Social Support and Self-Efficacy as Determinants of Life Satisfaction in Elderly After Relocation to a Nursing Home

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Chapter I

Introduction

Since 1900 the elderly population (i.e., persons age 65 and older) has more than doubled, at present accounting for over 11% of the total population (Gioella & Bevil, 1985). Life expectancy has likewise increased. The average 65-year-old male can now expect to live to age 78 and the female to age 82. Of the elderly, 1 in 6, or 16.7%, share a dwelling with an adult child. This ratio decreases as the elderly increase in age (Silverstone, 1985). It is estimated that 2.06 million people will be living in nursing homes by 2010 (U.S. Bureau of Census, 1983). Of the elderly who are 85 years of age and over, 20% live in nursing homes; of the total elderly only 5% live in institutions (Silverstone, 1985).

Problem

Studies have shown that entry into an institution is a stressful event (Kral, Grad, & Berenson, 1968; Pino, Rosica, & Carter, 1978; Spasoff et al., 1978; Stein, Linn, & Stein, 1985) which may precipitate a crisis (Chenitz, 1983). The most stressful aspects often identified by the elderly persons entering institutions are the relocation phase and lack of orientation to the facility (Stein et al., 1985).

Although numerous studies have shown that relocation does not increase mortality (Borup, 1983; Kral et al., 1968; Lieberman, 1969; Pino et al, 1978; Zweig & Czank, 1975), the stress of relocation can cause additional physiological and psychological burden in an

already compromised population (Asterita, 1985; Dohwenrend & Dohwenrend, 1974; Jacobs, Prusoff, & Paykel, 1974; Lazarus, 1975; Myers & Pepper, 1972; Selye, 1976). Social support and self-efficacy have shown promise as intervening variables which may help individuals to cope with stressful situations. The facilitation of these coping resources by nursing home nurses may decrease the harmful effects of relocation and contribute to the residents' sense of well-being.

Review of the Literature

In this review of the literature the concepts of social support, self-efficacy, and life satisfaction will be examined. Emphasis of the review will be directed towards the nursing home population with particular reference to the transition period of relocation to a long-term care facility.

Social Support

The broad concept of social support may be related to the coping ability of an individual. Social support may be a factor that protects an individual from the consequences of stress by providing a haven from adverse environmental effects (Caplan, 1974). More specifically, social support is thought to act as a buffer that protects the individual from adverse physical and emotional outcomes of stressful situations. Pilisuk (1982) suggested that when individuals encounter a disruption in their regular social support sources, they may be at high risk for illness.

Social support has been shown to help maintain health and

well-being in the elderly (Berkman & Syme, 1979; Cobb, 1976; Cole, 1985; Fuller & Larson, 1980; Laschinger, 1984; Quevillon & Lee, 1983; Simms, Jones, & Yoder, 1982). Life events, such as retirement, bereavement, or residential change among the elderly, produce less severe depression when an individual has at least one close supportive relationship (Lowenthal & Haven, 1968; Raphael, 1977). Norbeck (1981) further contended that situations of great stress, such as relocation to a nursing home, require concentrated social support to provide optimal functioning. In a 9-year study of social networks and mortality, Berkman and Syme (1979) found that individuals with social ties/relationships had lower mortality rates than those without such ties. Quevillon and Lee (1983) found that, regardless of how limited the social contacts of rural institutionalized elderly, those who perceived their social life as pleasant reported an increased subjective well-being. This implies that it is the quality of social interaction which is more important than the quantity of social contacts.

Social networks and social supports are not synonymous terms, although they are often used interchangeably. Social networks include the positive and negative social relationships an individual experiences over time (Cole, 1985). Gallo (1983) defines it as "the set of interpersonal links from which dependable others gratify an individual's psychosocial needs" (p. 65). Characteristics of social networks include size or number of persons comprising the

total network. Homogeneity refers to the diversity of persons who comprise the network, such as people of all ages, both genders, and varying locations. Another social network characteristic is dispersion of individuals. Dispersion can enhance or limit types of support offered due to geographic location. Density or interconnectedness between members and duration or length of relationships are other important characteristics of the total social network.

One type of social network which is of particular significance to the elderly is kinship or family. Although the term family can be described in many ways, generally the term is used to include those people related by blood and by legal means such as marriage and adoption (Clements & Roberts, 1983). In times of crisis or stress, such as relocation to a nursing home, the family is the main and most reliable source of social support to the elderly (Boettcher, 1985; Clements & Roberts, 1983; Cole, 1985; Shanas, 1979; Silverstone, 1985).

The concept of social support has been defined both theoretically and operationally in various ways. House (1981) defined social support as encompassing four categories:

1. Emotional (esteem, love, trust, etc.)
2. Appraisal (feedback, social comparison, etc.)
3. Information (advice, suggestions, directives, etc.)
4. Instrumental (labor, material resources, money, etc.)

Norbeck (1981) suggests other important factors such as availability

and need of social support by an individual. These factors are influenced by the demographic variables of age, sex, and marital status, as well as individual differences such as abilities, orientations, and personalities. Situational variables, such as relocation to a nursing home, affect the amount of social support needed by an individual. However, there have been no extensive studies of the relationship between age and available social support.

Kaplan, Cassel, and Gore (1977) defined social support as the degree to which a person's basic social needs are gratified through interaction with others. Gelein (1980) defined it as "an enduring pattern of continuous or intermittent ties that play a significant part in maintaining the psychological and physical integrity of an individual over time" (p. 70). For the purpose of this study, social support will be defined according to Cobb (1976), as "information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations" (p. 300). Cobb contends that it is the perception of this information which then facilitates an individual's ability to cope with a crisis and adapt to change.

Attempts at conceptualization and measurement of social support have been inconsistent and inconclusive. Researchers have used a variety of concepts to measure social support depending on the particular population being investigated (Tilden, 1985). Reliability and validity for social support measures are not readily available. Measures have generally been developed for post-hoc

analysis of unexpected findings (Kaplan, Cassel, & Gore, 1977).

Coppel (1980) developed a measure based on present concepts of social support which included Cobb's (1976) conceptualization and measures social support on two levels. In the first level he assessed an individual's perception of the quality of his/her social support. The second level measured the number of social contacts (family, friends, and social groups) and the average weekly contacts the individual had with these people. Coppel also investigated the relationship of perceptions of social supports to self-efficacy, or a person's sense of copability (Bandura, 1979). Coppel's results suggested that perceived social support (the quality of social support) rather than the number of social contacts (the frequency of social support) was related more strongly to psychological adjustment. Also, his results indicate social support has an integral role in coping with stress and maintaining positive adjustment.

Few studies have directly assessed the use of social support as a buffer for stress in the institutionalized elderly. Additionally, few nursing research studies have been identified which addressed social support during the relocation phase to a nursing home. Lastly, further refinement in the conceptualization and measurement of social support is needed as a step in the process of increasing the nursing knowledge base for directing clinical practice.

Self-Efficacy

Self-efficacy, defined by Bandura (1982) as the perception of "how well one can execute courses of action required to deal with prospective situations" (p. 122), attempts to look at those intrapersonal values and beliefs which help the individual to cope successfully in difficult and/or changing situations. This concept addresses the link between the individual's knowledge and action, and the degree of persistence the individual maintains to master the action.

Research in self-efficacy has only recently addressed health issues. Most of this research has been conducted with middle-aged or college student populations, examining the health behaviors of weight loss (Chambliss & Murray, 1979), cessation of smoking (Candiotte & Lichtenstein, 1981); DiClemente, 1981; Prochaska, Crimi, Lapanski, Martel, & Reid, 1982), alcoholic abstinence (Rollinck & Heather, 1982), and diabetic self-care (Crabtree, 1986). The impact of self-efficacy on the psychosocial factors of depressive affect (Davis & Yates, 1982), social skills (Moe & Zeiss, 1982), protection motivation (Maddux & Rogers, 1983), and emotional maladjustment (Coppel, 1980) have also been examined.

Crabtree (1986) suggests that self-efficacy is a useful concept for nursing because of its predictive value for health behaviors and because it can be impacted by intervention (Bandura, Adams, Hardy, & Howells, 1980; Taylor, Bandura, Ewart, Miller, & DeBusk, 1985). She found self-efficacy to be the variable with

the highest value for predicting the level of diabetic self-care.

Research applying this concept to elderly populations is notably lacking. West and Simons (1983) postulated that strong beliefs in self-efficacy would hamper coping in community elders, contrary to previous conceptualizations. Due to the nature of life change experienced by this group, which is largely "uncontrollable and unavoidable", it was suggested that an elder who felt self-efficacious may actually become more frustrated when these changes occur. They found a significant inverse relationship between self-efficacy and illness in female subjects. This study had methodological weaknesses in measurement of self-efficacy. The tool contained only five items with dichotomous response options and the coefficient alpha of .65 does not achieve an acceptable level to establish internal consistency.

Coppel (1980) examined inter- and intrapersonal resources used in coping with stress by college students and community elderly populations and found significant relationships between self-efficacy and social support, self-efficacy and emotional maladjustment, and social support and emotional maladjustment. Coppel developed a tool to measure self-efficacy and reported good reliabilities for college students but did not include these data for the elderly subjects. Reliability for elderly subjects has not been established. In addition, the tool may lack face validity for the elderly as some items on it appear to be inappropriate for elderly clients.

Coppel, drawing from Bandura, conceptualized self-efficacy

as an "intrapersonal support" or a "source of support within the individual". Self-efficacy not only examines how well one expects to execute behaviors but also the persistence displayed when initially unsuccessful. He saw self-efficacy as a fluid, dynamic perception by an individual of his/her abilities, which develops in response to successful and unsuccessful attempts to adapt or change. This conceptualization is useful for examining relocation to a nursing home, a stressful and dynamic period in an elderly client's life. Because the concept is fluid it should be an especially valuable predictor of the individual's ability to adapt during the relocation phase and would respond to changes in self-perception as relocation occurs.

Therefore, for the purposes of this study, self-efficacy will be defined according to the conceptualization of Coppel and Bandura, as the dynamic perception the individual has of how well he/she can execute behaviors in prospective situations, related to success or failure at previous attempts to adapt and change.

Few nursing studies have examined the concept of self-efficacy and its usefulness for clinical practice. Additionally, no research was identified which addressed self-efficacy in institutionalized residents. Although the concept of self-efficacy is not new, research addressing its operationalization has only recently emerged resulting in instruments with limited or unknown psychometric properties. Despite measurement difficulties, the concept of self-efficacy merits continued study as a viable factor that may

affect patient care outcomes. The present study affords opportunity to examine the concept and measurement of self-efficacy in an elderly sample of newly admitted nursing home residents.

Life Satisfaction

Much research of life satisfaction among the elderly has been conducted, often using synonymous terms, such as morale and adjustment. For example, Chang (1978) defines morale as "an inner state of an individual in which he feels a sense of satisfaction with self, feeling of fitting in with the environment" and "striving for positive aspects of living, but accepting what cannot be changed" (p. 300). Wood, Wylie, and Sheafor (1969) studied the relationship between two measures of life satisfaction. In so doing the term life satisfaction was used interchangeably with morale. Lohman (1977) studied 259 people over the age of 60 in nursing homes and in the community and determined a high correlation among seven of the most frequently used measures for life satisfaction.

Neugarten, Havighurst, and Tobin (1961) recognized the different terms used to measure life satisfaction (morale, adjustment, competence, and happiness) and developed a tool to measure life satisfaction. Later studies (Chang, 1978; Neugarten, et al., 1961; Palmore & Luikart, 1972; Tobin & Neugarten, 1961; Ward, 1979; Wolk & Telleen, 1976; Wood et al., 1969) defined and measured life satisfaction as psychological well-being and successful adjustment to aging. Aspects of psychological well-being include an individual's perception of happiness, adjustment, and morale. Lohman (Datan &

Lohman, 1980) contends that there is conceptual overlap among the three constructs--life satisfaction, morale, and adjustment. Therefore, for the purpose of the present study, life satisfaction will be defined as an individual's perception of well-being and contentment, fulfilled needs and desires.

Predictor variables thought to influence life satisfaction, such as health, activity, social-psychological, and socio-economic factors, have been studied extensively. A number of studies (Chang, 1978; Lohman, 1977; Markides & Martin, 1979; Palmore & Luikart, 1972; Ward, 1979; Wolk & Telleen, 1976) have shown that life satisfaction is most strongly predicted by the person's own rating of the state of his health. Palmore and Luikart (1972) showed that a person's own conception of his/her health is more important than an objective measurement such as a physician's rating. Wolk and Telleen (1976) suggest that there is greater life satisfaction in elderly who reside in a low-constraining setting, such as a retirement village, in contrast to a retirement home because of their perceived personal autonomy.

While there are many reports in the literature of life satisfaction among the elderly, little research has specifically addressed this concept with institutionalized elderly during the relocation phase to a nursing home. The tools which have been developed to measure life satisfaction among the elderly have generally been validated on those in the community or mixed samples including both community and institutionalized elderly. Lacking

in the literature are tools developed and validated specifically with the institutionalized elderly.

In summary, Pilisuk (1982) suggested that stresses imposed on the elderly may exceed the buffering effects of social support, and additional resources such as high perceived self-efficacy may be necessary to adapt successfully. Studies have not been reported that examine both the perceived internal and external coping resources of self-efficacy and social support in the elderly. Life satisfaction has been identified as a measure of adaptation in the elderly in determining outcomes of coping ability. Therefore, life satisfaction may be a valuable outcome measure for determining the effectiveness of self-efficacy and social support as coping strategies among the elderly recently relocated to a nursing home.

Conceptual Framework

Bandura (1978) developed self-efficacy theory from social learning theory and reciprocal determinism. He proposes that a relationship between behavior, environment, and cognitive influences determines an individual's psychological state. He suggests that an individual's actions influence his/her environment, and the response of the environment to this change will reciprocally affect behavior. This entire process will influence the way the individual thinks and feels and additional changes in behavior may occur. These relationships form the basis for self-efficacy theory. The broad categories of behavior, environment, and cognition may be modified and applied to particular patient populations.

Coppel (1980) refined the framework to include the variables of emotional maladjustment, social support, and self-efficacy. The results of his study showed a significant relationship between each of these variables in an elderly community population.

Crabtree (1986) applied this framework to nursing and diabetic self-care. She modified the variables environment, cognition, and behavior to social support, self-efficacy, and diabetic self-care, respectively, and found a significant relationship between self-efficacy and diabetic self-care.

This framework has implications for nursing. Knowledge about the relationships among these variables may provide guidance for therapeutic interventions with patient populations in a variety of settings. Thus, the present study will attempt to identify the relationship between similarly modified variables of social support, self-efficacy, and life satisfaction (see Figure 1) in an elderly nursing home population.

Purpose of the Study

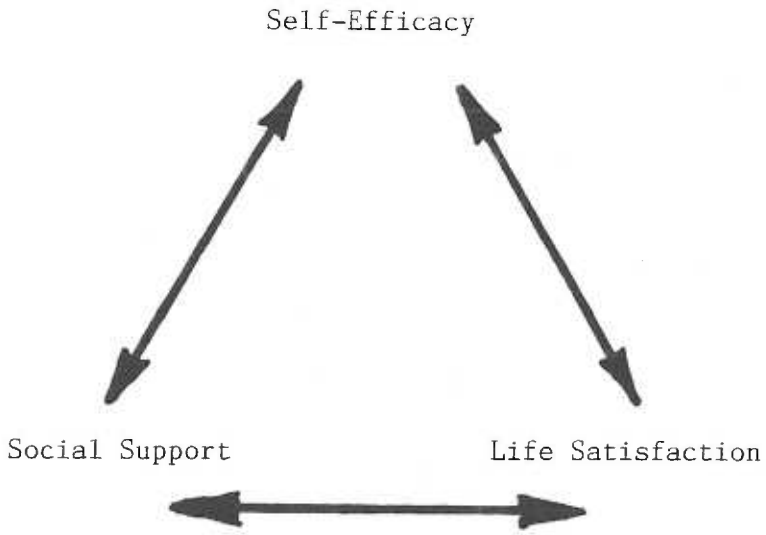
The purpose of this study is to determine the impact of social support and self-efficacy on the psychological well-being of an elderly person during the transition to a nursing home.

Research Questions

In this study the following questions were addressed. During the relocation phase of an elderly person to a nursing home:

1. Is there a relationship between self-efficacy and social support?

Figure 1. Proposed conceptualization of self-efficacy in present study.



2. Is there a relationship between self-efficacy and life satisfaction?

3. Is there a relationship between social support and life satisfaction?

Chapter II

Methods

Subjects and Settings

A convenience sample of 20 male and female subjects was asked to volunteer to participate in this study. The subjects met the following criteria:

1. Resided in a long-term care facility 4 to 6 weeks prior to the study.
2. Classified as requiring skilled or intermediate care.
3. Admitted for the first time to a long-term care facility.
4. Attained at least a minimum score of 8 on the Mental Status Questionnaire (MSQ) to rule out cognitive impairment.
5. Aged 65 or over.

All elderly who were approached agreed to participate and were interviewed for the study. Subjects had relocated to the long-term care facility from their homes (70%), foster homes (10%), and retirement homes (10%). The subjects were predominantly white (95%) and female (65%). Their ages ranged in years from 65-102 with good representation within each decade. The majority of the subjects were widowed (70%), followed by never married (15%), married (10%), and divorced/separated (5%). The subjects had mild to no cognitive impairment with scores of 8 (25%), 9 (15%), and 10 (60%) on the 10-point MSQ (see Table 1). Subjects had multiple diagnoses including cerebrovascular accident, congestive heart failure, fracture, and chronic obstructive pulmonary disease (see

Table 1

Frequencies of Selected Characteristics of Elderly Subjects

Characteristics	Number of subjects (N = 20)	%
Sex		
Male	7	35
Female	13	65
Age ($\bar{x}$ = 78, SD = 9.75)		
65-74	8	40
75-84	7	35
85 and older	5	25
Race		
White	19	95
Black	1	5
Marital status		
Married	2	10
Never married	3	15
Widowed	14	70
Divorced/separated	1	5
Placement before relocation		
Home	14	70
Hospital	2	10
Foster home	2	10
Retirement home	2	10
MSQ score		
8	5	25
9	3	15
10	12	60

Appendix A).

A large-print consent form written in lay terminology was used to obtain informed consent prior to administration of the tools (see Appendix B) which included the purpose of the study and how data were collected. Code numbers were used on the instruments to identify subjects thereby assuring confidentiality and anonymity. Subjects were informed that participation in this study would not affect their care in the nursing home. Results were analyzed as group data, thus precluding any identifiable responses from individual subjects.

A total of 14 profit and non-profit long-term care facilities that varied greatly in size and patient population were contacted in a large northwest metropolitan area. The nursing home administrator was contacted by the investigators and consent to use the setting was obtained. The investigators provided the appropriate nursing home contact person with the subject criteria. The investigators then contacted individuals identified by the nursing home personnel as those who appeared to meet the criteria, solicited their participation, and arranged interviews. Only six long-term care facilities, ranging in size from 80-195 patient beds, had subjects who met the criteria for this study (see Table 2).

Data Collection Instruments

Selected patient characteristics form. The selected patient characteristics form was devised by the investigators to collate data pertaining to the subjects' age, sex, length of stay, marital

Table 2

Number of Subjects Meeting Criteria by Nursing Home Size

Nursing home	Number of subjects meeting criteria	Total patient beds
A	3	80
B	2	110
C	5	100
D	6	125
E	2	195
F	2	90

status, location before admission to nursing home, and diagnoses (see Appendix C). The subject's chart was used to obtain this information.

Mental status questionnaire. The investigators consulted with long-term care clinicians who suggested the Mental Status Questionnaire (Kahn, Goldfarb, Pollack, & Gerber, 1960) as a cognitive screening device. It has been used for previous research as a screening tool (Kleban, Brody, & Lawton, 1971; Nikolai, 1974) and was reported to have test-retest, split-half, and Cronbach's alpha reliabilities of .87, .82, and .81 respectively in an elderly nursing home population (Lesher & Whelihan, 1986). The tool has 10 items testing remote and recent memory and orientation, and was selected due to its brevity and ease of administration. A score of 8 or greater is judged as "none to mild" impairment (Kahn et al., 1960) and was used as the criterion for inclusion in the study (see Appendix D).

The Coppel index of social support. The Coppel Index of Social Support (Coppel, 1980), was developed for use with college students and community elderly for examining the quality of the social support available and number of individuals and contacts within the social network. This 25-item tool has two sections. The first section, consisting of 15 items, will be referred to as Social Support I (SSI). The items are presented in a Likert-type format of five choices ranging from "not at all like me" scored as 1 to "very much like me" scored as 5. Thus the total

score could range from 15 to 75. The 15 items are followed by a second section of 10 items requesting numerical data representing number of friends/family and frequency of contact. This measure will be referred to as Social Support II (SSII). Coppel reported good levels of reliability with an internal consistency coefficient of .91 and a test-retest coefficient of .86. This instrument was selected for its broad coverage of both support and social networks and ease of administration (see Appendix E).

The social support contact questionnaire. The Social Support Contact Questionnaire was developed by the investigators to identify the subject's current social support (see Appendix F). The instrument yielded two measures: total social contacts within the previous week and frequency of social contact within the previous week.

Perceived self-efficacy scale. Coppel (1980) developed a tool for measuring the perceived self-efficacy of college students and community elderly. The 22-item scale has a response range of five choices for each item ranging from "not at all like me" scored as 1 to "very much like me" scored as 5. Coppel reported good reliability with an internal consistency coefficient of .91 in the college student population. He did not include internal consistency data for the elderly subjects. Barbara Stewart (personal communication, November, 1986) found difficulty in administering the tool to elderly clients and suggested omitting selected items. After the present investigators pretested Coppel's Perceived

Self-Efficacy Scale with 10 elderly subjects, two items (8 and 10) were excluded (see Appendix G). Thus, the total score may range from 20-100.

Life satisfaction index Z. Neugarten et al. (1961) developed a Life Satisfaction Rating scale and two smaller short self-administered Life Satisfaction Indexes (Life Satisfaction Index A and Life Satisfaction Index B) to measure psychological well-being in the elderly. The coefficient of correlation between the Life Satisfaction Index A and the Life Satisfaction Rating scale was .55 for the elderly age 65 and above (Neugarten et al., 1961). Wood et al. (1969) shortened the Life Satisfaction Index A from 20 items to 13 items by doing item analysis and referred to this instrument as the Life Satisfaction Index A (see Appendix H). The validity coefficient of correlation between the Life Satisfaction Index Z and Life Satisfaction Rating was .57. The test reliability using the Kuder-Richardson Formula 20 coefficient alpha was .79. The Life Satisfaction Index Z is a self-administered questionnaire consisting of 13 attitude items for which only an "agree", "disagree", or "unsure" response is required. Two points were given for each response indicating a high current life satisfaction and no points for a response indicating a lack of current life satisfaction. Each response marked "unsure" was given one point. Thus, the total score may range from 0-26.

Design and Procedure

This descriptive correlational pilot study examined the

relationships between self-efficacy, social support, and life satisfaction among elderly who had relocated to a nursing home. No studies have documented an appropriate time frame to indicate the relocation phase of adjustment to the daily nursing home routines. Therefore, after consultation with experienced long-term care clinicians, a relocation phase of 4 to 6 weeks was selected.

A standard protocol for administration of the instruments was used to ensure uniformity of administration between the two investigators. Both investigators were trained and practiced in the administration of the interview schedules (see Appendixes I, J, K, and L). Directions were read to the subject as he/she followed the written instructions simultaneously. Following the explication and completion of the consent form, the Mental Status Questionnaire was given to rule out cognitively impaired individuals. Out of concern for the validity of responses and to prevent taxing elderly residents, exclusion of the cognitively impaired persons had been planned. However, all subjects met the criteria, so no subjects were excluded.

A subject interview packet in large print and without instrument titles was furnished to each subject to facilitate readability. To enhance clarification and understanding of the format, a practice question was given to the subject. The Coppel Index of Social Support and Perceived Self-Efficacy Scale, as the predictor variables, were given alternately to minimize systematic effect of order of presentation. The assumed criterion variable, Life Satisfaction Index Z, was presented last. At the conclusion of the interview

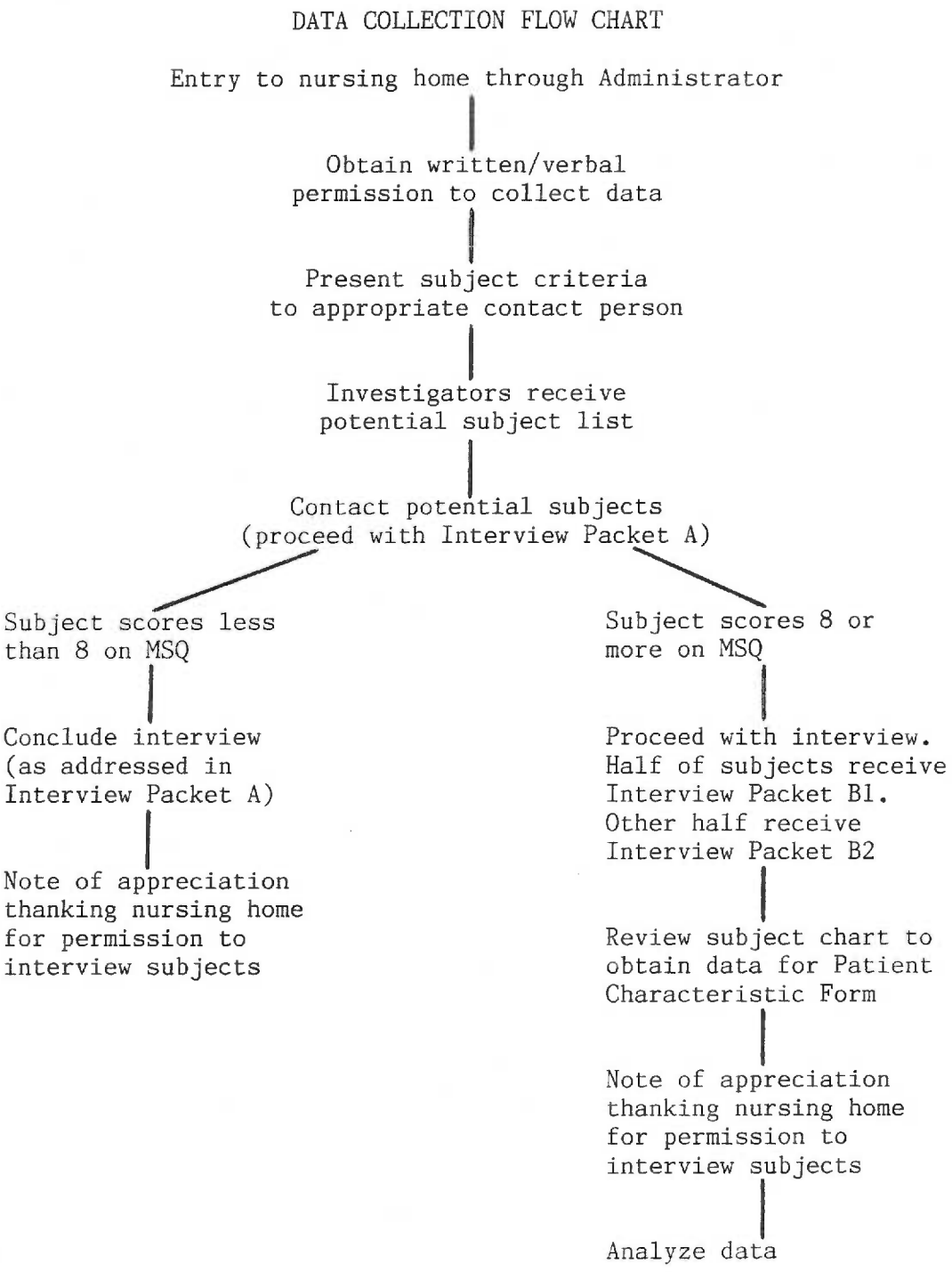
the investigator reviewed the subject chart to obtain data for the Selected Patient Characteristics Form. See Figure 2 for an orderly presentation of the procedure for collection of the data.

Data Analysis

Descriptive statistics were generated for all the measures of the study, which included means, standard deviations, and frequencies. The three research questions were analyzed using the Pearson Product Moment Correlation Coefficient or Pearson's r.

Further analysis was done to explore the possible relationships between the demographic variables and social support, self-efficacy, and life satisfaction, as demographic variables are often thought to act as proxy variables for other more meaningful concepts (Cronbach & Snow, 1977). Additionally, age, sex, and marital status have been indicated as determinants of the amount and type of social support necessary and available to an individual (Norbeck, 1981). Responses according to sex were compared using the t-test for significant differences in measures of social support, self-efficacy, life satisfaction, and age. Responses according to marital status groups were compared using a one-way analysis of variance for significant differences in social support, self-efficacy, life satisfaction, and age.

Figure 2. Flow chart for collection of data.



Chapter III

Results

This chapter presents the results of the data analysis. Reliabilities of the tools are described first. Next, data analysis for each of the research questions is presented. Lastly, additional results, which include findings of the descriptive statistical analysis of the demographics, are reported.

Reliabilities

Social support. The subjects' responses to the SSI ranged from 28-75 ($\bar{x}$ = 54.6, SD = 16.3). The mean score for this population was not significantly different than the mean score found by Coppel (1980) in elderly community subjects of 49.6 (t = 1.32, df = 109). The inter-item correlations ranged from .16-.91 ($\bar{x}$ = .53). The Cronbach's alpha coefficient was .94 for the study sample.

The subjects' responses to the SSII ranged from 3-42 ($\bar{x}$ = 21.4, SD = 12.5). The mean score for this population was not significantly different than the mean score found by Coppel in elderly subjects of 18.11 (t = 1.31, df = 109). The inter-item correlations ranged from .13-.88 ($\bar{x}$ = .30) with Cronbach's alpha coefficient of .76. These values are within the acceptable range for research purposes. Reliability measures were not calculated for the Social Support Contact Questionnaire.

Self-efficacy. The subjects' responses to the Perceived Self-Efficacy Scale ranged from 50-97 ($\bar{x}$ = 74.1, SD = 13.9). Coppel (1980) found a mean score of 75.80 in elderly community

subjects, using a tool that included two items which were excluded from the tool in the present study. The inter-item correlations ranged from -.41-.80 ($\bar{x}$ = .33) with Cronbach's alpha coefficient of .90, indicating a high degree of homogeneity.

Life satisfaction. The subjects' responses to the Life Satisfaction Index Z ranged from 2-23 ($\bar{x}$ = 13.5, SD = 5.3). The Life Satisfaction Index Z has been used successfully among the elderly (Neugarten et al., 1961; Wood et al., 1969). However, its validity has not been established among the nursing home population.

After analysis, item 5 correlated negatively with the other scale items. Item 5, "these are the best years of my life," elicited ambiguous responses. For example, a 102-year-old female subject offered, "I've lived a long, good life; these aren't the worst years, but they're not the best years." This subject has a high overall life satisfaction score, but her response to this item would indicate otherwise. Despite the subjects' overall scores on life satisfaction, few identified these years as the best in their lives. After omission of this item, the reliability increased. The inter-item correlation mean was .15 with Cronbach's alpha coefficient of .70, with item 5 in the scale. After removing item 5 the mean was 13.3 (SD = 5.4) and the inter-item correlation mean increased (.19), as did the coefficient alpha (.72). However, since the change was negligible, the instrument with item 5 was used for analysis. Finally, item 4, "I am just as happy as when I

was younger", elicited few positive responses, possibly related to the subjects' present residence in a nursing home.

Research Question 1

Is there a relationship between self-efficacy and social support? Self-efficacy was correlated with the four measures of social support. The Pearson's r for self-efficacy and SSI was significant at 0.45 ($p < .02$) (see Table 3), indicating that as the quality of social support is greater, self-efficacy also increases. However, there was no significant relationships between self-efficacy and SSII ($r = .04$), total social contacts within the previous week ($r = .05$), and frequency of social contacts within the previous week ($r = -.08$).

Research Question 2

Is there a relationship between self-efficacy and life satisfaction? The Pearson's r for self-efficacy and life satisfaction was not significant ($r = .27$).

Research Question 3

Is there a relationship between social support and life satisfaction? Life satisfaction was correlated with the four measures of social support. The Pearson's r for life satisfaction and frequency of social contacts within the previous week was significant at -.45 ($p < .02$), indicating that a higher degree of life satisfaction was related to less frequent social contact. There was no significant relationships between life satisfaction and SSI ($r = -.09$), SSII ($r = .15$), and total social contacts

Table 3

Intercorrelations Among the Variables of Social Support, Self-Efficacy, and Life Satisfaction

Variable	1	2	3	4	5	6
1. Social support: SSI	---	.34	.48*	.09	.45*	-.09
2. Social support: SSII		---	.25	-.03	.04	.15
3. Social support: Total social contacts within previous week			---	.49*	.05	-.32
4. Social support: Frequency of social contacts within previous week				---	-.08	-.45*
5. Self-efficacy					---	.27
6. Life satisfaction						---

*$p \leq .05$

within the previous week (r = -.32).

Additional Findings

Subjects identified various groups of relatives and friends as social contacts as measured by the Social Support Contact Questionnaire (see Table 4). Children were identified as social contacts most frequently (37%), followed by friends (23%), and grandchildren (16%). The number of social contacts within the previous week ranged from 0-7, ($\bar{x}$ = 2.8) (see Table 5). The vast majority of social contacts (84%) resided within 1 hour of travel time from the nursing home (see Table 6).

There was no significant difference in age, total number of social contacts within the previous week, and frequency of social contacts within the previous week between males and females in the study sample. The never-married subjects (15%) had the fewest number of social contacts. Using the one-way analysis of variance, the married subjects (10%) had a significantly higher frequency of social contacts than the never-married, divorced/separated, or widowed groups ($F[3, 16] = 3.3$, $p = .05$). There was no significant age difference among the four marital status groups.

Females had significantly higher perceived quality of social support scores than the males ($t = 3.40$, $df = 18$, $p < .003$). The widowed subjects scored higher on SSI than the other marital status groups, approaching a level of significance ($F[3, 16] = 2.87$, $p < .07$). Significant correlations were indicated between age and SSI ($r = .47$, $p < .02$) and SSII ($r = .40$, $p < .04$), suggesting

Table 4

Number of Social Contacts Within Previous Week Identified by Type of Relationship

Relationship	Number of contacts	%
Spouse	1	2
Child	21	37
Sibling	3	5
Niece/nephew	5	9
Friend	13	23
Grandchild	9	16
Great-grandchild	2	4
Other	2	4

Table 5

Number of Social Contacts Within Previous Week

Number of contacts	Number of subjects	%
0	4	20
1	2	10
2	3	15
3	4	20
4	3	15
5	1	5
6	2	10
7	1	5

Table 6

Travel Time of Social Contacts to Nursing Home

Travel time	Number of contacts	%
Less than 1 hour	47	84
1 to 2 hours	4	7
2 to 3 hours	1	2
Greater than 3 hours	4	7

that with an increase in age there is a concomitant increase in perceived quality of social support, as well as quantity of social support. Age was positively correlated with the frequency of social contacts within the previous week ($r = .40$, $p < .04$), indicating that as age increases there is an increase in the frequency of social contacts. SSI was positively correlated with the frequency of social contacts within the previous week ($r = .48$, $p < .016$), suggesting that as the quantity of social contacts increases, the quality of social support increases.

Chapter IV

Discussion

The purpose of this pilot study was to examine the relationships between social support, self-efficacy, and life satisfaction in a group of elderly, recently relocated, nursing home subjects. The findings and influences on the results of this study are discussed in this chapter. First, results regarding the demographic characteristics are examined. Next, findings for the three research questions will be elucidated, followed by a discussion of the additional findings.

Selected Patient Characteristics

There was a wide age range among the subjects, with the young-old (65-74), middle-old (75-84), and the old-old (85 and older) approximately equally represented. This distribution supports Silverstone's (1985) finding that a larger proportion of the old-old reside in nursing homes than the elderly as a whole. It would be suspected that these old-old subjects may have more of the physical changes which generally accompany aging, for example, presbyopia. Even though the investigators read the questionnaires to the subjects, the impaired reading ability of many of the elderly may have confounded their scores on the measures.

As expected, the widowed group was disproportionately larger than the other marital status groups. This group, which has undergone the loss of a loved one, may have developed coping skills useful in dealing with the losses associated with relocation.

The other subjects may not have had the opportunity to develop these coping skills.

Seventy percent of the subjects relocated directly from their personal homes. The remaining subjects who were admitted from hospitals, foster homes, and retirement homes have been exposed, and possibly acclimated, to an institutional environment. Therefore, they have had a longer period of time for mental and emotional preparation for the relocation. Because of the disproportionately large number of subjects admitted directly from home, statistical analyses between all preplacement groups was not feasible.

The high scores on the MSQ by the study sample indicate minimal cognitive impairment. This is not characteristic of the typical nursing home population. This level of cognitive functioning may have influenced the results. Life satisfaction may be decreased due to awareness of physical impairments, diminishing functional capacity, and other losses. It is possible that this cognitive ability helps facilitate rationalization for accepting residence in a nursing home.

Research Question 1

Is there a relationship between self-efficacy and social support? This study used four measures to examine the quality and quantity aspects of social support. A significant relationship between SSI and self-efficacy was supported by the data, corroborating Coppel's (1980) findings. Subjects with high scores on the self-efficacy measure had positive perceptions of themselves.

This perception may then be transferred to their perception of their social support. On the other hand, having a successful supportive relationship may enhance the elderly person's ability to cope with stressors such as relocation to a nursing home, hence increasing their sense of self-efficacy. Surreptitious actions taken by family and friends and ascribed by the elderly to their own behavior may enhance perceived self-efficacy. The results of the data analysis did not support a relationship between self-efficacy and the three remaining measures of social support, namely, SSII, total social contacts within the previous week, or frequency of social contacts within the previous week. This may indicate that self-efficacy is related more to the quality of the relationship identified than the number of supportive relationships in which the subject is involved.

Research Question 2

Is there a relationship between self-efficacy and life satisfaction? The results of the data analysis did not support a statistically significant relationship between these variables. However, the results did indicate that 7% of the variance within life satisfaction can be accounted for by self-efficacy in the present study, which to a modest degree supports that a reciprocal relationship may exist (Bandura, 1978; Coppel, 1980; Crabtree, 1986).

The tools used to measure these concepts may not be appropriate in this population. Although the reliabilities and distribution of

scores were acceptable, subject comments suggested that some questions were not applicable to their situation and were misleading. Coppel (1980) and Bandura (1978) define the concept of self-efficacy as one that is fluid and should be sensitive to specific situational changes. Therefore, a measure of self-efficacy should tap current perceptions of ability to execute behaviors. However, Coppel's tool does not specifically request that the subject respond to the items within the context of their current situation, and, therefore, does not operationalize this theoretical stance. Correcting for this discrepancy, the present investigators gave directions asking for current information. In spite of the attempt to elicit current perceptions, most subjects appeared to respond to the items indicating past coping experiences before admission into the institution. Therefore, the tool probably did not specifically address the effects of the relocation on their perceived self-efficacy.

Research Question 3

Is there a relationship between social support and life satisfaction? Frequency of social contacts within the previous week correlated negatively with life satisfaction. This relationship may be due to several factors. Subjects scoring low on life satisfaction may be communicating their distress to those providing social support, thus resulting in increased visits to the nursing home. Also, increased contact may remind the subjects of their impairments, losses, and dependence which necessitated

their relocation.

Contrary to Coppel's findings, the results of the data analysis did not support a statistically significant relationship between the remaining social support variables--SSI, SSII, and total social contacts within the previous week. However, the results did indicate that 10% of the variance within life satisfaction can be accounted for by social contacts within the previous week, which to a modest degree supports the existence of a relationship. The strength of the relationship, however, was such that it could not be generalized to another population.

The tools used to measure these concepts may not be appropriate in this population. Items 2, 7, 9, 10, and 13 on the SSI (see Appendix F) imply that the subject participates in interpersonal communication. This may not necessarily be true. For example, a 76-year-old male subject commented that "I keep things to myself, people do not know when I'm distressed . . . I don't communicate [with people around me]," thereby making these items invalid for this subject. The subject identified a regular support system but the tool was unable to tap this relationship.

Dispersion of the social contacts affected the frequency with which the subjects were visited, which is consistent with the findings of Cole (1985). Frequency of social contacts, as measured by SSII, had a higher correlation with life satisfaction than SSI, the measure of perceived social support. This contradicts Quevillon and Lee's (1983) findings which implied quality of social

support was more highly correlated to subjective well-being than quantity of social support.

Additional Findings

Supporting previous research (Boettcher, 1985; Clement & Roberts, 1983; Cole, 1985; Shanas, 1979; Silverstone, 1985), the family was identified as the major source of social support to these elderly persons. The results of the present study suggest that a significant relationship exists between age and perceived social support and total social contacts. This relationship may be a function of the fact that as age increases the extended family may likewise increase.

Females had significantly higher perceived social support scores than males. This corresponds with anecdotal data disclosed by all male subjects that intimate personal information was not easily or readily disclosed to their identified social supports. The tool relied heavily on interpersonal communication abilities which is more characteristic of female interactions. Widows had significantly higher perceived social support scores than other marital groups. This may be due to the disproportionately large number of the widowed in the study with minimal representation by other groups.

In spite of contacting 14 metropolitan nursing homes, the anticipated sample size of 30 was not attained by the investigators during an 8-week admission period for obtaining subjects. Although the number of admissions appeared to be substantial in most of these

facilities, the numbers dwindled when the criterion of being cognitively intact was applied. For example, Nursing Home D had 42 residents admitted in the month prior to the study, but only six met the criteria at the time of data collection. The criterion eliminating most subjects was the requirement that subjects have only mild to no cognitive impairment. Additionally, the subjects who had no cognitive impairment were often discharged before the four-week relocation adjustment period. The paucity of subjects without impairment made research in this population and setting difficult.

Chapter V

Summary, Limitations, Recommendations

This chapter summarizes the findings of this pilot study. Limitations are described next, followed by recommendations.

Summary

This pilot study attempted to determine the impact of social support and self-efficacy on the psychological well-being of elderly persons during the transition to a nursing home. The findings suggested a relationship between self-efficacy and qualitative social support. However, the findings did not support a conceptual relationship between self-efficacy and quantitative social support, self-efficacy and life satisfaction, and social support and life satisfaction.

The ages of the elderly subjects appeared to be positively correlated with the size and frequency of social support as well as the subjects' perceived nature of their social support. Of the social support identified by the subjects, family was clearly the major component.

Limitations

Generalizability of the findings from this pilot study to elderly nursing home residents is limited. There are a number of factors that this study did not adequately address and each may be very important. These include the following:

1. The study sample consisted of only 20 subjects.
2. The tools may not be appropriate for measuring these

concepts in this population. For example, the social support instrument was not applicable for elderly who were introverted and did not openly express their feelings. The self-efficacy instrument was very global and not sensitive to the immediate situation following relocation to a nursing home. Also, according to verbal feedback from several subjects and inter-item correlations, the life satisfaction instrument may not be entirely appropriate for an institutionalized population.

3. The study sample was comprised only of cognitively intact subjects which is probably not representative of most nursing home residents.

4. The majority of this study sample was admitted directly from home.

5. There was a disproportionately larger group of widowed subjects in this sample.

6. Subjects for this study were from a large metropolitan area, thereby limiting generalizability to other settings.

7. The relocation phase of 4 to 6 weeks was recommended by experienced clinicians. No studies have yet documented the time period for adjustment of relocation to a nursing home in the elderly.

8. This study did not control for subjects' potential length of stay in the nursing home, in that subjects who were permanently relocated might respond differently than those relocated temporarily.

9. Health status has been indicated as a major factor of life satisfaction in the elderly and this study did not control for

this variable.

Recommendations

Further testing for validity and reliability in the measuring of these concepts among the elderly is indicated. The conceptual framework may have merit, although instruments to measure these concepts need further modification and/or development. Based on theory provided in the literature, self-efficacy and social support may have an impact on life satisfaction of the elderly upon relocation to a nursing home. Therefore, this framework to enhance successful adjustment to such relocation needs to be studied further, taking into account the modification of the instruments, and using a larger sample which represents a broader demographic range of characteristics.

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Appendix A

Total Frequencies of Medical Diagnoses of Sample Subjects

Diagnosis	Frequency
CVA	5
CHF	3
Fracture	3
COPD	3
CAD, angina	2
Osteoarthritis	2
PUD	2
CA	1
PVD	1
Colostomy	1
Liver disease	1
Paraplegia	1
Parkinson's disease	1
DM	1
Incontinence	1
Alcoholism	1
Dementia	1
Hypertension	1
Glaucoma	1
Hypothyroidism	1

Note. Frequencies reflect multiple diagnoses for some subjects.

Appendix B

INFORMED CONSENT
CONSENT TO ACT AS A SUBJECT FOR RESEARCH & INVESTIGATION

I, _____, agree to participate in the study entitled "Social Support and Self-Efficacy as Determinants of Life Satisfaction in Elderly after Relocation to a Nursing Home" conducted by Laura Rodgers, RN, BS, BSN, and Marianne Schons, RN, BSN, and supervised by May Rawlinson, PhD, Chairperson Adult Health and Illness, Oregon Health Sciences University School of Nursing. The purpose of this study is to find out more about how individuals adjust to moving to a nursing home.

My participation in this study involves answering questionnaires which solicit my thoughts and feelings about living in a nursing home and take about one (1) hour to complete. The investigators are not aware of any known risks or discomforts that may result from this research. Although I may not personally benefit from this study, my participation will be of value in the continuing efforts of health professionals to facilitate adjustment of residents to a nursing home.

It is not the policy of the United States Department of Health and Human Services or any agency funding the research project in which I am participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The Oregon Health Sciences University, as an agency of the state, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that the injury occurred through the fault of the University, its officers, or employees. If you have any further questions, please call Dr. Michael Baird at (503) 225-8014.

Laura Rodgers, RN, (503) 288-311 or Marianne Schons, RN, (503) 246-2139, have offered to answer any questions which I might have regarding the study. I understand that I may refuse to participate or I may end my participation in this study at any time without affecting my relationship or treatment at _____.

Information obtained from this study will be strictly confidential. My name will not appear on any records. Anonymity will be assured by the use of code numbers.

I have read the foregoing and agree to participate in this study.

_____	_____
Witness	Signed
_____	_____
Date	Date

Form for Recording Selected Patient Characteristics

SELECTED PATIENT CHARACTERISTICS

Subject code number _____

1. Interviewer's name
   (1) Laura (2) Marianne

2. Age _____

3. Sex (1) Male (2) Female

4. Length of stay, days _____

5. Marital status
   (1) Married
   (2) Never married
   (3) Widowed
   (4) Divorced/separated
   (5) Other

6. Location before admission to nursing home

   _____

7. Diagnosis

   _____

   _____

   _____

   _____

   _____

   _____

Appendix D

Mental Status Questionnaire Form

MENTAL STATUS QUESTIONNAIRE

1. Where are we now? _____
2. Where is this place located? _____
3. What are today's date and day of month? _____
4. What month is it? _____
5. What year is it? _____
6. How old are you? _____
7. What is your birthday? _____
8. What year were you born? _____
9. Who is president of the United States? _____
10. Who was president before him? _____

SOURCE: Modified from R. L. Kahn et al., Brief objective measure for the determination of mental status in the aged, American Journal of Psychiatry, 117:326, 1960.

Appendix E

Form for Determining Coppel Index of Social Support

COPPEL INDEX OF SOCIAL SUPPORT

Directions: People can have many different kinds of feelings about themselves and their relationships with other people in their lives. Below are some sentences which describe certain feelings that many people have. Read each statement carefully and think about yourself and your life currently. Each statement will either be 1) NOT like you, 2) A LITTLE like you, 3) SOMEWHAT like you, 4) FAIRLY MUCH like you, 5) VERY MUCH like you. Circle the number that indicates how you feel. There are no right or wrong answers. Be as accurate and honest as you can about your feelings.

	Not at all like me	A little like me	Somewhat like me	Fairly much like me	Very much like me
1. People have been there when I've needed them.	1	2	3	4	5
2. When I'm distressed there are people who I can communicate with.	1	2	3	4	5
3. There are people in my life who let me know if I'm doing something right or not.	1	2	3	4	5
4. There are people who serve as good examples for me in dealing with problems.	1	2	3	4	5
5. There are people to whom I give and from whom I receive support during difficult periods.	1	2	3	4	5
6. I know what people expect of me.	1	2	3	4	5
7. When I'm distressed, there are people who treat me in a personal manner.	1	2	3	4	5

		Not at all like me	A little like me	Somewhat like me	Fairly much like me	Very much like me
8.	There are people to whom I can go who can provide me with some ideas or answers to dealing with my problems.	1	2	3	4	5
9.	I depend on my family and friends to help me handle stressful situations.	1	2	3	4	5
10.	Family and/or friends help me approach difficult situations in a thoughtful rather than impulsive way.	1	2	3	4	5
11.	There are people in my life who have the same or similar problems as I do and with whom I can discuss things.	1	2	3	4	5
12.	There are people in my life who I feel safe with.	1	2	3	4	5
13.	The people around me give me confidence in my ability to cope with stressful events in my life.	1	2	3	4	5
14.	I have a group (or groups) in which I feel I belong.	1	2	3	4	5
15.	The contact I have with my family and friends has a strong positive influence on my moods.	1	2	3	4	5

A total score was obtained for analysis by adding the value circled adjacent to each item.

Directions: Please circle the response which indicates your current situation. While your social contacts may vary from week to week, try and indicate the average number of total contacts per week.

1. How many confidants (very special friends and/or relatives whom you can talk to about very personal matters) do you presently have?

0 1 2 3 4 5 6+

In total, how often do you have contact with them in the average week?

0 1 2 3 4 5 6 7 8+

2. How many friends, or people whom you feel close to (other than confidants and acquaintances) do you presently have?

0 1 2 3 4 5 6 7 8 9 10+

In total, how many times a week do you see friends?

0 1 2 3 4 5 6 7 8+

3. How many relatives do you presently have that you feel close to?

0 1 2 3 4 5 6 7 8+

In total, how many times a week do you see, call, or correspond with relatives?

0 1 2 3 4 5 6 7 8+

4. How many times a week do you meet with a s ocial group, club, or organization?

0 1 2 3 4 5 6 7 8+

How many groups are you presently involved with?

0 1 2 3 4 5 6+

5. Are you presently seeing a helping professional?

Yes No

If so, how many times a week?

0 1 2 3 4 5 6+

Appendix F

Form for Identifying Social Support Network

SOCIAL SUPPORT CONTACT QUESTIONNAIRE

Family/ friend's name	Relationship	Where living	Length of friendship	No. contacts during past week

Overall, how satisfied were you with the contacts you had with family and friends during the last week?

not satisfied	a little satisfied	somewhat satisfied	fairly satisfied	very satisfied
1	2	3	4	5

Appendix G

Form for Measuring Perceived Self-Efficacy

PERCEIVED SELF-EFFICACY SCALE

Directions: People can have many different kinds of feelings about themselves and their lives. Below are some sentences which describe certain feelings that many people have. Read each statement carefully and think about yourself. Each statement will either be 1) NOT like you, 2) A LITTLE like you, 3) SOMEWHAT like you, 4) FAIRLY MUCH like you, or 5) VERY MUCH like you. Circle the number that indicates how you feel. There are no right or wrong answers. Be as accurate and honest as you can about your feelings.

		Not at all like me	A little like me	Somewhat like me	Fairly much like me	Very much like me
1.	Once I know what I need to do, I can do it.	1	2	3	4	5
2.	In a new situation I expect I can handle things.	1	2	3	4	5
3.	I am a confident person.	1	2	3	4	5
4.	I am not very effective in solving problems.	1	2	3	4	5
5.	When I'm stressed, I can count on myself to cope successfully.	1	2	3	4	5
6.	I am not a self-assured person.	1	2	3	4	5
7.	I have control of my reactions to stress.	1	2	3	4	5
8.	I rely on my inner strength to deal with problems.	1	2	3	4	5
9.	I'm proud of myself.	1	2	3	4	5
10.	I do not have a high opinion of my abilities.	1	2	3	4	5

		Not at all like me	A little like me	Somewhat like me	Fairly much like me	Very much like me
11.	I wish I had more confidence in my ability to succeed in life.	1	2	3	4	5
12.	People know they can expect a lot from me.	1	2	3	4	5
13.	I believe I use my skills to their best advantage.	1	2	3	4	5
14.	I am responsible for the ways I have grown as a person.	1	2	3	4	5
15.	I can influence the people in my life.	1	2	3	4	5
16.	I can make my interactions with people end up the way I expect them to.	1	2	3	4	5
17.	I am quick to learn new things about ways to deal with problems.	1	2	3	4	5
18.	I am not afraid to make mistakes.	1	2	3	4	5
19.	I know what people expect from me.	1	2	3	4	5
20.	I question my abilities in difficult situations.	1	2	3	4	5

Appendix H

Form for Determining Life Satisfaction Index Z

LIFE SATISFACTION INDEX Z

Directions: Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under Agree. If you do not agree with a statement, put a check mark in the space under Disagree. If you are not sure one way or the other, put a check mark in the space under ?. Please be sure to answer every question on the list.

		Agree	Disagree	?
1.	As I grow older, things seem better than I thought they would be.			
2.	I have gotten more of the breaks in life than most of the people I know.			
3.	This is the dreariest time of my life.			
4.	I am just as happy as when I was younger.			
5.	These are the best years of my life.			
6.	Most of the things I do are boring or monotonous.			
7.	The things I do are as interesting to me as they ever were.			
8.	As I look back on my life, I am fairly well satisfied.			
9.	I have made plans for things I'll be doing a month or a year from now.			
10.	When I think back over my life, I didn't get most of the important things I wanted.			
11.	Compared to other people, I get down in the dumps too often.			

		Agree	Disagree	?
12.	I've gotten pretty much what I expected out of life.			
13.	In spite of what people say, the lot of the average man is getting worse, not better.			

Appendix I

Interview Schedule for MSQ and Social Support Contact Questionnaire

DIRECTIONS: Investigator reads all statements not enclosed in parentheses. Statements in parentheses tell investigator next action.

(Introduction)

1. Hello, I'm _____, a graduate nursing student at Oregon Health Sciences University. I am doing research and am asking residents here to answer some questions about their move into a nursing home. Would you be willing to consider spending some time with me to fill out the questionnaires about your move? I expect that it will take about one hour to complete.

2. Before we set up an appointment for the interview, I need to have you sign a consent form which explains the study and other details.

   (Give subject consent form to follow along as the investigator reads aloud. If subject signs consent form, investigator will proceed to MSQ).

3. I am going to ask you 10 brief questions.

		Correct	Incorrect	
1.	Where are we now?	____	____	
2.	Where is this place located?	____	____	
3.	What is today's date?	____	____	
4.	What month is it?	____	____	
5.	What year is it?	____	____	
6.	How old are you?	____	____	
7.	What is your birthday?	____	____	Total
8.	What year were you born?	____	____	correct
9.	Who is president of the United States?	____	____	____
10.	Who was president before him?	____	____	MS1 ____

4. (Proceed to Social Support Contact Questionnaire)

5. I would like to know whether you had visitors here in the nursing home in the last week. Did family or friends visit you this past week? Who were they?

(If no contacts, proceed to #6)
(Investigator lists names below)
(Investigator will complete form as follows for each contact listed)

What is _____ relationship to you?
Where is he/she living?
How long have you known him/her?
How many times did you see him/her this week?

Family/ friend's name	Relationship	Where living	Length of friendship	No. of contacts past week

Overall, how satisfied were you with the contacts you had with family and friends during the last week?

not satisfied	a little satisfied	somewhat satisfied	fairly satisfied	very satisfied
1	2	3	4	5

6. (If subject scored less than 8 on MSQ, conclude interview. If subject scored 8 or more on MSQ go to #7)

   We have now completed all the questionnaires. Do you have any questions? I would like to thank you for your willingness to let me interview you today.

7. Schedule appointment for interview. Should subject agree to continue with interview, investigator will proceed to interview schedule for social support or interview schedule for self-efficacy.

Interview Schedule for Social Support

Now I would like to have you respond to four questionnaires. Here's a copy for you to follow as I read the directions.

(Give subject Interview Packet)

Please turn to page 1.

Directions: People can have many different kinds of feelings about themselves and their relationships with other people in their lives. To follow are some sentences which describe certain feelings that many people have. Read each statement carefully and think about yourself and your life currently. Each statement will either be 1) NOT like you, 2) A LITTLE like you, 3) SOMEWHAT like you, 4) FAIRLY MUCH like you, 5) VERY MUCH like you. There are no right or wrong answers. Be as accurate and honest as you can about your feelings. Please tell me the number, 1 through 5, which best describes your current feelings. I will be recording your responses.

I will start with a sample question. The practice statement is, "I have enjoyed pets as companions." Can you pick the response that best describes how you feel about that statement?

Please feel free to stop me if something is not clear or you have questions.

Please turn to page 2.

The first statement is ... (see Coppel's Index of Social Support, SSI).

The next questionnaire is a little different. This part of the interview asks how often you see family and friends. I'll read the directions as you follow along.

Directions: Please indicate to me your response by telling me the number which best describes your current situation. While your social contacts may vary from week to week, try and indicate the average number of total contacts per week.

Again, for this questionnaire I will write down your responses. The first question is ... (see Coppel's Index of Social Support, SSII).

Appendix K

Interview Schedule for Self-Efficacy

Please turn to page __.

Directions: People can have many different kinds of feelings about themselves and their relationships with other people in their lives. To follow are some sentences which describe certain feelings that many people have. Read each statement carefully and think about yourself and your life currently. Each statement will either be 1) NOT like you, 2) A LITTLE like you, 3) SOMEWHAT like you, 4) FAIRLY MUCH like you, 5) VERY MUCH like you. There are no right or wrong answers. Be as accurate and honest as you can about your feelings. Please tell me the number, 1 through 5, which best describes your current feelings. I will be recording your responses.

Please feel free to stop me if something is not clear or you have questions.

Please turn to page __.

The first statement is ... (see Perceived Self-Efficacy Scale).

Appendix L

Interview Schedule for Life Satisfaction Index Z

The last questionnaire is different from the others. When answering you will have three choices: agree, disagree, or don't know. I'll read the directions while you follow along.

Directions: Here are some statements about life in general that people feel differently about. Please follow along as I read each statement aloud. Indicate your response to each by stating whether you agree, disagree, or are unsure.

Again, I will write down your responses for you.

The first statement is ... (see Life Satisfaction Index Z).

We have now completed all the questionnaires. Do you have any questions? I would like to thank you for your willingness to let me interview you today.

Abstract

This descriptive, correlational pilot study attempted to determine the impact of social support and self-efficacy on the psychological well-being of elderly persons during the transition to a nursing home. Interviews were conducted with a convenience sample of 20 subjects, aged 65 and older, who had relocated within the past 4 to 6 weeks to a nursing home. The findings suggested a relationship between self-efficacy and qualitative social support. However, the findings did not support a conceptual relationship between self-efficacy and quantitative social support, self-efficacy and life satisfaction, and social support and life satisfaction.

The ages of the elderly subjects appeared to be positively correlated with the size and frequency of social support as well as the subjects' perceived nature of their social support. Of the social support identified by the subjects, family was clearly the major component.