for safety reasons. Quantitative data analysis is appropriate when the breadth of a population or sample is needed but it does not usually capture the depth associated with a qualitative study. Future studies should focus on qualitative methods based on these outcomes in order to further understand and elaborate on these findings.

The sample in this study was predominately female, Caucasian and private pay. This does somewhat segregate the sample to a certain population. However, there was a representation among all groups. Volunteer bias shows that traditionally more Caucasian women with somewhat of a higher income volunteer, so this population makeup was

somewhat expected. However, according to statistics, women live longer than men, which also explains their abundance regarding population in this study. Future studies could assess different populations to determine differences.

This study is expected to make several contributions to social work knowledge, policy and practice. Primarily, this study brought necessary attention to the provision of care to older adults as they age. It is important that the care provided to older adults be research based to ensure the well-being and quality of life experienced by these individuals. As discussed in the literature review chapter, the geriatric population is growing, and a large sub-set of this population will require inpatient care in assisted living. An evidence based assisted living model is necessary to assure residents are getting appropriate care.

This study has confirmed factors that inhibit and promote mental health symptoms. With this knowledge different activities and types of socialization can be encouraged to create an atmosphere that invites quality of life. It will influence further research on this subject and additionally help to equip social workers with the appropriate understanding and necessary tools to guide their residents in fostering and maintaining quality of life.

Achieving quality of life has already been shown to have positive health benefits. This research may influence interventions and programs in assisted living residences that inhibit mental health symptoms. We have learned that an absence of mental health symptoms allows for the presence of quality of life. Additionally, future researchers may use this study to test specific interventions that will help residents find quality of life. Qualitative researchers can explore the depth of the topic by conducting other studies

This study elaborated on the minimal previous findings regarding quality of life in the assisted living setting. It will lay a foundation for the methodology and variables to be

examined in future studies and ultimately have a positive impact on assisted living residents, a population that is served by social workers.

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