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Placing a parent in a nursing home: Factors related to adult children's decisions

Ruth Cordle Hatch

University of Northern Iowa

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HATCH, RUTH CORDLE

PLACING A PARENT IN A NURSING HOME: FACTORS RELATED TO ADULT CHILDREN'S DECISIONS

University of Northern Iowa M.A. 1981

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PLACING A PARENT IN A NURSING HOME:
FACTORS RELATED TO ADULT
CHILDREN'S DECISIONS

A Thesis
Submitted
In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Ruth Cordle Hatch
July 1981
This Study by: Ruth Cordle Hatch

Entitled: Placing a Parent in a Nursing Home: Factors Related to Adult Children's Decisions

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7/12/51
Date
PLACING A PARENT IN A NURSING HOME:
FACTORS RELATED TO ADULT
CHILDREN'S DECISIONS

An Abstract of
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ABSTRACT

Purpose. The purpose of this study was to identify alternatives and factors considered in the decision to place parents in nursing homes and to identify feelings, relationships, needs, and satisfaction levels of the adult children involved in the decision. The researcher also sought suggestions of ways adult children's needs might be met.

Procedure. Adult children who were listed as next-of-kin of parents residing in Black Hawk County, Iowa intermediate care nursing homes were sent questionnaires developed by the researcher. Structured interviews were conducted with 12 of the 106 respondents to obtain information of greater depth. Instruments included multiple choice questions, check lists, five-point scales, and open-ended questions. Frequencies, means, and chi square tests ($p < .05$) were used in analyzing data.

Findings and Conclusions. Children participated in decisions about nursing home placement of parents in a context of love and concern. Major considerations were the health needs of parents and the availability of someone to provide care. Half of the respondents considered bringing parents into their own homes.

Emotionally, the adult children felt grief and sadness about the decline of their parents' health. The children also felt frustration at their inability to provide adequate care for parents in a home setting. The quality of their relationships with family members tended to stay the same. Of relationships that did change, two out of three children reported improvement. Although some parents blamed their
children for placing them in nursing homes at first, most parents adjusted and accepted placement by the time of the interviews.

The majority of respondents felt that the decision to place their parents in nursing homes was the best choice that could be made in the absence of other viable alternatives. Knowing their parents had 24-hour care and safety provided the greatest amount of satisfaction with the decision.

The adult children respondents expressed needs for personal support and information. Most of these needs were not met. They suggested educational and support groups and a central source of information would be helpful.

Recommendations. The researcher recommends that educational and support groups be established by adult children, hospitals, and nursing homes to help families make decisions and to adjust to those decisions that are made. Widely available counseling would provide help for adult children considering the advantages and disadvantages of care alternatives for the whole family. Respite care, financial help, and skill training would directly benefit those who care for parents at home. Increased public awareness of adult children's needs, parents' needs, and care facilities would ease some burdens of the adult children.
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CHAPTER 1

INTRODUCTION

The responsibility of deciding future living arrangements for an aged parent, particularly when the decision may result in institution-alization, may precipitate a crisis for adult children as well as for elderly parents. Parents' need for nursing home care often comes at a time when their children are experiencing mid-life crises or retirement adjustments.

Since only approximately five percent of the elderly are in institutions (Shanas, 1979b, p. 8; Atchley & Miller, 1980, p. 339), it may be assumed that few adult children have personal experience with nursing homes or have close ties with families who have made a placement decision. Middle-aged children, therefore, may not have clear-cut, socially recognized patterns to follow in making decisions or in locating personal support and help. With a multiplicity of programs available for the elderly, there is no longer a single, socially acceptable mode of care. Adult children may be caught in the tension between the attitudes and values of previous generations and the changing conditions of present American life.

Because of conflicting attitudes and limited knowledge, adult children may feel isolated, misunderstood, and, in some situations, condemned for their care of elderly parents. This researcher, therefore, investigated the factors involved in children's decision making concerning the care of their elderly parents. The children's
expressed needs and feelings, relationships with parent and family members, and reasons for satisfaction or dissatisfaction with the results of the decisions were also examined.

Background and Significance of the Study

A stereotype for care of the elderly Americans of 50 to 75 years ago pictured frail elderly parents being cared for by several children in the large family home in which the children were reared. In the stereotype shared by a number of persons during the researcher's study, the alternative was care of the elderly persons in the county poorhouse.

Contemporary America does not conform to that scenario. Although most persons of all generations prefer to live independently as separate nuclear families rather than in multigenerational family homes (Brody, 1970, p. 89; Shanas, 1979a, p. 6; 1968, p. 300) the physical separation of family members does not prevent personal contact. Researchers have discovered that a majority of elderly persons are not neglected by their families (Cicirelli, 1980; Fengler & Grams, Note 1; Harris, 1975; Hill, 1970; Lee, 1977; Mindel, 1979; Robinson & Thurnher, 1979; Rosenmayr, 1968; Rosow, 1967; Shanas, 1967, 1968, 1969, 1973, 1979a, 1979b).

Many adult children take jobs and live a considerable distance from their parents' homes (Rosow, 1967, p. 186). Parental care, therefore, frequently becomes the responsibility of the children who remain in the vicinity of the parents rather than the shared responsibility of the total family.
When parents become frail and need some assistance, several alternatives may be considered. Some of the elderly are able, with the help of community services such as meals on wheels, nutrition centers, visiting nurses, professional homemaker services, and senior citizen housing arrangements, to maintain residences separate from their children.

When independent housing is no longer possible, other options must be considered. Some aged persons need to have someone available all day to dispense medication, to provide all meals, to assist with personal care, to help with movement if walking becomes unsteady, and to provide supervision. These services are not readily available unless at least one family member stays with the parent to give such care in either the parent's or the child's home.

The decision to have an adult child personally assume responsibility for the care of an elderly parent may have several consequences. In a period when many women are entering the labor force, the parental caregiver will probably be unable to do so. In addition, the time, effort, and emotional energy spent on parental concerns by an adult child leave less time and energy for the child's nuclear family. The conflicting demands of frequent care for parents and the needs of the nuclear family may lead to emotional stress for both the elderly parents and members of the adult child's family. Reallocation of family funds and space in the adult child's home because of an elderly parent's needs may cause additional stress.
In addition to the possible stress factors mentioned, middle-aged children are caught in the tension of conflicting societal values: to honor and care for aged parents and to support and care for the nuclear family's needs. The decision to place elderly parents in nursing homes, therefore, may have long-lasting influence on the family system. Family relationships may change as a result of relatives' reactions to the decision (Bumagin & Hirn, 1979, p. 130). Guilt and emotional distress may cause changes in the adult child's behavior and attitudes which in turn may affect all members of the family (Brody & Spark, 1966, pp. 79-80). Because families are the basic unit of society, decisions and events that affect the functioning and stability of families also influence American life styles.

What is the significance of this study for families? With the population in the over-65 age group increasing (Herzog, 1978, p. 230), more families may be expected to experience the stress of decision making about parental care. Middle-aged children who are faced with placement decisions in the future may feel less isolated and misunderstood if they can become aware of factors influencing the adult children in this study. There is little research on the feelings and factors involved in adult children's decisions about care of their elderly parents. Counselors, nursing home personnel, community agencies, and government legislators can use the information from this study as additional background information for planning programs and for helping adult children and their parents.
Taxpayers may also benefit from the study. The financial cost of institutionalization of the elderly is staggering. Intermediate care nursing homes in the midwestern county providing the sample for this study charge approximately $32-$35 a day or between $960 and $1,050 a month (1980). Many persons are forced to use medicaid help from the first day of admission. Since many of the elderly never leave intermediate care nursing homes (Van Nostrand, Zappolo, Hing, Bloom, Hirsch, & Foley, 1977, p. 44), medicaid payments can become a heavy expense for taxpayers. Based on the assumption that Americans recognize the need for care of the nation's frail elderly people, the cost of government aid may be directly influenced by the amount of responsibility assumed by adult children rather than by community and government programs. If incentives and aids are to be found to encourage families to care for the elderly in homes rather than in institutions, the families as well as the taxpayers may benefit. Factors which influence decisions about the care of elderly parents must be recognized before compensatory programs can be developed to help with home care.

In summary, decision making about the care of an elderly parent is a complex matter. Not only do the needs and emotions of the parent have to be considered, but the needs and concerns of other family members also have to be included in formulating a decision. Family resources, values, and emotions should be weighed. Consequences of a decision can be an intricate mix of positive and negative influences on such things as family relationships, the emotional health of family members, and family finances. A decision to have a parent live with an adult child
or to enter a nursing home has an impact on other family members. Either alternative can drastically change the life style and roles of other family members.

Research Questions

The following research questions were examined:

1. What were the alternatives and factors that influenced the decision to place parents in nursing homes?

2. What changes did the adult children perceive in their feelings and relationships within their nuclear families and families of origin as a result of the decision to place parents in nursing homes?

3. What needs did the adult children respondents perceive during and after the process of decision making?

4. What means and resources did adult children suggest to meet their needs?

5. What did adult children perceive as factors which contributed to their expressed satisfaction or dissatisfaction with the placement decision?

6. What relationships, if any, existed between factors and alternatives, needs, relationships, and satisfaction levels?

7. Were there differences in the needs, relationships, and satisfaction levels of those who made the final placement decision alone compared to those who did not?
Limitations

This study was limited to American culture, specifically that of Black Hawk County, Iowa, an area of farms and small towns with one metropolitan area with a population of approximately 112,000 (Cedar Falls and Waterloo Chambers of Commerce, 1980).

As a self-report study, this research was limited by the willingness of the respondents to express their personal thoughts.

Racial, ethnic, and socioeconomic sub-groups might not be proportionately represented if sub-groups did not equally utilize intermediate care nursing homes to care for elderly parents. Although questions about ethnic group, race, and income were not included in the mailed questionnaire, the researcher was personally aware of several Blacks who participated in the study.

Assumptions

The researcher assumed that the adult children participating in the study were able to identify their feelings and needs and that they were willing to express them.

The adult children were assumed to be from varied socioeconomic and educational levels. With medicaid funding available, the cost of nursing home care was not expected to keep low income persons from utilizing nursing homes.

Since Black Hawk County, Iowa, is a rural county with a single metropolitan area, both rural and urban residents were assumed to be in the sample.
Definitions

**Adult children:** The adults who have accepted at least partial responsibility for the welfare of their parents. They may also be referred to as children, middlescents, middle-aged adults.

**Responsible children, deciding children:** The adults who have accepted the total responsibility of decision making about the care of the parent.

**Nursing home:** The intermediate care nursing homes (licensed in Black Hawk County, Iowa) listed by the Department of Social Services for receipt of medicaid funding. The study did not include those homes which were also licensed as residential facilities.

**Need:** "The condition of lacking, wanting or requiring something which if present would benefit the organism by facilitating behavior or satisfying a tension" (Wolman, 1973, p. 250).

**Relationship:** An emotional connection between people (Urdang & Flexner, 1968, p. 1113).

**Feeling:** A "subjective descriptor for awareness of bodily (neutral) states that cannot be reliably referred to environmental events . . . awareness of something, i.e. feeling of being accepted . . . Emotion, e.g., feeling happy, sad, angry, etc." (Wolman, p. 143).

**White collar workers:** Self-employed workers; professional, technical, and kindred workers; managers and administrators, except farm workers; sales workers; clerical and kindred workers.

**Blue collar workers:** Operatives, craftsmen and kindred workers; transport equipment operatives; laborers; farmers; service workers and private household workers.
CHAPTER 2

REVIEW OF RELATED LITERATURE

Introduction

In contemporary American culture, adult children are sometimes faced with a dilemma about the care of their elderly parents. Ghazarbekian (1979), in an article describing her personal experience, posed these questions when she had to decide about the care of her mother: "What will make a person happiest? What is best for a person? Often the answers are not the same" (p. 64). This situation is the dilemma of adult children.

Children are apt to be condemned by people within and without the kin network if they do not provide a home for their parents. This was illustrated by Brody's use of the cliché "one mother had room for all her children, but none of them has room for her" (1970, p. 89). On the other hand, both parents and children expect to live separately and autonomously and thus have homes designed for nuclear family living (p. 89).

Although many studies have examined the needs, feelings, and relationships of elderly people, few have investigated the feelings, needs, and attitudes of adult children who are responsible for their parents' care. Research about families with parents in nursing homes is even more rare. Therefore, this review of literature includes general works as well as those directly related to the present investigation. Since this study focuses on adult children, the needs,
feelings, and behaviors of other family members are discussed only as they relate to the middle-aged child.

Several trends in recent years may have influenced the frequency of nursing home placement of elderly persons. Many women are now employed, a factor which decreases the number of persons available to care for elderly parents. Government funding for nursing home care (Medicare and Medicaid) has encouraged rapid growth in the number of nursing homes. Because of the possible effects of these developments on decisions about placement of parents, this review was limited to research from 1965 to the present. The main emphases of this commentary are as follows:

1. Contact and roles of children with parents: the alienation myth confronted.
2. Alternatives and factors that influence the placement and care of an elderly parent.
3. The impact on adult children of decision making and placing parents in nursing homes.
4. Suggestions for helping adult children cope with decision making and role transitions when placing parents in nursing homes.
5. Statistical information about nursing homes and their residents.

Contact and Roles of Children with Parents: The Alienation Myth Confronted

Do children care about their elderly parents? Mr. Robert C. Benedict, U.S. Commissioner on Aging in the Carter administration said,
"I believe that there is a very dangerous kind of myth afloat that families don't care about older people" ("The Future of Aging," p. 27). In "Social Myths as Hypothesis," Shanas speaks of the same concept as the "alienation myth" (1979b, p. 6). This myth implies that (a) parents are widely separated geographically from their children, (b) children and parents seldom visit, and (c) families do not care because they cannot relate well with their elderly family members (p. 6). Shanas refutes these assumptions in the same article. In comparison to statistics in 1957, more elderly parents now live independently within ten minutes travel time from their children rather than in the same home, a change which both parents and children seem to prefer because of the independence and privacy of all family members (1979a, p. 6). Among the elderly respondents, 77% saw a child within the preceding week (83% in 1957) and 53% saw a child within the previous 24 hours.

In addition, Shanas found no significant change from 1962 to 1975 in the ratio of bedfast and homebound elderly people (10%) to those institutionalized (5%) (1979b, p. 8). Families have continued to care for the elderly at home in spite of the economic aid offered the elderly through medicare and medicaid. Shanas concluded that "It is the alienation of the elderly that the family wants to avoid by providing health care at home" (p. 8). She found that, next to spouses, the children were the main source of help for the aged in poor health at home (1979b, p. 171), with shopping, housework, and meal preparation being provided by daughters more often than sons (p. 172). In cases of illness, it was the family network that kept the elderly in touch with
the outside world and sources of bureaucratic help, and arranged for the necessary care of the elderly person (Shanas, 1979b, p. 174). This aid seemed to be accepted because of the family history of interdependence (p. 174).

In 1969, Ethel Shanas wrote that elderly people prefer to live independently as long as possible. However, of widowed persons with children, 43% lived in the same household with a child and another 40% had children living close enough to be reached in thirty minutes travel (p. 135).

Eight of every ten old people either live with a child or within a half hour of him. Among the aged with living children only about one in twenty are more than a day's journey from their nearest child. (pp. 134-135)

In studying family patterns, Shanas (1968) noted that in three countries, Britain, Denmark, and the United States, old people tend to have at least one child in the immediate vicinity. Between half and two-thirds of all old people with children, irrespective of class, either share a household with a child or live within ten minutes distance from a child . . . . It is unusual for an old person to have his nearest child one hour or more distant from him . . . persons of white-collar backgrounds are the most likely of all old persons to report that they live an hour or more from their nearest child. (p. 302)

She noted that American elderly people tend to request help of daughters more often than of sons (p. 298). Elderly persons with white collar backgrounds were less likely to have adult daughters and were the least likely to live with children (p. 302). Working class persons and agriculturally oriented families were more likely to share homes (p. 301). Her research of families of all classes indicated that all
generations both gave and received family help (Shanas, 1968, p. 303). She noted that adult children and their parents often did not identify living together as "help" (1967, p. 259), although sharing homes was one way children provided assistance for parents.

Shanas continued to cite support for the mutual relationships of the generations from the study of families in Denmark, Britain, Yugoslavia, Poland, Israel, and the United States. She found children to be "the major social and psychological support of the elderly" (1973, p. 506). She noted that 61% of American elderly persons with children had a child "in the same household or within ten minutes distance from them" (p. 508). She used the frequency of visits to assess the strength of the emotional ties of adult children and elderly parents. From the reports of the elderly it was discovered that 52% of the parents saw a child within 24 hours of the interview and 78% saw a child within the previous week (p. 509).

Rosow's study of aged persons in Cleveland (1967) supported the concept of continued concern for parents. He found that, after spouses, children living nearby were called on by elderly persons to help in times of illness, with daughters helping more than sons. He found that out-of-town children do not provide as much help as was reported for local children:

Aside from gifts (30 per cent) and companionship (23 per cent), one fifth of the parents get financial assistance (22 per cent), one fourth are helped with transportation (25 per cent), and one sixth are cared for in illness (16 per cent) or with shopping, housekeeping, and domestic affairs (16 per cent). (p. 150)
Rosow discovered 67% of working class parents received help from local children while only 45% of middle class parents received aid, possibly because of differences in financial need (p. 186). Distant children supplied considerably less help, with half of the parents of each class receiving none (p. 186).

Mindel (1979) in his examination of U.S. Census Bureau statistics found that the percentage of elderly men who lived with their relatives dropped from 15% in 1940, to 4% in 1975. More than 92% of the elderly men and almost 50% of the elderly women lived independently at the time of his study. "In 1977, almost two million elderly or about 9% of the total elderly population over 65 were single, living in families, and not heading their own household" (p. 460). There was a change from 1950, when almost 45% of single elderly women over 75 years of age lived with relatives to 1975, when only 25% lived with family members (p. 461). However, the preference for independent living arrangements has not eliminated the multigenerational home which is seen "in the context of the mutual aid and help pattern of the American kinship system" (p. 462). The care received in a family member's home may be a way to forestall institutionalization of the elderly person (p. 462).

Rosenmayr (1968, p. 676) found that children often returned to the vicinity in which parents lived where visiting and mutual aid could be experienced. Mutual aid and visitation patterns seemed to support the concept of modified extended family structure in which the nuclear family maintains independent living arrangements and autonomy while
choosing to continue affectional and supportive ties with kin (Sussman & Burchinal, 1968, p. 249).

Teresi (1978) used a sample of elderly persons and their key support person. She found that most support systems for elderly persons included modified extended families with contacts ranging from twice a week to twice a month (p. 99).

From a 1978-1979 survey of predominantly lower-middle class adults 60 years or older in a small midwestern city, Cicirelli reported that "about half of all elderly saw the child with whom they had the most contact at least once a week" (1980, p. 35). When the elderly persons were asked who helped them, children were mentioned more than any other relatives. More family help was given to women, widowed persons, people of advanced age, and those with close family ties. Services were usually provided by the relatives most suited for the tasks (p. 36). Children were most often selected as the persons to ask for help, but the frequency with which children were named as the desired providers tended to decrease with advancing age of the parents, while the frequency with which other kin were named increased with age (p. 36). These elderly people wanted the government rather than their families to provide financial help if such help became necessary.

Three-generation, black, limited-income, middle-aged couples were studied by Lee (1977). She explored such factors as distance between family members' homes, reciprocity of help between generations, ages, occupations, and health of parents for their affects on interaction patterns.
In every case where there was a significant difference, being female was related to greater interaction . . . living within five miles was related to greater interaction . . . smaller family size was related to greater interaction. (Lee, 1977, p. 53)

She found that over half of the middle-aged children saw their parents more often than once a week. Seventy-five percent of the middle-teen children lived within an hour's travel time of their parents.

Robinson and Thurnher (1979) also refuted the alienation myth. Of their west coast, middle-aged sample, 47% lived in the same city as a parent, and 12% lived within three hours distance of a parent. Only 3 of the parents were without a child in their vicinity. Of the sample, 47%

saw their parents weekly or daily . . . 13% saw them at least once a month, and 40% saw them less than once a month. In general, contact with parents showed consistent patterns based on distance. (p. 589)

In 45% of the cases, the children mentioned helping their parents in ways ranging from complete care to running errands and taking parents places. None of the sample spoke of giving parents money. Middle-aged men reported helping as often as women did, but women were the only ones in this sample giving complete care to their parents (p. 590).

Atchley and Miller (1980) reported in a review of census figures that 74% of the elderly men and almost 36% of the elderly women were married and in independent households. Almost 20% shared the home with another relative, often an unmarried adult child (p. 339). This research team noted that the percentage of unmarried older people living in families increases from 34 percent between 65 and 74 to 50 percent
At age 75 and over. Among those unmarried elders who live in families, the percentage of men who are dependents of the adult child or child-in-law increases from 34 percent between age 65 and 74 to 54 percent at age 75 and over. Among unmarried older women in families the percentage living as dependents of a child or child-in-law increases from 43 percent between age 65 and 74 to 62 percent at age 74 and over. Thus, despite reports that American children have abandoned their elderly parents, about 30 percent of unattached older Americans over age 75 live as a dependent with an adult child. (Atchley & Miller, 1980, pp. 347-348)

Atchley and Miller concluded, "When it becomes necessary, adult children nearly always attempt to provide whatever aid is required, regardless of how emotionally close they feel to their parents" (p. 359).

Hill (1970) wrote that interactions between the generations were influenced by the degree of mutual aid and filial duty. He noted that daughters were more likely to keep contact with parents than were sons.

Middle-aged Jewish couples who sought help with their parents from a Jewish Family Agency were interviewed by Simos (1973) in her examination of the feelings and needs of the middle generation. She investigated the impact of the needs of the elderly on their children's emotions, financial arrangements, and interactive roles (p. 28). She found siblings' approval or disapproval affected the stress level of the responsible child. Spouse's support or total lack of concern was frequently related to the status of the marriage rather than the situation with the parent (1973, pp. 128-133).

Samos indicated that the selection of one child to hold major responsibility for the parent was the natural conclusion of many years of interaction and family life style and/or location (p. 176). A number of the middle-aged children felt responsible for the happiness
of the parent. Strain was felt by the children as a result of parents' refusal to help themselves or seek help and long lasting personality problems in the parents' relationships (Simos, 1973, pp. 216-220). The parents' psychological problems caused their children more pain than the physical problems (p. 230). Adult children felt guilty, burdened, and angry at the excessive demands of parents.

Fengler and Grams (Note 1) compared morale of elderly people living with relatives in a multigenerational home and those living independently. They concluded:

Although for most elders the preferred living arrangement is to be independent, this study presents evidence that for many disadvantaged elderly, the multigenerational family seems to be an adequate alternative. The family can and does function as a care-giving unit. Our findings are consistent with most research evidence: in most instances family members do not abandon their elders. (Note 1)

Gott (1979) noted that the history of the parent-child relationship involves emotions and attitudes developed over years concerning the amount of support and reciprocity perceived in the relationship (p. 116). She found that personal styles of coping and relating with people in general also affected relationships between the adult children and their parents. The adult children in her study described the good relationship as those "in which mutual respect, support, and acceptance prevail" (p. 204). Families relating a history of long-term power struggles and judgmental attitudes generally continued such behaviors into old age (p. 204). She found that children's interactions with their parents fit into three categories of relationships: friendly autonomy, dutiful attachment, or discordant duty (p. vii).
With the mention of duty, the concepts of filial responsibility and role reversal become involved in the discussion of adult children's relationships with their parents. The needs of elderly parents may necessitate some degree of parental dependence on middle-aged children. When parents have to depend on their children for housing, financial aid, personal care, or decision making, both parents and children may feel that they have reversed roles or responsibilities. "For many children and parents this may be a psychological threat, leading to and intensifying role conflict and personal problems" (Glasser & Glasser, 1960, p. 46).

Most older persons do not want to give up the autonomy and independence of a lifetime, so they may resist relying on children "for material assistance or emotional support. . . . The reversal of roles is particularly difficult in a society, such as our own, which emphasized individualism and self-sufficiency" (Arling, 1976, p. 766). Changing roles is difficult for both parent and children. The middle-aged children may have unresolved feelings and attitudes, such as rebellion against parental authority, which complicate their transition from nurtured child to parental caretaker (Lowy, 1979, p. 69). There are few resources to help middle-aged children learn to care for elderly parents. Filial responsibility is the acceptance of the responsibility to care for the emotional and physical needs of parents. The adult child is mature if he/she can treat the dependent parent as a respected, autonomous individual with some special needs and some potential for sharing in the life of the family (Arling, 1976, p. 767).
Treas, Gronvold, and Bengtson (Note 2) discovered that adult children relate in similar fashion to parents without regard to birth order. They concluded their presentation of a paper with the following statement:

There is certainly no evidence that only, first, or last children establish such close filial ties that they will be willing and able to fill a filial void in families with only one or two children. (Note 2)

Alternatives and Factors That Influence the Placement and Care of an Elderly Parent

Who is responsible for the care of the parents? Sometimes just one child bears the total responsibility and in other cases the children share tasks and decision making. Agate (1979) believed that tradition gave this role to the youngest daughter (p. 134). Shanas (1968) found that daughters were most likely to be asked to help elderly parents (p. 298). In yet other instances, the parents are able to participate in decision making and manage their own care.

Overview of General Alternatives

In most cases nursing home placement is made only after every other known alternative has been considered and found inadequate, as E. Brody (1977) stated:

Further studies of the paths leading to institutional care have shown that placing an elderly relative is the last, rather than the first, resort of families. In general, they have exhausted all other alternatives, endured severe personal social and economic stress in the process, and made the final decision with the utmost reluctance. (p. 96)

This statement is in agreement with Butler and Lewis. The authors cite
an example of a middle-aged man who resigned from his job to care for his aging mother for several years before considering a nursing home (Butler & Lewis, 1977, p. 123)

Stueve, O'Donnell, and Lein (Note 3) asked women between 30 and 60 years old how they would react to hypothetical dilemmas concerning the care of their parents. The responses indicated that "women often felt that there was no one correct or best solution; the strategies they recommended reflected their recognition of the need to weigh and compromise competing values and claims" (Note 3). They were torn between "active intervention" and nuclear family independence of both generations. They also had to evaluate the functional level of their parents upon whom they as children had depended (Note 3).

When the family first perceives that a parent needs help, several options can be considered. Community centers in some cities provide social outlets, nutrition programs, counseling, medical and psychiatric back-up services, information and referral services, escort services, shopping assistance, follow-up case management, and visits to homebound clients (Sanier, Ochs, & McGloin, 1979, pp. 12-14). If nursing care is not needed, some elderly people live in shared housing (Health Care for the Elderly, 1980, p. 69), in residential or domiciliary homes (group homes for 4-13), or foster homes for 1-3 residents (Sherwood, Mor, & Gutkin, Note 4), or boarding homes. Some communities have foster care programs that provide housing for the aged in approved family homes (Newman & Sherman, 1979-80, p. 174). Some senior citizen or retirement complexes provide meals and cleaning for residents.
Home health programs, which are almost always connected with a hospital, provide nurses, aides, therapists, supplies, and medical and social services if the doctor of the elderly person "certifies that home health visits are medically essential for the same condition that initially hospitalized him" (Nassau, 1975, p. 22). The Health Department of the City of Syracuse offers a multi-disciplinary service of home care for persons who might otherwise be institutionalized for chronic conditions. Home Care in Syracuse is a program that provides "physician-directed medical, nursing, social, and related services to selected patients at home" (Nash, 1966, p. 215). Twenty-two percent of the randomly selected welfare patients in nursing homes and a chronic disease hospital were found able to leave the institution and live in a residential setting (p. 200). Such programs to support the families might make home care more feasible for many children.

Day hospitals provide

Highly skilled medical, paramedical, nursing, social, and rehabilitation services administered during the daytime hours when the patient is on the premises . . . . The day hospital offers . . . care . . . up to five days a week, while at the same time allowing him to be at home with his family evenings and weekends. Members of the family are trained to provide personal care for the patient during the hours he is away from the day hospital, and are also professionally guided to an understanding and acceptance of their own emotional needs as well as the patients'. (Nassau, 1975, p. 23)

Care of Parents in Children's Homes

Having parents live with a child is one possibility considered by many people. Results of a 1975 study showed that 18% of the elderly with children live with one of their children (Shanas, 1979b, p. 6).
Troll (1971) in his decade review stated that for those over 80 (years of age) 25 percent of the men and 47 percent of the women live with children: twice as many women as men. In fact, almost all women over 80 (98 percent) either live with a child or within 10 minutes of one. This is true for 72 percent of men over 80. (p. 278)

Nye and Berardo (1973) noted that the number of parents living with children was influenced by the location, age, and marital status of the parents. Greater age, distance from family members, and widowhood were predictive factors (p. 577).

There are numerous factors to evaluate if a parent comes to live with a middle-aged child. Space in the home may have to be reallocated creating a potential for resentment. For example, Bresver's study (1974, p. 521) indicated 50% of such cases resulted in room changes. Bresver also found 53% of the wives in her sample were employed (p. 52). If daily care became necessary, who would be available to supply it? This concern was shared by Shanas (1980, p. 14). With these facts in mind, one can understand why 48% of the wives in Bresver's study were "ambivalent" about beginning a three generation household (1974, p. 52), and only 38% were in favor of having a parent live with them (p. 53). Poor parental health, lower socioeconomic status, the need for room changes, annoying personality traits, and lack of privacy and freedom all seemed to correlate with children's negative attitudes about bringing the parent into the home (pp. 10, 58).

In another study, three generation families not living in the same home were asked about their attitudes about care of the elderly (Litman,
Results indicated that 31 (8%) of the families did not expect to take care of persons at home.

Finally, while almost 75 percent of the younger generation families endorsed the notion that an ill family member has a right to expect care from his or her family, their grandparents tend to be the most uncertain. (Litman, 1971, p. 79)

Financial benefits or hardships also may have an influence on the feelings of the family. In Bresver's study, 47% of the elderly parents contributed financially to the expenses of the home (p. 53). If the relationships between mother and daughter (as the caregiver) and between husband and wife were good, Bresver (1974) predicted positive attitudes between the generations (p. 13). The results of her comparison of two and three generational homes indicated that the presence of three generations generally did not increase tension, disturb the marital relationship or interfere with the adult children's parenting of the grandchildren.

La Barge (Note 5) found in counseling that families have difficulty balancing family responsibilities.

Much resentment may fall on elders if their expenses and care requirements interfere with a grandchild having his own bedroom or a college tuition bill being paid because of geriatric expenses. If an elder's care requirements come at a time when all the children have been launched and a time of respite from responsibility was anticipated, it may cause anger in the caregiving child . . . . families . . . which consist of a very aged parent (75 and older) and aging children may require all their energy to attend to their own problems. (Note 5)

Adequate care of elderly is made more difficult when families do not know what the elderly parents think or feel. In a study of elderly persons and their responsible "family resource person" who visited a
geriatric clinic, Rakowski and Hickey (1980) discovered a lack of congruency between the evaluative health statements of the elderly and family members who accompanied them (p. 6). Since 72% of the sample shared housing (spouse and/or children with the patient), this incongruency of perceptions indicated lack of communication. This discrepancy concerning understanding the health conditions of the parent could result in unexpected changes in care needs and adjustment problems (p. 4). An example might be sudden hospitalization for a condition not discussed until a clinic visit. This situation supports the statement that caring for an elderly person can bring "economic, psychologic, and interpersonal strains . . . on a family unit (p. 4). As people live to more advanced ages, more of the children are approaching retirement and the problems of their own declining health and stamina. Butler and Lewis (1977), for instance, found that one-tenth of the aged have a child 65 years of age or older (p. 123).

Robinson and Thurnher (1979), in studying children as parental caregivers, found many women seemed to feel "responsible for the emotional well-being of the parent," but men generally felt more responsible for parents' economic concerns (p. 591). Women tended to feel more guilt and personal involvement. These tendencies may account for Bresver's (1974) finding that men seemed to see more advantages with increasing length of three-generational living while women became "more anxious" (p. 58). Difficult personality traits and annoying behaviors of the parents were apt to cause dissatisfaction and stress in the middle-aged children (Robinson & Thurnher, 1979, p. 590). When such
factors combined with the frustration of loss of freedom expected after children were grown, negative reactions to parental caregiving would not be unusual. Of their 49 respondents, Robinson and Thurnher found 13 negative changes and only 6 positive changes in relationships with their parents after the 5 year study (p. 591).

Factors Influencing Placement Decisions

Horowitz (Note 6) shared some of the preliminary results of a study in progress concerning the feelings and needs of relatives giving care to elderly persons at home or in day-care facilities. Horowitz indicated one-half to one-third of the respondents felt their time and freedom were restricted, their own health had declined, their anxiety level had risen, and their emotional outlook had worsened. One-fifth to one-fourth of the group found their work suffered and their families were sometimes neglected. About 15% felt family relationships had been damaged. On the positive side, more than one-half felt satisfied with themselves and 29% felt closer to their elderly relative. The respondents' answers were equally divided when asked if they had to sacrifice in order to care for their elderly relatives, but 81% mentioned at least one problem encountered because of the responsibility. She concluded that the impact of care was related to the seriousness of the aged persons' limitations, the amount of time and care required, and the amount of support given the caretaker by the nuclear family. Horowitz (Note 6) concluded that decrease of family resources and a sense of overwhelming burden on the family are
apt to influence the decision to institutionalize an elderly person more than a change in his/her health.

Teresi (1978) discovered "the most important thing in influencing decision making and attitudes of family is how much they perceive performing tasks for the older person as an inconvenience" (p. 97). Bresver found 30% of her 2 and 3 generation families cited health as a reason for elderly parents joining the child's household (1974, p. 52). Shanas discovered "3% of the elderly were bedfast at home and about 7% were housebound" (1979b, p. 8). In cases of severe functional disabilities, less reciprocity of services was possible, and more constraints on the freedom of the caregivers occurred.

Attitudes may be a factor in decision making. Kasschau (1978) discovered that 86% of the elderly respondents in the University of Southern California survey thought living with children usually did not work well. When broken down into racial or ethnic groups, nine-tenths of the white elderly and three-fourths of the black elderly disliked the idea of three generational living. Fully 78% stated they would not go to live with a child because of potentially negative effects on their relationships (pp. 183-184). However, 86% of these respondents also rejected the idea of nursing home care (p. 187).

Benenson (1977) asked persons with elderly relatives what their attitudes were about nursing homes and placement of their relatives. Considering hypothetical situations, the respondents were almost evenly divided (31.1% against and 32.5% for) concerning the institutionalization of a complaining, interfering relative. If an "older person cannot
remember his name, age, or the names of his family" (Benenson, 1977, p. 47), 73.5% felt he should not live by himself. If a relative was incontinent, 31% thought nursing home care would be appropriate and 47.3% disagreed (p. 47). The facts that 58.1% of these respondents felt that "most nursing homes are not pleasant places" (p. 47) and that 62.6% did not think nursing homes were kept clean may have influenced their conclusions.

The attitudes of people influence their readiness to consider nursing home placement. Shanas (1969) found that old people thought of "poor houses, senility, and physical decline" in connection with institutions (p. 138). Six of ten elderly said they would not want to live in an institution "even if they needed physical care" (p. 138). She concluded that people without families and resources are more likely to enter an institution (p. 138).

Schwartz (1977) stated that many children postponed placement of their parents in a nursing home because of the images of nursing home life:

To most people the word institution has the connotation of "the end of the line," "the bottom of the barrel," as far as decent living is concerned. No doubt that's because the very word institution stirs up a mental image of an unattractive, dismal looking building; bland, unexciting, tasteless food; a monotonous, boring routine way of life; lack of variety; lack of privacy; few if any opportunities to make decisions or have control over one's daily activities; and isolation of the individual from the mainstream of life in our society.

All of these circumstances are commonly (and correctly) believed to lead to apathy, overdependence, loss of initiative, depression, and loss of self-esteem on the part of the resident. At that point it is said that the worst has happened . . . . (p. 96)
He believed that guilt of the children often prevents constructive placement of parents who need the care nursing homes can give (Schwartz, 1977, p. 103). Parental attitudes which condemn children for considering the possibilities make the decision more difficult (p. 110).

In contrast Karcher and Linden (1974) felt that families used the "sick role" as the reason to place a parent in a nursing home in order to reduce role conflicts in the multigenerational home without offending the norms of the community (pp. 232-235). They state their major theorem thus:

The nursing home provides not only care for the elderly who are ill, but also serves the function of a repository for many of the healthy aged who are displaced from a family setting. (p. 235)

Their basis for this conclusion was, "The aged nursing home population exceeds the number of the aged in the general population in need of nursing home care" (p. 235). Their concept of necessary care was operationally defined as the need to be in bed most of the time and the presence of a chronic condition (p. 238). They suggested developing other resources to meet the needs of the families and those elderly who do not need extensive nursing home care (p. 242).

If frequent medical supervision becomes necessary, nursing home care becomes more acceptable. The effects of the situation on members of the family, particularly children, also influence the decision (Poe, 1969, p. 114).

Nursing home placement is usually the result of several factors. Relationships and personalities of family members, the level of coping...
skills, socioeconomic pressures, and available resources all have some influence (Brody, 1977, p. 93).

Harris explored the relationships and feelings of middle-aged, white, married women with at least one non-institutionalized elderly parent. These adult children, of all family types studied, plan to be involved with future concerns of their parents. They hoped to combine personal responsibility with that of the family, the parent(s), and the government (1975, pp. 2-3). She found that "small empty nest" families were most likely to institutionalize a parent. She also reported that most families did not expect to give financial support to parents although children who lived a great distance away from an institutionalized parent might contribute funds for care.

Circumstances may prevent a child from taking care of a parent at home and thus necessitate institutionalization. Divorce, single parent households, and small nuclear families limit availability of family members to give care (Callahan, Diamond, Giele, & Morris, 1980, p. 36). Housing designs and costs influence the living arrangements available for handicapped parents. Working women cannot be full-time caregivers. As more people reach advanced age, their children may be in poor health and unable to care for them. Married children may have two sets of parents to consider (Townsend, 1968, p. 257).

The physical and mental functioning of the parent influences the decision about nursing home placement. If a person has problems with mobility or continence, the level of care escalates. If mental functioning has declined to the level that the person endangers
him/herself and the rest of the family, full-time supervision is essential. In contrast to York and Calsyn's limited sample (1977, pp. 501-502), E. Brody's study (1977) at the Philadelphia Geriatric Center found that fewer than one-third of long-term care patients arrived directly from a hospital (p. 53). Brody states that 55% came from homes. She said:

All available evidence emphasizes that for the most part the twin determinents of the need for admissions are social disability and functional disability due to chronic impairments of mind and body. That is, the need for medical and nursing care is not the only reason institutional care is sought. There is a complex interweaving of individual and family, health, social, economic, and environmental factors, with decisions being constrained by current social policy. (p. 53)

Teresi (1978), in a survey concerning the possibility of institutionalizing elderly relatives, found that inconvenience or interference in the family's life style was the most significant variable in decision making (p. 3). This study, however, involved hypothetical situations rather than actual decision making as was done in the present study.

Physical care, although very important, was not the only concern of the respondents in Bresver's study (1974). The fear that nursing homes would not give attention to the interpersonal needs of residents was an important factor in deciding whether home or nursing home care should be provided for the elderly (p. 49).

One of the difficulties in placement is the need for families to sense the satisfaction of helping to care for loved members of the family. Placement in a nursing home largely eliminates this opportunity
as the institution assumes total responsibility for the residents (Cull & Hardy, 1973, p. 248).

Linn and Gurel (1972) found in a study with veterans that the more serious the patient's condition, the more accepting the family felt about nursing home placement (p. 222). They also discovered previous placement and acceptance of nursing home care by the patient predicted less opposition by the patient for another stay in a similar institution (p. 222). This fact may correlate with the findings of Sherwood, Glassman, Sherwood, and Morris (1974) in a study of factors predicting adjustment that those who most need institutionalization seem to recognize it and begin adjustment to the concept before actual admission (p. 102).

From these studies, this researcher has concluded that both positive and negative influences are active in three-generational families and that other options for parental care are considered when the middle generation becomes overwhelmed by the emotional, physical, and perhaps financial pressures involved. Nursing homes are apt to be the only option remaining when financial, social, and emotional family resources are exhausted (Note 6).

The Impact on Adult Children of Decision Making and Placing Parents in Nursing Homes

Personal Feelings and Relationships with Parents

Guilt, grief, and ambivalence may be felt by the adult child at the time of a parent's admission to a nursing home (Butler & Lewis, 1977, p. 249). Egerman (1966) reported on his observations of family
case studies and group meetings of adult children whose parents were undergoing evaluation at a geriatric evaluation-placement-treatment center. Group sessions were therapeutic for the middle-aged children who expressed feelings of anger, depression, guilt, anxiety, self-pity, and loss (Egerman, 1966, p. 222). Ambivalence, resentment, and a sense of martyrdom were also noticed (p. 218). Although the author appeared to over-emphasize the oedipal relationships of the children, his observations of their behavior and attitudes were clear (p. 220). In-law relationships tended to be stressful over an extended period of time (p. 221). Most relationships were continuations of well established patterns (p. 222). He concluded that adult children as well as the elderly have emotional needs demanding concern (p. 222).

Both positive and negative feelings can be experienced by families. Horowitz (Note 6) found that 46% of her preliminary sample of caregiving relatives felt their relationships with their aged relatives were improved after being the principle caregiver for undetermined periods of time.

Robinson and Thurnher (1979) studied middle-aged children of whom 36% had experienced having a parent or parent-in-law in their homes or had placed a parent in an institution (p. 588). The stresses of care and lack of understanding resulted in feelings such as frustration, ambivalence, antagonism, and tension (p. 592). The authors suggested that professional resource people need to become more aware of the stress adult children and their families face in order to help them
cope with the demands of parental care (p. 593). The present study was designed to provide information to help develop this awareness.

Bumagin and Hirn (1979), in a discussion about family relationships, expressed the belief that middle-aged children's feelings of guilt were, at least partly, the result of an "expectation gap," a sense of not doing what was expected (pp. 113-114). Another emotional reaction to parental decline was anger that the person on whom the adult child had depended was no longer a primary source of help (p. 117). Middle-aged children were probably frightened and worried about the decline of their parents (p. 121). Families generally dealt with the parental needs in the same ways they handled life's previous difficulties (p. 124).

Although families continued to visit their parents in the nursing homes, few enjoyed or looked forward to seeing them. Relatives often did not understand the elderly persons' situation and did not know how to deal with the residents' limitations to create a pleasant and satisfying visit. When these factors were added to the guilt and frustration inherent in the situation, the lack of pleasure might be expected (York & Calsyn, 1977, p. 504).

In analyzing relationships of nursing home residents and their children, Smith and Bengtson (1979) found five types of relationships: renewed closeness, greater affection, continuation of separateness, quantity of without quality of interaction, and abdication (p. 439). In the same research the authors observed renewed closeness between some parents and children (p. 440). Discovery of new love and affection
was possible for the children who had felt so obligated to care for parents that there had been no freedom to form a relationship on the basis of desire. When the nursing home assumed all responsibilities, the adult children could behave according to their own wishes. When children and parents had applied a realistic problem solving attitude to decision making about nursing home placement, both parents and children felt independent and friendly without losing a sense of closeness (Smith & Bengtson, 1979, p. 442). Other children never felt close to their parents and the need for nursing home placement simply did not change the basic patterns of their relationships. Children who visited their parents often but did not seem to get pleasure from the visits were often those who felt guilty (p. 443). When the parents were angry at being in the nursing home, some of their children expressed their own distress by becoming "demanding and critical of staff" (p. 443).

Smith and Bengtson (1979) recognized that the most difficult period in the parent-child relationship was often the time of nursing home admission. At that critical period the children were apt to feel guilty and the parents were apt to feel rejected. The time immediately prior to placement was also acutely stressful because of the parents' poor functioning and the anticipation of the impending placement (p. 444). The investigators noted that specific conditions seemed to help children relate well to their parents in the nursing home. The conditions included the child's being released from caretaking responsibility, perceiving improved health of the parent, having time
for relaxed visits, seeing the parent's social life develop, and having the parent adjust well to the new environment (Smith & Bengtson, 1979, p. 444).

Relationships with Siblings

What emotions are evoked by the decline of a parent and how do they affect relationships within the family? Agate (1979) noted the responsible child can develop negative feelings if others in the family fail to help with the care and emotional support of parents (p. 134). The family members responsible for parental care need periodic respite. Family relationships were enhanced if other relatives perceived this need and offered to care for the aged parent temporarily. If, however, family members were in the vicinity and neither offered to help nor responded to requests for help, family relationships were apt to worsen (p. 134). Agate believes that lack of interest in the parents' situation aggravated these feelings (p. 135).

Horowitz (Note 6) said her preliminary findings also indicated adult children frequently resented brothers and sisters who did not substantially help with caring for parents. Bumagin and Hirn (1979) recognized that sibling rivalry might reappear when decisions about the care of a parent were made. Sometimes a neutral outsider could help family members. When guilt was present, children might try to blame each other or the institution for the problems of the parent. This situation, according to Bumagin, may also be helped with counseling (pp. 130-132).
Satisfaction with the Placement Decision

In examining the feelings of the adult children who had parents in a good nursing home, Smith and Bengtson (1979) found most of the children were satisfied with the placement decision. Their satisfaction depended upon the parents' adjustment, the lack of available alternatives, and the quality of the 24 hour care and concern at the nursing home (p. 445). The researchers concluded that nursing homes should provide programs for families who must adjust to a new situation and cope with guilt feelings. They believed correction of the negative stereotypes was vital to the improvement of nursing home services and their acceptance by the public (p. 445). These children felt their experiences in placing their parents in the nursing home had forced personal growth, although guilt and frustration had been very stressful (p. 445).

Suggestions for Helping Adult Children with Decision Making and Role Transition when Placing Parents in Nursing Homes

Government and Community Services

What can the government and community do to help meet the needs of the elderly and their families? Cicirelli (1980) suggested several things: provide direct services for those severely ill or functionally incapacitated, provide funding for indirect services to encourage independence of the elderly, encourage family aid by financial and educational means, educate the elderly, and provide material aids for self-care (p. 37).
Because one of the reasons for nursing home placement is the inability of family members to provide adequate care at home, Mindel (1979) suggested that techniques of caregiving should be taught to those who are willing to provide help for their parents. Special training might cost the government money, but the savings of other funds allocated for care and the avoidance of emotional stress on the families would seem to make the training of the children an investment (p. 462).

Governments have not yet provided sufficient community supplemental support systems to enable family members to continue indefinitely to care for seriously disabled persons at home (Note 7). A 1982 proposal of Maryland's Family Support Demonstration Project will provide 60 persons

(1) direct financial incentives to care for the severely impaired; (2) training and counseling for family caregivers; and (3) respite care as a service independent, where possible, from health and chore services. (Note 7)

The results of the previous year's project found that most caregivers "felt with the appropriate support of family members plus limited outside assistance, they could continue providing care for as long as necessary" (Note 7).

The average family supported by Maryland's Family Support Demonstration Project was composed of a married 53-year-old daughter caring for an 82-year-old mother in need of personal care and constant supervision. Most of the persons served found they could continue care with some supportive services and financial aid (Note 7).
In Manitoba, Canada, a comprehensive community-based program was designed to meet the needs of persons who needed assistance to maintain independent living (Ewanchyna, Collins, & Block, 1979). Services included the following:

- Individual and family counseling;
- Health teaching;
- Surveillance;
- Supervision of medications;
- Rehabilitation therapy;
- Home-help services . . .;
- Personal care services, including help with grooming, bathing, dressing, and eating;
- Provision of medical equipment and supplies;
- And community and volunteer services.

Services are designed to fill the gaps between what the individual and his or her family can provide, and what is needed to remain in the community. Minimum services are delivered in order to foster a maximum degree of independent functioning and to minimize dependence. (p. 29)

This system was instituted after the recognition of the community that resources were not being used because of the absence of a single coordinating group (p. 30). Central coordination and management, evaluation of need, use of both professional and non-professional workers, use of essential services only, review and assessment were integral parts of the program (pp. 30-34).

Kent and Matson (1972) recommended that advocates or ombudsmen give information about agencies and help elderly people and their families to enable the elderly to stay in the community. They saw family and community services cooperating for the advantage of aged persons rather than offering the same services (p. 35).

Mellor and Getzel (Note 8) studied the needs of elderly people and their caregivers using a sample of caregivers who had some contact with a support program in New York City. They found homemaker services were desired by 46% of the respondents (Note 8).
In-depth interviews revealed 38% of the sample desired transportation services (Mellor & Getzel, Note 8).

Specific support systems for family members would give needed respite to family caregivers and perhaps enable more children to take care of elderly relatives at home. Wershow (1976) suggested the use of trained evening "sitters" and weekend hospital care to allow children some free time (p. 54). Howells (Note 9) concurred about the need for a time away from caregiving for the psychological and physical relief of the children. He recommended utilization of home health aides and homemaker services.

Services of Nursing Homes, Organizations, and Professionals

Savitsky and Sharkey (1972) observed that a shift of family roles and life style can cause a great deal of trauma (p. 6). The declining health of an elderly parent may require numerous changes and thus precipitate a family crisis. If family interaction patterns are maladaptive, counseling may be needed. Long histories of rivalries, power struggles, scapegoating, dependencies, inadequate self concepts, and rigid value systems may be problems (pp. 6-12).

In their study of caregivers, Mellor and Getzel (Note 8) reported that 64% of the respondents felt educational group meetings were most beneficial for the "emotional support" they provided. They also found that 87% of those caring for elderly persons wanted educational meetings to provide the opportunity to share with others, to get information, and to develop skills in helping aged persons. Streib (1972) suggested that
the media could be helpful in informing the elderly about the available services (Streib, 1972, p. 16).

Zweibel (Note 10) supports the need for emotional and supportive educational counseling as an aid for current care and for the adjustment of the middle-aged adults to their own aging. She concludes that information and attitudes middle-aged people acquire about aging may alter their future adjustments. This research is designed to provide some basic data to aid this learning process.

York and Calsyn (1977) found that 80% of the families in their study received some support from the nursing home staff in coping with the residents' physical problems and over 50% received some help with handling emotional problems. Less than one-third of the doctors helped families deal with the psychological needs of the residents and only half of the doctors explained the physical problems (p. 504). York and Calsyn, therefore, suggested that doctors and nursing homes cooperate in planning programs and in encouraging family members to get as much aid as possible (p. 504).

Because placing a parent in a nursing home or incorporating an elderly parent into a nuclear family alters behavior patterns of the entire family, Brody and Spark (1966) suggested that social workers counsel with the entire family together during the decision-making process. In this way, alternatives and consequences would be taken into consideration and guilt might be minimized (pp. 79-80).

Eduard Kilen of the Good Samaritan Society suggested four kinds of group experiences long-term care facilities offer families: social,
information giving, information exchange, and family group process discussion meetings (Kilen, Note 11). These meetings and the thoughtful efforts of staff members were ways the nursing home provided support for families and residents.

Some nursing homes already provide help for members of residents' families. Smith and Bengtson (1979) reported that the nursing home used in their study provided activities through the year and instruction about topics such as the aging process, ways families can help, and orientation concerning long-term care (p. 446). These authors suggested nursing homes plan "orientation, information, and programmatic involvement of middle-aged children" (p. 446). They also suggested such programming should be included in reimbursable costs (p. 446).

Dorrucci (1974) felt that the adult child's feelings of "ambivalence, the hostility of repressed guilt, and the anger that accompany this traumatic act cannot properly be ventilated by the adult children during the preadmission period" (p. 732). Although the Montefiore Home in Chicago had case workers assigned to families from the time of the application, there were still enough difficulties that Jewish Family Service recommended:

a joint program involving the adult children of all applicants or newly admitted residents could help (1) interpret the aging process, (2) explain the nature of illnesses common to the aged, (3) clarify the services of the home, (4) discuss methods of coping with difficult situations, and (5) offer the opportunity to share with others common griefs and common concerns. (p. 732)

The use of such a program was found to be very effective in supporting
the family members. The personal sharing and the film illustrating a new resident's experiences seemed particularly valuable (Dorrucci, 1974, p. 733).

The Philadelphia Geriatric Center tried to ease the trauma of entering an institution by having social work services available throughout the decision-making process, by encouraging visits to the nursing home including meals and tours, and by giving referrals to agencies that might provide help (Yawney & Slover, 1973, p. 90). Another institution invited prospective residents to stay overnight for one or two days before making a decision about entry (p. 90).

In a study of family members who had relatives in nursing homes or day-care centers, Hausman (1979) found that family members were usually involved in the decisions about nursing home placement (p. 102). Therefore, she led short-term (eight weeks) group meetings for "adult children who need help in making . . . decisions that are comfortable" for the entire family (p. 102). Discussions about responsibilities and obligations to themselves and all family members as well as methods of coping emotionally with the decision were discussed in these groups of 6 to 15 members (p. 103). Results included a sense of group support, an understanding of behavior, and help with changes in behavioral patterns. Discussion of the fears and burdens of aging and parental care, sibling rivalry, grief of parents over multiple losses, and problems of parental self-centeredness also helped family members (pp. 104-105). Children learned some ways to adjust and to help parents adjust to the situations they were facing (pp. 105-106).
In a study of families of nursing home residents, York and Calsyn (1977) discovered that families need assistance and are willing to participate in programs that will help them. Of 76 interviews (all but 12 with adult children), 83% of the families were willing to attend a program to help them have better visits with their elderly relatives, more than two-thirds wanted to meet with the staff, and close to 50% wanted advice on visiting and instruction about aging. In addition 30% wanted to share concerns with others (p. 503). Therefore, York and Calsyn suggested nursing homes plan support groups and programs to teach families about the aging process and common functional limitations and visiting techniques (pp. 503-505).

Supportive counseling may have impact on the future as well as present needs of the adult children. If filial maturity is seen as a developmental task of middle age, then coping responsibly with the adjustments and stress may help the middle-aged persons learn facts and skills needed for their own adjustment to aging (Note 10).

Statistical Information about Nursing Homes and Their Residents

Vicente, Wiley, and Carrington (1979) made a statistical study of the records over ten years of 455 persons to discover factors related to a risk of institutionalization. They found that having low income, being Caucasian, being female, being 85 years of age and older, being single or living alone or with one other person, and being in poor health predicted higher chances of long-term care in nursing homes (pp. 364-365). The statistics concerning health status support the
findings of Goldfarb (1965, p. 303) that 30% of the institutionalized elderly were bedridden, 25% were incontinent, and a "majority dis-oriented" about time, place, and persons.

The National Nursing Home Survey: 1977 Summary for the United States (Van Nostrand, Zappolo, Hing, Bloom, Hirsch, & Foley, 1977) provided many tables of information about the staff, residents, and facilities of nursing homes across the nation. This material, because of the breadth of the sample, provided a base for comparisons in this study. Of 1,303,100 residents in nursing homes, 527,800 were in homes licensed as both skilled and intermediate care facilities, and 368,200 were in homes licensed as intermediate care facilities only (p. 61).

At the time of the study, the north central region of the United States had 449,400 residents in nursing homes. The median age of these residents was 81, with 95.6% being Caucasian (not including Hispanics), 4.0% being Black, and other categories being too small to enumerate. The median length of residents' stay was 671 days. The primary reasons listed for care were poor physical health (77.18%) and mental problems (14.2%). Only 7.4% were considered independent in all 6 activities of daily living usually measured: bathing, dressing, using toilet room, mobility, continence, and eating (p. 61). Of the residents who lived with children prior to admission, 62.1% needed help in 3 or more activities of daily living. In 509,800 cases the children of the resident arranged admission. This number of cases is to be compared with 77,300 persons who arranged admission for themselves and 75,800 persons whose spouses arranged for entry (p. 44). Only 30,600 to
49,000 of the total 1,303,100 residents were expected to be temporary residents.

A survey of long-term care facilities (Liu & Mossey, 1980) indicated that 80% of the residents were admitted to a facility because of medical problems. Of the same group, 32% were male and 68% were female. Most persons were widowed (64%) with equal numbers (15%) being single and married. The largest number of residents were in the 80 to 89 year age range (47%) with the next largest group being 70 to 79 years of age (28%). The duration of placement in an institution ranged from less than one year (38%) to over six years (10%) with the majority of the group between one and five years (52%) (p. 56).

Dunlop (1979) stated, "Approximately 89 percent of the nursing home population is composed of elderly persons" (p. 7). He examined data from the National Center for Health Statistics and found that from 1963 to 1973 the number of nursing home beds per hundred aged persons rose from 2.9 to 5.2 (80% increase) (p. 7). He indicated the size of facilities increased as well. From census data, Dunlop concluded that "2.3 percent of black women and 1.9 percent of black men over sixty-five years of age reside in nursing homes. For whites the percentages are 5.1 and 2.9 respectively" (p. 15).

The Digest of Data on Persons with Disabilities (Rehab Group, Inc., 1979) noted that, in 4,400 intermediate care nursing homes, 32.4% of the residents were male and 67.6% were female. Only 12.5% of the residents were under 65 years of age. Most persons (71.8%) were 75 years of age or older (p. 110). These data were collected during 1973 and 1974.
Gelfand and Olsen (1980) compiled a number of statistics. From 1960 to 1976 there was a 302% increase in long-term care beds and a 245% increase in patients. During this time the population of persons over 65 years of age increased 23% (p. 206). Although only 4% to 5% of the persons over 65 years of age were residents of nursing homes, 16% of those 85 years of age or more were patients. The size of nursing homes had increased from an average of 39.9 beds in 1963 to an average of 74.8 beds per home in 1974 (p. 207).

Gelfand and Olsen also compiled data about nursing home residents. The average resident is 82 years old, widowed (63%), female (approximately 75%), and without close relatives (more than 50%) or visitors (60%). Approximately one-third of the patients are admitted immediately after hospitalization, but most residents come from homes. Only 20% of the patients return home (p. 207).

Callahan, Diamond, Giele, and Morris (1980) revealed that care of family members varied according to income: persons with low income tended to provide services and middle-income persons tended to provide financial help. Needs of the elderly; family structure, roles, and resources; and geographical proximity of family members influence the responsibility a family assumes according to the authors (p. 39).

Herzog (1978) discussed population changes that influence the need for long-term health care facilities. She said:

The age distribution within the 65-plus age group is expected to shift between now and the year 2000. The population 75 and over will grow at a faster rate than the population aged 65-74. In 1975, 4 percent of the total U.S. population was 75 and over; in 2000 the
projected rate is 5.1 percent. Within the 65-plus population 37.9 percent were 75 and over in 1975; by 2000 this figure will grow to 44.2 percent. The absolute numbers of people aged 75-84 will grow by 55.5 percent by the year 2000; the 85 and over group will grow 76.6 percent. The population aged 75 and over grew by the much higher rate of 119 percent from 1950 to 1975. (Herzog, 1978, p. 230)

Since aged persons are more likely to be institutionalized than persons under age 75, more space will be needed in the future (p. 242). If the rate of nursing home use increases, more space will be required. The use rate might be influenced by developments in the medical care delivery system (pp. 242-243).

Herzog also noted an increase in nursing home costs from 1950 to 1974: from $1.16 to $34.69 per capita. These figures were included as part of the national health expenditures of 4.6% of the gross national product in 1950 and 7.7% of the gross national product in 1974; an increase of 3.1% (p. 243).

*The Nation's Use of Health Resources--1979* (Department of Health, Education, and Welfare) stated that 120,600 of 236,700 (rounded numbers) nursing home residents used medicaid funds as the primary source of payment for care. An additional 22,000 used other public funds and only 81,200 used personal or family income (p. 74).

Demographically, this work noted that national statistics indicated 1,010,400 nursing home residents were non-Hispanic Caucasians, 49,300 were Black, 12,000 were Hispanic, and 4,200 were members of other groups. Of 1,075,800 residents (rounded figures), 29.6% were male and 70.4% were female. The majority of residents (74.2%) were 75 years of age or more (p. 76).
Statistically, Callahan et al. (1980) reported an increase in the percentage of persons over 85 residing in nursing homes: 14.7% in 1964 to 25.3% in 1974. Medicaid costs for nursing homes increased from $3,628 billion in 1974 to $6,380 billion in 1977 (76%) (p. 31). They state:

Another crucial factor is the availability and willingness of family members to provide alternatives to institutionalization. . . . changes have also occurred in the structure of the family that may make the family less able to assure care or support to those members who need it. The proliferation of new family forms, coupled with an increase in divorce, decline in household size, and growth of single-parent families, raises the question of whether the nuclear family can even give personal care to those members who need it. One outcome of the increased participation in the labor force has been to raise the price of family members caring for the homebound. Potential income foregone is a real opportunity cost becoming more visible to those who must remain at home. (p. 36)

Summary

Most adult children have caring reciprocal relationships with their parents. Children make decisions about the care of their parents when the help of relatives and community resources is inadequate to maintain the elderly persons safely in their own homes. Parental care is often provided in the home of a child until the mental and/or physical decline of the parent or the stress on the child's family becomes too difficult for the child to handle. Nursing home placement is often sought when the parent requires 24-hour care necessitating drastic changes in the caregiver's lifestyle, when family resources and relationships are strained by the parent's presence, when respite care is unavailable, or when the child's family has health or financial
problems. Additional community coordination of services and financial resources might enable children to keep their parents at home longer with psychologically beneficial results for both parents and children.

Children who place their parents in nursing homes have to deal with the misunderstanding of others and their own personal feelings of guilt and frustration in spite of their general satisfaction with the placement decision. Nursing homes, doctors, social workers, and counselors could, by providing education and counseling, help these children to learn to cope with their emotions and learn skills which would help their relationships with their parents.

The related literature provided the background for the present study, which focuses on adult children: their decisions, feelings, relationships, and needs. The studies which directly addressed the research questions formed a basis for comparison with data from this study.
CHAPTER 3

METHODOLOGY

Overview

The purpose of this study was to investigate the thoughts, feelings, and perceived needs of children who made or participated in the decision to place a parent in an intermediate care nursing home. To gather data, a questionnaire for mailing and a structured interview form were developed by the researcher.

The sample was obtained by contacting adult children listed as next-of-kin to elderly patients in nine intermediate care nursing homes. Questionnaires were mailed to the 335 adult children in the sample. To gain greater depth, the researcher conducted structured interviews with a random sample of adult children who stated on the mailed questionnaire that they alone had made the final decision for placement of a parent in a nursing home.

Population and Sample

The population consisted of the adult children who made or participated in the decision to place a parent in a licensed intermediate care nursing home. The sample for the study included all available adult children who were listed as the responsible next-of-kin for a parent residing in a Black Hawk County, Iowa, intermediate care nursing home during June and July 1980. The admission date of the elderly parent was not a variable considered in the study.
In order for the researcher to select a sample, a representative of the Department of Social Services provided a list of licensed intermediate care nursing homes within the county. The researcher sent letters and made personal visits or telephone calls to administrators of each of the nine nursing homes requesting names and addresses of the children listed as residents' next-of-kin (Appendix A). While only six persons agreed to provide names and addresses, the other three volunteered to have staff persons mail the prepared materials directly to the adult children. The researcher and administrators mailed a total of 335 questionnaire packets (Appendix B). Interviews were held with 13 persons who were randomly selected from a list of those who stated on the mailed questionnaire that they had made the final placement decision alone.

Instruments and Packet Materials

Since no standard instruments were found to investigate the research questions, the investigator developed a 6-page questionnaire and a 15-page structured interview. Development of the instruments was based on a review of the literature and the personal experience of the researcher. Because verbal skills and amount of introspection among members of the sample were expected to vary widely, a highly structured questionnaire was developed to eliminate as many omissions as possible. The length of the instrument and the time required to answer the questionnaire limited the number of questions that could be included. Check lists, completion, multiple choice questions, and five-point scales were used in addition to four open-ended questions.
The questionnaire included sections for demographic information, factors and alternatives considered in the decision-making process, perceived needs of the adult children, suggestions for help in coping with needs, feelings and changed family relationships, and sources of satisfaction or dissatisfaction (Appendix B).

A mimeographed mail-back post card (Appendix B) was also designed for inclusion with the questionnaire to identify reasons for non-participation. Names and addresses were requested in order to eliminate duplicate mailings to those who had already answered the questionnaires, to identify the respondents who desired a summary report of the research, and to identify those respondents who were willing to be interviewed. The refusal of three nursing home administrators to give the investigator a list of children's names made this post card extremely valuable in providing names of persons from all the nursing homes from which to randomly select interviewees.

Packets sent to the adult children included in the sample contained the 6-page questionnaire, a cover letter, a letter of endorsement by the chairperson of the thesis committee, the mimeographed stamped post card, and a stamped addressed envelope for return. Post cards, envelopes, and questionnaires were coded by number so that interview data could be correlated with data from mailed questionnaires. No last names were used on questionnaires at any time.

The structured interview was developed to add depth to the study by providing opportunities for respondents to give additional explanations and information. In contrast to the mailed questionnaire, the
structured interview contained many open-ended questions to elicit key thoughts and feelings. Additional information was sought through the use of five-point scales designed to estimate satisfaction levels concerning specific characteristics of each nursing home situation. During the interview, the researcher also explored adult children's perceptions of their own needs before and after the placement decision was made. Family relationships were explored in greater depth than in the mailed instrument. Information about respondents' current religious affiliations, present incomes, and visiting patterns was gained through the interviews (Appendix C).

Procedure

In order to explore adult children's placement of parents in nursing homes, the investigator developed a questionnaire and a structured interview to gather data to answer the research questions posed in the study. A committee of three professors with expertise in family studies and counseling and a fourth professor with expertise in research design reviewed the questionnaire and the structured interview questions. The researcher then pilot tested the structured interview with nine acquaintances who had placed parents in nursing homes. The questionnaire was pilot tested four to six weeks later by the same persons. The clarity of the questions and the format were evaluated by the pilot group and by the researcher's examination of the appropriateness of the responses. The questionnaire and structured interview were revised and presented to a professor of research for approval before use with the sample. Responses to key questions in
the questionnaire and interview were compared to evaluate reliability of the instruments. All but one response were congruent.

The researcher and nursing home personnel mailed the packets containing questionnaires, post cards, letters, and return envelopes to the 335 adult children selected for inclusion in the sample in August 1980. In September 1980, the researcher and nursing home staff sent follow-up letters (Appendix D), duplicate questionnaires, post cards, and return envelopes to the members of the sample who had not yet returned a post card. The names and addresses on the post cards enabled the researcher and nursing home personnel to avoid mailing follow-up packets to those who had responded.

Questionnaires were sent to 335 adult children, with 7 returned by the post office as undeliverable. Of the 328 questionnaires delivered, 124 (37.5%) were answered and returned. Of this number, 17 questionnaires were not used in the study because the respondents were not adult children or entire sections of the instrument were not completed. A total, therefore, of 106 (32.3%) questionnaires remained for use in the study.

Because only 51.8% (170 of 328) adult children returned post cards, the possibility of sampling bias was recognized by the researcher. Therefore, nine of the non-respondents were reached by telephone to investigate the reasons for their lack of response. The nine persons were selected from the researcher's list of names from six of the nine nursing homes by use of a table of random numbers.
Reasons given for non-response were varied. Of the nine persons contacted, two felt the concerns were too difficult to share, two felt they were too busy with more important matters due to illness of their parents, four were too busy or forgot to respond, and one felt the information was too personal to reveal. If time had permitted, follow-up telephone calls might have increased the percentage of responses. Various reasons given on post cards for non-response or for refusal to be interviewed were given (Appendix E).

To gain deeper understanding and additional information, 13 interviews were conducted by the researcher during December 1980, and January 1981. Although 67 adult children stated they were willing to be interviewed, 13 who stated they took total responsibility for the final decision to place their parents in a nursing home were selected by use of a table of random numbers from a list of respondents. Data from one of the interviews were not included in the final sample because the respondent's parent had died, and the researcher felt that the death might have biased his responses.

For verification of accuracy, the interviews were recorded on cassette tapes and the structured interview form. Responses from the questionnaires and interviews were coded for computer analysis. Frequencies, percentages, means, cross tabulations, and chi square tests were used, when appropriate, to analyze the data.
CHAPTER 4

FINDINGS

This study focused on the alternatives and factors influencing nursing home placement of parents and the conscious thoughts and feelings of their adult children. Also examined were the adult children's expressed needs, their changed family relationships, and their levels of satisfaction with the placement of their parents in nursing homes. Questionnaires and interviews were used to explore adult children's perceptions.

Demographic Data

Data about Respondents

Responses from questionnaires. Questionnaires were sent to 328 adult children listed as next-of-kin of parents residing in nursing homes. A total of 106 (32.3%) usable questionnaires were returned. Of the respondents, 88 (88.8%) were married, 9 (8.5%) were widowed, 4 (3.8%) were divorced, and 5 (4.8%) were never married. There were 41 (38.9%) male respondents and 65 (61.3%) female respondents.

The ages of respondents ranged from 27 to 74 years with a mean age of 51.6 years. Of the 97 respondents listing their ages, 73 (75.3%) were between the ages of 46 and 65. Of 106 respondents, 9 did not report their ages.

Educationally, 105 respondents were distributed among 5 categories: 23 did not complete high school, 47 were graduated from high school,
19 had some college education, 9 completed 4 years or more of college, and 12 had some vocational training after completion of high school. The vocations reported were categorized as follows: 34 white collar workers including self employed persons, 21 blue collar workers, and 50 persons listed as homemakers, retired persons, or those having other vocations. One respondent did not report educational level or vocational status.

When the data were examined concerning geography of children's homes in relation to the parent's nursing home, 91 (86.67%) of the responsible adult children lived within 30 minutes distance of the parent's nursing home, 10 (9.52%) lived within 2 hours travel time, and 4 (3.81%) lived farther away. Distance could not be determined from one response. Of the 106 respondents, 97 (91.51%) owned their homes, 7 rented, 1 lived with a relative or friend, and 1 received use of a home as part of his compensation.

Responses from interviews. Additional information was received from interviews with 12 of the respondents. The interviewed persons identified their religious affiliation and their current income level. Their responses indicated that 6 were Protestant, 3 were Catholic, and 1 was Mormon. Only 2 persons had no religious affiliation. The number of services attended by the 10 persons who reported a church affiliation ranged from twice a year to twice a week. Seven persons attended services between 30 and 52 times a year.

Of the 12 children interviewed, 10 considered themselves to be in the middle income range and 2 felt they had a high income level.
Interviewees were asked to identify their current family income from a scale as noted in Table 1.

Table 1
Reported Family Income of Interviewees During 1979 or 1980

<table>
<thead>
<tr>
<th>Number of adult children</th>
<th>Family income range of adult children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$5,000 to $7,999</td>
</tr>
<tr>
<td>2</td>
<td>8,000 to 11,999</td>
</tr>
<tr>
<td>4</td>
<td>12,000 to 19,999</td>
</tr>
<tr>
<td>2</td>
<td>20,000 to 29,999</td>
</tr>
<tr>
<td>1</td>
<td>30,000 to 40,000</td>
</tr>
<tr>
<td>2</td>
<td>over $40,000</td>
</tr>
</tbody>
</table>

N = 12.

Family Data—Respondents' Siblings

Responses from questionnaires. When the data were analyzed from the point of view of the family structure, 79 of the 106 respondents had siblings. At the time of the survey 41 persons had brothers or sisters living within 30 minutes travel time from the parents' nursing homes. As seen in Table 2, only 15 of the 53 respondents (28.0%) who made the placement decision alone (designated in this study as responsible children) reported that brothers or sisters lived within the vicinity of the parent's nursing home. In contrast, 26 (49.1%) of the respondents who did not make the final placement decision alone had siblings within half an hour's distance from the parent's nursing home. A total of 19 (25.6%) of the responsible children had siblings within 2 hours distance from their parent's nursing home. Of the other
53 respondents who were not singly responsible for the placement decision, 34 (64.2%) had siblings within 2 hours distance of the parent's nursing home. Three of the respondents with siblings did not state where their brothers and sisters lived.

Table 2

<table>
<thead>
<tr>
<th>Person(s) responsible for final placement decision</th>
<th>Siblings' travel distance in time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within 1/2 hour</td>
</tr>
<tr>
<td>Parent</td>
<td>5</td>
</tr>
<tr>
<td>Responsible child</td>
<td>15</td>
</tr>
<tr>
<td>Family</td>
<td>16</td>
</tr>
<tr>
<td>Doctor</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
</tr>
</tbody>
</table>

N = 76. Totals equal more than 76 because respondents may have siblings in more than one geographical area.

Respondents' Children

Responses from questionnaires. Of 47 respondents with children in the local area (within 30 minutes of the parent's nursing home), 19 had 1 child 18 years old or older and 28 had 2 or more children in the area. Further research may be able to discover how their children's presence affects the responsible adult participation in the care of their aged parents.
Respondents' Spouses

Responses from questionnaires. Of the 106 respondents, 88 were married. The ages of 60 spouses ranged from 24 to 71 years. The ages of 28 spouses were not reported. Three spouses had specialized vocational training after high school. Other educational data are shown in Table 3. Occupational data are reported in Table 4.

Table 3

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Subjects</th>
<th>Less than high school</th>
<th>High school</th>
<th>Some college</th>
<th>College graduate</th>
<th>Graduate work</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents N = 106</td>
<td></td>
<td>23</td>
<td>47</td>
<td>19</td>
<td>7</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Spouses N = 88</td>
<td></td>
<td>10</td>
<td>21</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>33</td>
<td>68</td>
<td>28</td>
<td>13</td>
<td>11</td>
<td>41</td>
</tr>
</tbody>
</table>

Table 4

<table>
<thead>
<tr>
<th>Category of Occupation</th>
<th>Subjects</th>
<th>White collar</th>
<th>Blue collar</th>
<th>Homemaker</th>
<th>Other a</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents N = 106</td>
<td></td>
<td>32</td>
<td>21</td>
<td>24</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Spouses N = 88</td>
<td></td>
<td>19</td>
<td>15</td>
<td>11</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>51</td>
<td>36</td>
<td>35</td>
<td>32</td>
<td>40</td>
</tr>
</tbody>
</table>

aThe "Other" category includes unemployed persons, students, retirees, and unclassified workers.
Respondents' Parents

Responses from questionnaires. The 106 parents in the nursing homes had a mean age of 84.6 years with a range from 61 to 102 years. Only 3 (2.8%) were under 70 years of age and only 26 (24.5%) were below 80 years of age. Of 105 cases, 21 (20.0%) were males and 84 (80.0%) were female. One parent is not included in the statistics relating to sex because the parent's name did not reveal gender.

Responses from interviews. Interviews indicated that before the crisis precipitating the decision to place the parent in a nursing home, 2 of the 12 parents had been independent, 8 had been partially dependent, and 2 had been dependent on a caregiver. Half of the parents lived with adult children before the decision was made. One parent rented an apartment in her daughter's house and was totally dependent upon her care. The parents not living with their children lived at varying distances from the respondents as follows: 1 mile, 3 miles, 50 miles, 75 miles, and 1100 miles. Only 8 of the 12 elderly parents had another relative within 6 miles or less, 1 had a relative 60 miles away, and 3 had relatives 250 miles or more away.

Decision Makers

Responses from questionnaires. The final decision to place a parent in a nursing home was made in a variety of ways. Of the 106 useable questionnaires in this study, 53 (50.0%) indicated that the final decision to place the parent was made independently by the respondent. In 16 (15.1%) cases, the final placement decision was
made by the parent. In 32 cases (30.2%), the family decided about placement. In 5 cases (4.7%), the doctor told the aged parent's family that nursing home care was necessary. In 94 of the 106 cases (88.7%), someone had been consulted before the decision was made. Questionnaires revealed that placement was discussed with family members in 72 cases, with doctors in 30 cases, and with clergy or social workers in 12 cases.

Responses from interviews. All 12 respondents who were interviewed listed themselves as the final decision maker on the mailed questionnaire, although one said the parent also chose to enter the nursing home to be closer to her spouse who was a resident. Another person noted that the doctor had urged placement in a nursing home.

Why did the children accept this responsibility? Ten interviewees who replied gave the following reasons: 5 were the only ones in the family who would accept the role, 3 were the nearest geographically, 3 were only children, and 1 was the most qualified since she was a nurse. Another respondent said the family gave her the responsibility. Some persons listed more than one reason for accepting responsibility.

Comparisons of Responses from Adult Children Who Made the Final Decision about Placement and Those Who Did Not

The research question asked, "What, if any, differences existed between those who made the final decision alone and those who did not?" It was found that more females than males accept the responsibility of caring for a parent. Of the first born respondents who made the final
placement decision alone (responsible children), 80.0% were daughters.

Table 5 lists the birth order of respondents.

Table 5
Birth Order and Sex of Respondents

<table>
<thead>
<tr>
<th>Birth order</th>
<th>Deciding children</th>
<th>Non-deciding children</th>
<th>Total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Only child</td>
<td>3</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>First born</td>
<td>3</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Second born</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Third born</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Fourth born</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No birth order data</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>37</td>
<td>20</td>
</tr>
</tbody>
</table>

N = 106.

Demographically, among deciding children, there were fewer blue collar workers (8) than white collar workers (19). A similar difference was noted with spouses of responsible children as well: 9 were blue collar workers and 14 were white collar workers. Respondents who did not make the final placement decision (from families in which parents chose to enter a nursing home, in which the doctor insisted on nursing home care, or in which the family members decided together) were working at jobs evenly divided between white and blue collar categories. Table 6 shows the occupational categories of the respondents.
Table 6

Occupation of Respondents

<table>
<thead>
<tr>
<th>Respondents according to decision-making role</th>
<th>Occupational categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White collar</td>
</tr>
<tr>
<td>Deciding children</td>
<td>19</td>
</tr>
<tr>
<td>Non-deciding children</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
</tbody>
</table>

\(N = 106.\)

\(^a^\)"Other" includes unemployed persons, students, retirees, and unidentified occupational categories.

Of the 15 families in which either or both spouses had a white collar job and a college degree, 11 respondents had made the placement decision for a parent alone. In only 4 of the 15 cases was the decision made by the parent or family agreement.

Either the respondent or his/her spouse had finished college in 24 of 106 cases. The education of 58 spouses was not listed but 105 of 106 respondents stated their own educational level. Of the respondents who reported either or both the respondent and spouse had completed college, twice as many respondents (17:7) had made the placement decision alone.

Factors Influencing the Decision to Place a Parent in a Nursing Home

Alternatives

Responses from questionnaires. The first question of the study was as follows: "What are the factors and alternatives that influenced
this decision? Table 7 indicates alternatives considered by 106 respondents before the final decision for placement was made.

Table 7
Alternatives to Nursing Home Placement Considered for Aged Parents

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Number of families considering the alternative</th>
<th>Percent of families considering the alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live with family member</td>
<td>53</td>
<td>50.0</td>
</tr>
<tr>
<td>Relative live with parent</td>
<td>3</td>
<td>2.8</td>
</tr>
<tr>
<td>Hire companion, homemaker, practical nurse, etc.</td>
<td>37</td>
<td>34.9</td>
</tr>
<tr>
<td>Live in foster home</td>
<td>3</td>
<td>2.8</td>
</tr>
<tr>
<td>Live near a relative providing care</td>
<td>10</td>
<td>9.4</td>
</tr>
<tr>
<td>Live in a communal home</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Senior citizen housing with infirmary</td>
<td>8</td>
<td>7.5</td>
</tr>
<tr>
<td>Senior citizen housing without infirmary</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Senior citizen housing with meals</td>
<td>5</td>
<td>4.7</td>
</tr>
<tr>
<td>Senior citizen housing without meals</td>
<td>4</td>
<td>3.8</td>
</tr>
<tr>
<td>County care facility</td>
<td>5</td>
<td>4.7</td>
</tr>
<tr>
<td>Use special services for the elderly</td>
<td>16</td>
<td>15.1</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td>None</td>
<td>24</td>
<td>22.8</td>
</tr>
</tbody>
</table>

N = 106.

Note. The sum of the percentages will not equal 100% because some families considered more than one alternative.

The most frequently considered alternative mentioned by the 106 respondents was that the parent live with a child or another relative. Hiring someone to come to the home to help parents was the next most frequently mentioned alternative.
Responses from interviews. Of the 12 respondents interviewed, 6 had cared for a parent in the home and another person cared for a parent in an apartment on the second floor of her home. These parents lived with their children for periods of time up to 20 years. Of the 12 persons interviewed, 5 persons had considered hiring companions but because of cost, lack of availability, unsuitability, or other reasons were not able to do so. In addition, 2 tried visiting nurses, 1 considered homemaker services, and 1 thought about adult day care. In this study, when lack of people to help or when financial cost prevented relief for the adult child (5 responses), other alternatives were considered.

Factors

Responses from questionnaires. Table 8 summarizes the factors that 106 respondents stated were influential in the determination to place their parents in a nursing home.

In the area of parental needs, the health (62.3%) and intellectual capacity (33.0%) of the parents were observed to be major factors in the decision for nursing home placement. The income of parents and the families' ability to provide care were the greatest factors pertaining to available resources. Personal views and the influence of family members were items most frequently checked in the section of the questionnaire concerned with miscellaneous influences.
Table 8
Factors that Influenced the Decision About Placement of Parents in Nursing Homes

<table>
<thead>
<tr>
<th>Factors</th>
<th>Frequency of responses</th>
<th>Percent of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources/lack of resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>income of parent</td>
<td>38</td>
<td>35.8</td>
</tr>
<tr>
<td>income of family</td>
<td>20</td>
<td>18.9</td>
</tr>
<tr>
<td>size of homes</td>
<td>20</td>
<td>18.9</td>
</tr>
<tr>
<td>availability of community services</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>availability and ability of family to provide care</td>
<td>64</td>
<td>60.4</td>
</tr>
<tr>
<td>availability and ability of friends to provide care</td>
<td>7</td>
<td>6.6</td>
</tr>
<tr>
<td>Problems and/or needs of parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chronic problems</td>
<td>66</td>
<td>62.3</td>
</tr>
<tr>
<td>recent health problems</td>
<td>61</td>
<td>62.3</td>
</tr>
<tr>
<td>psychological/emotional problems or needs</td>
<td>24</td>
<td>22.6</td>
</tr>
<tr>
<td>number of social contacts (friends, family, groups)</td>
<td>5</td>
<td>4.7</td>
</tr>
<tr>
<td>intellectual capacity (memory, decision making, etc.)</td>
<td>35</td>
<td>33.0</td>
</tr>
<tr>
<td>other needs (inability to care for self, 24-hour care, etc.)</td>
<td>25</td>
<td>23.6</td>
</tr>
<tr>
<td>Miscellaneous influences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>influence of family members</td>
<td>26</td>
<td>24.5</td>
</tr>
<tr>
<td>suggestions of friends or neighbors</td>
<td>14</td>
<td>13.2</td>
</tr>
<tr>
<td>personal views (beliefs, concept of duty, right/wrong, etc.)</td>
<td>31</td>
<td>29.2</td>
</tr>
</tbody>
</table>

N = 106.

Responses from interviews. When asked the open-ended question about what situation, need or problem first brought to mind the possibility of placement in a nursing home, interviewees mentioned several factors. They are listed in Table 9.
Table 9

Early Causes of Nursing Home Consideration for Parent by Interviewed Adult Children

<table>
<thead>
<tr>
<th>Factors</th>
<th>Reason child first thought of nursing home care</th>
<th>Second reason child thought of nursing home care</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health situation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Intellectual difficulties</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Attacks of illness</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty in walking, accidents</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Serious problems: hip broken, amputated leg, inability to use stairs</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Poor sight leading to falls, accidents</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Immediate health problems</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Inability for parent to care for self</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>To be with spouse</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Needs of respondent: too much care for person to handle</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

N = 12.

Note. Number of responses may not equal 12 because some deciding children stated more than one need or problem.

The twelve adult children interviewed prioritized their feelings concerning which of these early factors they considered most influential in the decision to place their parents in nursing homes. Table 10 reports the results.

Results of interviewees' rankings of reasons for the final placement decision are reported in Table 11.
Table 10
Early Factors Considered Most Influential in 
the Placement Decision by Interviewees

<table>
<thead>
<tr>
<th>Factors</th>
<th>Number reporting as the first concern</th>
<th>Number reporting as an additional concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual incapacity of parent</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Attacks of illness</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sight and resulting accidents</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health problems with hip and leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dangerous being alone</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dizzy spells</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Need for general care</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Alcoholism</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Need for special diet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Loneliness of parent</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Needs of respondent: too much care required 24 hours a day</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No data given</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

N = 12.

Table 11
Interviewed Children's Prioritized Reasons for Final 
Decision to Place a Parent in a Nursing Home

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Rank of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>Needs of parent</td>
<td>6</td>
</tr>
<tr>
<td>Falls, illness</td>
<td>2</td>
</tr>
<tr>
<td>Needs of respondent’s spouse</td>
<td>1</td>
</tr>
<tr>
<td>Accidents</td>
<td>1</td>
</tr>
<tr>
<td>Respite for responsible child</td>
<td></td>
</tr>
<tr>
<td>Inability for self-care</td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td></td>
</tr>
</tbody>
</table>

N = 12.
The interviews emphasized that the availability of someone to help care for an invalid or confused parent in the temporary absence of the adult child was a major factor in their decision making. The help of friends, relatives, or hired caretakers was essential if the parent was to be kept at home. Help was needed when the adult child was not available to care for the parent because of the child's work (2 responses), need to care for other members of the family (3 responses), personal needs or respite from daily caregiving (4 responses).

Financial matters did influence 3 of the 12 interviewed persons' decisions. They stated that they could not afford to hire 24-hour care at home but that Title XIX (medicaid) would help with the costs at the nursing home. They did not say what they would have done if medicaid was not available.

These responsible adult children felt that others did not influence their decision to place their parent in a nursing home. One person appreciated the support of brothers and sisters who expressed concern about the well-being of the respondent as well as the parent.

The responsible children reported that their personal values had an impact on their decisions. For example, five children saw that their parents needed more care than could be provided in homes. Three children indicated they took care of their parents at home as long as possible and then looked for nursing homes with good care.
Cross Tabulations of Selected Alternatives and Factors

Responses from questionnaires. What relationships, if any, existed among factors influencing decisions to place and the alternatives considered to nursing home care? To investigate such possibilities cross tabulations were analyzed by computer. Analysis of the questionnaire data showed that 67.9% of the families who considered having a parent live with a child also considered the factor of family members being available to care for the parent. However, the chi square test did not indicate significant relationships at the .05 level (Table 12).

Table 12

Relationship of the Factor of Available Family Care and Consideration of the Alternative of a Parent Living with a Child

<table>
<thead>
<tr>
<th></th>
<th>Availability of family care not considered</th>
<th>Availability of family care considered</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent living with child not considered</td>
<td>25</td>
<td>28</td>
<td>53</td>
</tr>
<tr>
<td>Parent living with child considered</td>
<td>17</td>
<td>36</td>
<td>53</td>
</tr>
<tr>
<td>Totals</td>
<td>42</td>
<td>64</td>
<td>106</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 2.56. \]

\[ p \leq 0.1055. \]
The factors of income of parents and family members were not related to the alternative of having the parent live with a child. Through cross tabulations and the chi square test, computer analysis showed ($\chi^2 = 4.01, p < .0428$) that the size of homes and the alternative to have a parent live with a child appeared together more frequently than was likely by chance (Table 13).

### Table 13

<table>
<thead>
<tr>
<th></th>
<th>Size of child's home not considered</th>
<th>Size of child's home considered</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with a child</td>
<td>47</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>not considered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with a child</td>
<td>39</td>
<td>14</td>
<td>53</td>
</tr>
<tr>
<td>considered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>86</td>
<td>20</td>
<td>106</td>
</tr>
</tbody>
</table>

$\chi^2 = 4.01.$

$p < .0428.$

There were not enough cases to determine if the parent's or family's income was related to the consideration of placement in a county facility. A relationship might exist between family income and consideration of hiring in-home help such as companions, homemakers, or practical nurses. Of those who considered family income a factor, 60.0% of the respondents also noted consideration of hiring someone to
come to the home to provide care (Table 14), but only 34.2% of those noting parent's income as a factor considered the alternative of in-home help. Two of every three persons who considered the alternative of hiring in-home help did not consider the factor of family income.

Table 14

Adult Children's Consideration of Hiring In-home Help
Cross Tabulated with Their Consideration of
Family Income as a Factor in the Placement
Decision of Their Parents

<table>
<thead>
<tr>
<th></th>
<th>Family income not considered</th>
<th>Family income considered</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-home help not considered</td>
<td>61</td>
<td>8</td>
<td>69</td>
</tr>
<tr>
<td>In-home help considered</td>
<td>25</td>
<td>12</td>
<td>37</td>
</tr>
<tr>
<td>Totals</td>
<td>86</td>
<td>20</td>
<td>106</td>
</tr>
</tbody>
</table>

Note. Significance level is not reported because of the small expected frequency of one of the cells.

Of the 37 persons considering hiring in-home help, 26 (70.3%) also listed availability of family help as a factor. A chi square test did not show a significant relationship ($p < .1168$).

Of the 10 persons who listed consideration of having the parent live near a relative who could help with care, 8 also listed the factor of family ability and availability to help. Cross tabulations with the factors of income and availability of community services or help of friends showed no significant relationships.
Income of the parent as a factor was listed by 9 of the 16 who listed senior citizen housing as an alternative. Only 3 of the 16 listed family income as a factor.

Cross tabulation between the alternatives of hiring a companion and using community services indicated that 56.3% (9 of 16) of those who considered using community services also considered hiring help. Only 12.5% (2 of 16) reflecting on the use of community services also thought of having the parent live independently near a relative. Expected frequencies of the cells were too small to use the chi square test.

Of the 16 who considered using community services, 12 (75.0%) also examined the option of having the parent live with a child (Table 15).

Table 15
Cross Tabulation of Reported Consideration of the Factor of Using Community Services and the Alternative of the Parent Living with a Child

<table>
<thead>
<tr>
<th></th>
<th>Living with a child not considered</th>
<th>Living with a child considered</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services not considered</td>
<td>49</td>
<td>41</td>
<td>90</td>
</tr>
<tr>
<td>Available community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services considered</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Totals</td>
<td>53</td>
<td>53</td>
<td>106</td>
</tr>
</tbody>
</table>

Note. Significance level is not reported because of the small expected frequencies of the cells.
The chi square test automatically run by the computer indicated a probability of .0271, but the expected frequency of the cells was too small to allow reliance on the test results. Correlation between community services and parents living with children might be investigated in the future with a larger sample.

**Comparison of Responses from Adult Children Who Made the Final Decision about Placement and Those Who Did Not**

When responses of the deciding children were cross tabulated with those of the non-deciding respondents, no significant differences were found in the following alternatives considered for caring for the parent: to hire live-in companion; to live with a child; and to utilize special services of the community, county care, or other alternatives. Eighteen responsible children and only six non-deciding respondents considered less structured institutional care than nursing homes for their parents (Table 16).

The size of the adult child's home was considered by 10 of each group of respondents. There were no significant variations between deciding children's and non-deciding children's responses concerning the consideration of family availability to help with care, availability of community services, parent's income, social contacts, chronic health problems, or intellectual capacity. Differences are noted in Table 16.
Table 16
Comparison of Responses from Deciding Children and Non-deciding Children about Alternatives and Factors Considered in Decision Making

<table>
<thead>
<tr>
<th>Consideration of alternatives and factors</th>
<th>Deciding children</th>
<th>Non-deciding children</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for daily care of parent</td>
<td>12</td>
<td>7</td>
<td>87</td>
</tr>
<tr>
<td>Recent health problems of parent</td>
<td>35</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>Parent's psychological needs</td>
<td>8</td>
<td>16</td>
<td>82</td>
</tr>
<tr>
<td>Availability of friends to help with care</td>
<td>1</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>Family income</td>
<td>7</td>
<td>13</td>
<td>86</td>
</tr>
<tr>
<td>Influence of family</td>
<td>10</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>Advice of friends</td>
<td>10</td>
<td>4</td>
<td>92</td>
</tr>
<tr>
<td><strong>Alternatives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster homes, communal home, senior citizen housing</td>
<td>18</td>
<td>6</td>
<td>82</td>
</tr>
</tbody>
</table>

N = 106.

Perceived Needs of Adult Children

Responses from Questionnaires

What did the adult children respondents perceive as needs during and after the process of decision making? Table 17 lists the needs perceived by the respondents during the process of decision making as well as the percent reporting that their needs were met. In no area of need except legal advice did more than half of those stating needs have their needs met.
## Table 17

### Adult Child's Perceived Needs During the Time of Decision Making

<table>
<thead>
<tr>
<th>Expressed needs</th>
<th>Degree of importance</th>
<th>Percent stating need</th>
<th>Percent of those reporting need whose need was met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some</td>
<td>Much</td>
<td>No response</td>
</tr>
<tr>
<td>Support of someone who's experienced the situation</td>
<td>30</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td>Advice of friends, family</td>
<td>32</td>
<td>21</td>
<td>53</td>
</tr>
<tr>
<td>Someone to listen empathically</td>
<td>25</td>
<td>22</td>
<td>49</td>
</tr>
<tr>
<td>Someone to understand</td>
<td>30</td>
<td>25</td>
<td>51</td>
</tr>
<tr>
<td>Information about alternate care</td>
<td>26</td>
<td>23</td>
<td>57</td>
</tr>
<tr>
<td>Information about helping agencies</td>
<td>24</td>
<td>27</td>
<td>55</td>
</tr>
<tr>
<td>Someone to help with tasks</td>
<td>19</td>
<td>28</td>
<td>59</td>
</tr>
<tr>
<td>Legal advice</td>
<td>15</td>
<td>16</td>
<td>75</td>
</tr>
<tr>
<td>Medical advice</td>
<td>25</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>Psychological counseling</td>
<td>16</td>
<td>6</td>
<td>84</td>
</tr>
<tr>
<td>Good transportation</td>
<td>9</td>
<td>7</td>
<td>90</td>
</tr>
<tr>
<td>Spiritual, religious support</td>
<td>22</td>
<td>21</td>
<td>63</td>
</tr>
<tr>
<td>Family cooperation</td>
<td>21</td>
<td>25</td>
<td>60</td>
</tr>
</tbody>
</table>

N = 106.

Scale: Slight or some need = some. Much or great need = much.
Responses from Interviews

Interviewed persons also stated what their needs were before and during the process of decision making as well as after the decision was implemented. One of the persons interviewed expressed that her personal emotional stress involved taking over the parent's responsibilities. Another responsible adult child interviewed remarked that there seemed to be no one to teach her how to care for her parent and thus maintain home care with less strain. A summary of their needs is shown in Table 18.

Table 18
Interviewees' Perceived Needs: Before, During, and After Decision Making

<table>
<thead>
<tr>
<th>Expressed needs</th>
<th>Strength of importance of need at three time intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
</tr>
<tr>
<td>Support of someone with the experience</td>
<td>3</td>
</tr>
<tr>
<td>Someone to listen with empathy</td>
<td>3,5</td>
</tr>
<tr>
<td>Information about alternative care</td>
<td>3</td>
</tr>
<tr>
<td>Information about helping agencies</td>
<td>5</td>
</tr>
<tr>
<td>Someone to help with tasks of care</td>
<td>3</td>
</tr>
<tr>
<td>Medical advice</td>
<td>2</td>
</tr>
<tr>
<td>Spiritual/religious support</td>
<td>2</td>
</tr>
<tr>
<td>Family cooperation, solidarity</td>
<td>2,3</td>
</tr>
<tr>
<td>Financial help</td>
<td>3</td>
</tr>
<tr>
<td>Reassurance</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Know how&quot; to care for parent</td>
<td>4</td>
</tr>
<tr>
<td>Information about costs</td>
<td></td>
</tr>
<tr>
<td>Discussion of alternatives with family</td>
<td></td>
</tr>
<tr>
<td>Help to check out nursing homes</td>
<td></td>
</tr>
<tr>
<td>Peace of mind</td>
<td>5</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Indicates the need was not ranked and thus the middle designation was used for tabular purposes.

Scale: 1—no need, 2—slight need, 3—some need, 4—much need, 5—great need.

\[N = 12.\]
Comparison of Responses from Adult Children Who Made the Final Placement Decision and Those Who Did Not

The researcher compared the replies of the deciding children and other respondents concerning their needs for advice, support of others, information about agencies to help, physical help with tasks, child care, legal advice, transportation, religious support and family cooperation. Results indicated no significant differences in responses between these two groups of children.

Who met these needs of the adult children? Interviewees reported a wide variety of people helped them (Table 19).

Table 19
Persons Who Reportedly Helped Meet Interviewees' Needs Before, During, and After Decision Making

<table>
<thead>
<tr>
<th>Helpful persons</th>
<th>Time in relation to decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
</tr>
<tr>
<td>Clergy</td>
<td>1</td>
</tr>
<tr>
<td>Social worker</td>
<td>3</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Brother/sister</td>
<td>1</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
</tr>
<tr>
<td>Family</td>
<td>2</td>
</tr>
<tr>
<td>Doctor</td>
<td>1</td>
</tr>
<tr>
<td>VA worker</td>
<td></td>
</tr>
<tr>
<td>Cousins</td>
<td></td>
</tr>
</tbody>
</table>

N = 12.

One interviewee remarked that the clergyman and the respondent's son did most of the investigation of the local nursing homes prior to making a placement decision.
Suggestions of Ways to Meet Needs of Adult Children

Responses from Questionnaires

All respondents were asked to suggest ways to meet their needs. The thoughts focused on personal efforts by adult children and community provisions. Only 20 of the 106 respondents made suggestions (Table 20).

Table 20

Suggestions Solicited from All Respondents of Ways to Meet Adult Children's Needs

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Number of respondents making suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community help</td>
<td></td>
</tr>
<tr>
<td>Provide or help locate persons who can come into the home to care for frail or ill parent</td>
<td>1</td>
</tr>
<tr>
<td>Provide options by having more nursing homes</td>
<td></td>
</tr>
<tr>
<td>Encourage positive view of nursing homes BEFORE elderly need them: media, open houses, sharing programs, etc.</td>
<td>1</td>
</tr>
<tr>
<td>Adult children's methods of coping</td>
<td></td>
</tr>
<tr>
<td>Communicate with family</td>
<td>2</td>
</tr>
<tr>
<td>Talk with doctor and clergy</td>
<td>4</td>
</tr>
<tr>
<td>Talk to a professional counselor</td>
<td>1</td>
</tr>
<tr>
<td>Talk to counselors at the Department of Social Service</td>
<td>1</td>
</tr>
<tr>
<td>Seek help from the Social Security Office</td>
<td>1</td>
</tr>
<tr>
<td>Seek a lawyer's advice</td>
<td>1</td>
</tr>
<tr>
<td>Talk matters over with parent</td>
<td>1</td>
</tr>
<tr>
<td>Take care of the parent at home</td>
<td>1</td>
</tr>
<tr>
<td>Pray</td>
<td>1</td>
</tr>
<tr>
<td>Use the telephone to make inquiries</td>
<td>1</td>
</tr>
<tr>
<td>Lessen the amount of paper work and confusion of alternatives and agencies</td>
<td>1</td>
</tr>
<tr>
<td>No response</td>
<td>86</td>
</tr>
</tbody>
</table>

N = 106.
Responses from Interviews

Interviewed persons were asked for suggestions that might help adult children satisfy their needs before, during, and after the decision-making process. As Table 21 indicates, adult children had needs prior to the time they were actively considering the possibility of nursing home placement.

Table 21
Interviewees' Suggestions of Ways to Meet Adult Children's Needs about Placement of Parents Before, During, and After Decision Making

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Responses for each time period in relation to the decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help from friends</td>
<td>Before</td>
</tr>
<tr>
<td>Listening</td>
<td>2</td>
</tr>
<tr>
<td>Understanding</td>
<td>1</td>
</tr>
<tr>
<td>Share experiences</td>
<td>4</td>
</tr>
<tr>
<td>Love</td>
<td>1</td>
</tr>
<tr>
<td>Help from family members</td>
<td></td>
</tr>
<tr>
<td>Listen, reassure</td>
<td>2</td>
</tr>
<tr>
<td>Understand</td>
<td>2</td>
</tr>
<tr>
<td>Express continuing love</td>
<td>3</td>
</tr>
<tr>
<td>Discuss decision possibilities, share experience</td>
<td>3</td>
</tr>
<tr>
<td>Visit, write parent</td>
<td>1</td>
</tr>
<tr>
<td>Visit nursing home with parent before admission</td>
<td>2</td>
</tr>
<tr>
<td>Help from counselors, professionals, including doctors</td>
<td></td>
</tr>
<tr>
<td>Advice, suggestions to help parents</td>
<td>2</td>
</tr>
<tr>
<td>Help with weighing alternatives and finances</td>
<td>2</td>
</tr>
<tr>
<td>Refer for specific help</td>
<td>1</td>
</tr>
<tr>
<td>Understanding by nursing home staff and doctors</td>
<td>1</td>
</tr>
<tr>
<td>Information about similar situations</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 21 (Continued)

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback, clarification of feelings</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church, spiritual help</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nursing home staff, social worker communication, doctor and patient communication about possibilities</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Help from society</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide open house experience for prospects</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Classes for prospective residents and families</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Provide more nursing homes</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Better training for staff and administration at nursing homes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publicize agency source of information about nursing homes</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Promote community groups to visit</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = 12.

Note. Respondents may have listed more than one suggestion.

Changing Family Relationships

Responses from Questionnaires

What changes, if any, did the adult children perceive in their feelings and relationships within their nuclear families and families of origin as a result of the decision to place parents in nursing homes? The mailed questionnaire asked about the presence of changes in specific relationships as perceived by the adult children. Their replies are recorded in Table 22. Although 14 of the 106 respondents
noted they felt differently toward relatives, only 11 stated reasons for the changes in attitudes (Table 23).

Table 22

Adult Children's Perceptions of Family Relationships After Placement Decision

<table>
<thead>
<tr>
<th>Adult children's perceptions of relationships</th>
<th>Changes in quality of relationships after the placement decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total responses</td>
</tr>
<tr>
<td>Attitudes of parents toward respondents</td>
<td></td>
</tr>
<tr>
<td>Parent seemed to feel and act differently</td>
<td>29</td>
</tr>
<tr>
<td>Parent did not feel and act differently</td>
<td>72</td>
</tr>
<tr>
<td>Attitudes of parent were unknown</td>
<td>5</td>
</tr>
<tr>
<td>Attitudes of immediate family and relatives toward respondents</td>
<td></td>
</tr>
<tr>
<td>Family and relatives seemed to feel and act differently toward the respondent</td>
<td>9(^a)</td>
</tr>
<tr>
<td>Family and relatives did not feel and act differently</td>
<td>92</td>
</tr>
<tr>
<td>Attitudes of relatives were unknown</td>
<td>4</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
</tbody>
</table>

N = 106.

\(^a\)Some respondents recorded more than one changed relationship with relatives.

Scale: Closer relationship = more caring, somewhat improved relationship. Greater strain in relationship = less sharing, less caring, strained or hostile relationship.
Table 23

Adult Children's Reasons for Their Changed Attitudes Toward Family Members

<table>
<thead>
<tr>
<th>Reasons given</th>
<th>Number of replies</th>
<th>Direction of attitude change affecting relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of concern by family</td>
<td>1</td>
<td>negative</td>
</tr>
<tr>
<td>Family member does not visit</td>
<td>5</td>
<td>negative</td>
</tr>
<tr>
<td>Relative blames adult child</td>
<td>1</td>
<td>negative</td>
</tr>
<tr>
<td>Relative does not help</td>
<td>2</td>
<td>negative</td>
</tr>
<tr>
<td>Family lacks trust</td>
<td>1</td>
<td>negative</td>
</tr>
<tr>
<td>More caring sensed by respondent</td>
<td>1</td>
<td>positive</td>
</tr>
<tr>
<td>No response</td>
<td>95</td>
<td></td>
</tr>
</tbody>
</table>

N = 106.

Responses from Interviews

Relationships with parent. In order to gain deeper understanding of the feelings and relationships, the 12 persons interviewed were asked to describe feelings and relationships in greater detail than the written questionnaires permitted. The reported feelings of the 12 adult children interviewed are listed in Table 24.
Table 24

Feelings of Interviewed Adult Children about Placement of Parent in Nursing Home

<table>
<thead>
<tr>
<th>Expressed feelings</th>
<th>At first realization of need for placement</th>
<th>At time of nursing home entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed, grieving</td>
<td>4</td>
<td>2(^a)</td>
</tr>
<tr>
<td>Relieved of worry about lack of care</td>
<td>3</td>
<td>5(^b)</td>
</tr>
<tr>
<td>Sad</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Crying</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Worried about parent's reaction</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td>1</td>
<td>2(^a)</td>
</tr>
<tr>
<td>Guilty</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Resigned: no other viable options</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpless</td>
<td></td>
<td>3(^a)</td>
</tr>
<tr>
<td>Peace of mind</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No surprise, premonition of necessity</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hopeful for good adjustment</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Uptight</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Upset, &quot;shaken up,&quot; turmoil, sick feeling</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hate the need for decision</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wondering if choice is right</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Let parent down</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Like running away to escape the discomfort</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sorry for residents</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Determined to cope alone</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sense of finality</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sorry for mother</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

N = 12.

\(^a\)Indicates one person listed the item as strongest emotion at time of entry.

\(^b\)Indicates 2 people listed the item as their strongest emotional reactions.

Note. More than one strongest feeling was expressed by respondents.
The adult children interviewed noted that their personal feelings sometimes changed between the time the parent was admitted to the nursing home and the time of the interview depending on the parents' attitudes. Five parents were bitter or blamed the respondent at the time of admission and became accepting or forgiving by the time of the interview. Their children felt better. Two parents who originally accepted the placement at the time of admission became demanding by the time of the interview causing distress for their children.

Remarks made by interviewed persons indicated the range of feelings experienced after placement included the following: good, relaxed, helpless, unappreciated, annoyed, rejected, guilty, hurt, and glad to be near the parent.

The interviewed children were asked how often they visited their parents in the nursing homes. The number of visits ranged from once every three weeks to twice a day. Of the 12 persons interviewed, 5 saw parents less often than when first admitted, 3 saw parents more often, and 4 saw them as frequently as in the past. The adult children interviewed discussed visiting their parents in the nursing homes. Love (7) and the desire to meet parents' needs or desires (11) were the most frequent reasons for visiting reported.

The responsible children expressed their emotional reactions to visiting their parents were as follows: satisfaction (5), positive or negative reaction depending upon the parent's mood (6), happiness that care of the parent was adequate (4), guilt (3). Other single responses
included distress, depression, helplessness, fear that the parent will not recognize the respondent, and anger.

**Relationships with other family members.** None of the persons interviewed asked brothers or sisters for financial assistance, but two respondents received offers of help. One respondent reported that, although one sibling was unwilling to provide assistance, the other siblings in the family would have been willing.

When asked about the attitudes of family members toward them as the responsible decision makers about placement, 9 of the 12 respondents interviewed replied. Seven persons felt that family members did not change their attitudes toward the interviewees because of the placement decision. One person stated the attitudes of family members had grown in a positive direction and one felt a negative impact. In the latter case, an aunt blamed the respondent for the decision. Two respondents had family members whose behavior changed toward the parents: in one case the respondent's wife was annoyed with the parent, and in the other case, the family relationship became closer because of more communication. Another respondent said the grandson hated to think about growing old and thus hated going to see his grandparent in the nursing home, although he continued to go at times. Brothers of one respondent did not care to visit the parent, but they did not visit before the parent entered the nursing home either. Another person felt there was no cause for conflict since medicaid would pay for the parent's care if the parent's money was depleted. Other feelings and attitudes of family members perceived by the adult children interviewed
were as follows: discomfort with the decline of the parent and the presence of much illness and disability at the nursing home, anger or resentment, approval of the decision because the parent would get care, support and caring concern, reluctance to visit, and the feeling that there was no other choice available. Only 2 of the 12 respondents interviewed felt the attitudes of their families had become more strained. The rest of the interviewees believed their family relationships were the same or closer. One of the respondents felt that his brother seemed to care only about money. Since the brother neither came to visit nor helped in any way, the respondent felt less close and somewhat strained in relating to him. Another adult child felt closer to the family as concern for the parent was shared.

Satisfaction Levels

What did adult children perceive as factors which contributed to their expressed satisfaction or dissatisfaction? The investigation of this question involved asking the adult children about their thoughts, feelings, amount of contact with their parents, the childrens' perceptions of their parents' feelings, and evaluation of the nursing homes' care. When the children were asked how satisfied they were with the decision to admit their parents to a nursing home, responses of the children interviewed supported the majority of replies stated in the mailed questionnaires (Table 25).
### Table 25
**Adult Children's Satisfaction Level Concerning the Placement Decision**

<table>
<thead>
<tr>
<th>Expressed level of satisfaction</th>
<th>Responses from mailed questionnaires</th>
<th>Responses from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>79</td>
<td>7</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Undecided</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No data</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

N = 106 mailed questionnaires.

N = 12 interviews.

**Responses from Questionnaires**

Of the 106 children who responded to the mailed questionnaire, only 43 gave reasons for their feelings of satisfaction or dissatisfaction with the decision. One respondent was somewhat satisfied with the placement but also felt distress with the lack of personal interest in residents shown by the staff of the nursing home. Two respondents were not satisfied with the care and cleanliness of the nursing home. One of these children felt that the parent needed to stay at that facility because her doctor would make professional visits there. Other responses are listed in Table 26.
Table 26
Respondents' Clarifying Remarks about Satisfaction with the Decision to Place a Parent in a Nursing Home

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw no alternatives</td>
<td>9</td>
</tr>
<tr>
<td>Found it hard to see poor health of parent</td>
<td>3</td>
</tr>
<tr>
<td>Felt need for 24 hour care</td>
<td>7</td>
</tr>
<tr>
<td>Felt no more worry about parent's well-being</td>
<td>3</td>
</tr>
<tr>
<td>Accepted parent's choice to enter the facility</td>
<td>1</td>
</tr>
<tr>
<td>Thought decision was best possible</td>
<td>1</td>
</tr>
<tr>
<td>Felt guilty</td>
<td>9</td>
</tr>
<tr>
<td>Realized parent is satisfied/happy</td>
<td>6</td>
</tr>
<tr>
<td>Other comments</td>
<td>4</td>
</tr>
<tr>
<td>No response</td>
<td>63</td>
</tr>
</tbody>
</table>

N = 106.

All respondents were asked to state the degree of their satisfaction resulting from specific factors at the time the questionnaire was answered. Results are listed in Table 27.
Table 27

Effects of Factors on Respondents' Satisfaction at the Time of the Survey

<table>
<thead>
<tr>
<th>Factors</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of respondent's time spent meeting parent's needs</td>
<td>8</td>
<td>25</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>Family reactions toward respondent</td>
<td>9</td>
<td>36</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>Family reactions toward parent</td>
<td>12</td>
<td>29</td>
<td>56</td>
<td>9</td>
</tr>
<tr>
<td>Financial results for respondent's family</td>
<td>9</td>
<td>40</td>
<td>42</td>
<td>15</td>
</tr>
<tr>
<td>Financial results for parent</td>
<td>13</td>
<td>30</td>
<td>44</td>
<td>19</td>
</tr>
<tr>
<td>Care at the nursing home</td>
<td>18</td>
<td>3</td>
<td>79</td>
<td>6</td>
</tr>
<tr>
<td>Cleanliness of facility</td>
<td>13</td>
<td>7</td>
<td>80</td>
<td>6</td>
</tr>
<tr>
<td>Floor plan and furnishings</td>
<td>10</td>
<td>8</td>
<td>79</td>
<td>9</td>
</tr>
<tr>
<td>Nursing home activities</td>
<td>5</td>
<td>14</td>
<td>72</td>
<td>15</td>
</tr>
<tr>
<td>Information received before parent's admission</td>
<td>12</td>
<td>16</td>
<td>67</td>
<td>11</td>
</tr>
<tr>
<td>Parent's attitudes and emotions</td>
<td>27</td>
<td>18</td>
<td>50</td>
<td>11</td>
</tr>
<tr>
<td>Respondent's feelings toward relatives</td>
<td>15</td>
<td>31</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>Amount of respondent's contact with parent</td>
<td>9</td>
<td>14</td>
<td>73</td>
<td>10</td>
</tr>
<tr>
<td>Attitudes of friends and neighbors</td>
<td>5</td>
<td>39</td>
<td>52</td>
<td>10</td>
</tr>
</tbody>
</table>

N = 106.

Responses from Interviews

Interviewed children were asked to rate characteristics of their parents' nursing homes for impact on the level of satisfaction felt by parents and respondents. Table 28 reports the responsible children's perceptions of satisfaction with specified characteristics and the scale employed.
Table 28
Satisfaction Resulting from Specific Nursing Home Characteristics as Perceived by Interviewed Adult Children

<table>
<thead>
<tr>
<th>Nursing home characteristics</th>
<th>Parents' satisfaction</th>
<th>Adult children's satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No effect</td>
<td>Dissatisfied</td>
</tr>
<tr>
<td>Food</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Staff</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Relationships with residents</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Scheduling</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privacy</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Communication with staff</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Auxiliary services</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Room and furnishings</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

N = 12.

Note. Children did not always estimate parents' satisfaction.
On a scale of 1 to 5, with 5 being greatest satisfaction, means for satisfaction level of parents ranged from 3.6 to 4.5. Means of satisfaction levels of the interviewed children ranged from 4.0 to 4.7.

Interviewed children stated specific reasons for their degree of satisfaction with the placement of their parents. One of the persons interviewed simply stated there seemed to be no alternatives to nursing home care since no space was available in the respondent's home. Another woman said her parent was still alive probably because of the emergency care she received at the nursing home. All 12 children interviewed stated they would again choose to place the parent in a nursing home if the decision were to have been made at the time of the interview. The factors that influenced the interviewees' degree of satisfaction are listed in Table 29.

Table 29

Factors that Influenced Interviewed Adult Children's Satisfaction with the Placement Decision

<table>
<thead>
<tr>
<th>Factors</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and care of parent</td>
<td>7</td>
</tr>
<tr>
<td>Good food</td>
<td>2</td>
</tr>
<tr>
<td>Parent's happiness</td>
<td>2</td>
</tr>
<tr>
<td>Loving, friendly nursing home staff</td>
<td>3</td>
</tr>
<tr>
<td>Lack of viable alternatives</td>
<td>2</td>
</tr>
<tr>
<td>Distance (wished nursing home was closer)</td>
<td>1</td>
</tr>
<tr>
<td>Loss of possessions at the nursing home</td>
<td>2</td>
</tr>
<tr>
<td>Satisfaction according to mood of the parent</td>
<td>1</td>
</tr>
</tbody>
</table>

N = 12.

Note. Some respondents stated more than one factor.
When asked if their expectations of nursing home life were different from their actual experiences, eight interviewed children responded affirmatively. Five persons found more loving concern by the staff, or more cleanliness of the parent than was expected. One interviewee had hoped the parent would have a larger room. Three children felt their experiences were less satisfying than they had expected. One child thought the nursing home staff was too inexperienced. Two of the children indicated the situation was much as they had expected before their parents' admission.

Three respondents interviewed felt their parents' experiences were better than their parents expected. One daughter said the nursing home was "not as bad as she [her mother] thought it would be." Five children did not know what their parents expected or thought.

The parents' behavior and attitudes also affect the children's feelings of satisfaction or dissatisfaction. Observations of parents which positively affected the children's satisfaction level included parents being friendly (5), being happy (4), being helpful (1), feeling relieved (2), and making the best of the situation (4). Negative feelings were aroused in the adult children when parents wanted to go home and resume an independent life style (2). One interviewee was uncomfortable because her parent treated her like a small child.

Summary

Families of the elderly do not make decisions about the institutionalization of a parent in a vacuum: they make decisions in a context of values, a long history of family interactions, economic
realities, present and potential health factors, ages, and availability of alternatives.

Adult children must deal with their change of roles: from nurtured child to mature nurturing adult child. With the acknowledgement of role changing comes the difficult acceptance of the parent's decline. Guilt and fear, frustration and helplessness, as well as loneliness are common emotions of the adults who accept responsibility for care of parents at home or in institutions such as nursing homes.

Children faced with decisions about care of parents need emotional support from friends, family, and professional persons as well as information to help in decision making. In most cases in this study, less than half of the expressed needs were met. Support groups, central sources of information, and better general understanding were needed.

The quality of family relationships rarely changed as a result of a decision to place a parent in a nursing home. Changes that did occur tended to show increased intimacy and closeness between family members. If family members showed little concern or interest in helping the parent, relationships might worsen. Parents sometimes blamed the adult child for placement initially, but usually accepted nursing home care within a few months.

Children were generally satisfied with the decision to place their parents in nursing homes because they saw no other more satisfying alternatives. The decisions were emotionally difficult to make and implement.
Government and community agencies could help these adult children and their parents by providing additional services to support home care. Nursing homes, agencies, and professional people could educate, counsel, and share with the children before, during, and after admittance of the parents to a nursing home.
CHAPTER 5

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was two-fold: to identify alternatives and factors considered by adult children participating in the decision to place an elderly parent in a nursing home and to identify the feelings, needs, and changed family relationships of these adult children. The study also sought suggestions for ways to meet their needs.

Discussion and Conclusions

Alternatives and Factors

Findings of this study supported the conclusion that decisions about placement of a parent were made in the context of loving concern rather than indifference. Half of the respondents considered bringing their parents to live with them, apparently without consideration of expenses involved. More than half of the responsible children interviewed actually were full-time caregivers for their parents. The fact that the primary factors affecting decisions were the health needs of the parents and the availability of family members to provide care suggests concern and consideration of caregiving.

Grief and sadness about parents' decline in health, frustration at the inability to find and/or afford enough help to maintain parents in a home environment, and anguish and/or guilt for not being able to provide care in a home setting were emotions expressed by interviewed
persons and respondents to the mailed questionnaire. Some adult children also reported that they felt a release from worry about parents' safety and from concern about other family members whose needs could not be adequately met while the respondents were providing 24-hour care for parents.

Although 3 of the 12 persons interviewed shared strong concerns for the needs of other persons in the family, Karcher and Linden's (1974) concept of the nursing home as a socially acceptable repository for elderly persons who are in the way was not substantiated in the study. An extremely demanding level of 24-hour care was described by interviewees. When no respite care was available and/or family care was inadequate for the needs of the parents, placement in a nursing home remained as the respondents' only viable alternative. Tearful responses by at least a third of the interviewees described better than words the difficulty of the placement decision.

Eleven of 12 interviewed respondents stated that they continued to visit their parents from 1 to 14 times a week. Other researchers who have studied the relationships between adult children and their parents concur that most children care enough about parents to maintain contact (Cicirelli, 1980; Fengler & Grams, Note 1; A. Harris, 1975; Hill, 1970; Lee, 1977; Mindel, 1979; Robinson & Thurnher, 1979; Rosenmayr, 1968; Rosow, 1967; Shanas, 1967, 1968, 1969, 1973, 1979a, 1979b). Studies indicate that placement of parents has been a last resort when no other viable options remain (Brody, 1977, p. 96).
Differences between Deciding Children and Non-deciding Children

The children totally responsible for the placement decision differed in several ways from the children who did not make the final placement decision alone. A greater number of responsible children expressed concerns about parents' need for daily care and fewer expressed concerns about parents' psychological needs than non-deciding children. Friends had most influence on responsible children but family members had the most affect on the other respondents.

Demographically, the group of children responsible for the final decision was composed of more white collar workers than blue collar workers. The occupations of the non-deciding children were more equally divided. The responsible children were more likely than the non-deciding children to be female and college educated.

Family Relationships and Satisfaction

The vast majority of adult children were satisfied with the placement decision as shown by the fact that 99 respondents would make the same decision again if given a second chance. This satisfaction was not necessarily indicative of pleasure with the decision. A number of respondents expressed regret that a nursing home was the only or best alternative for their parents' situations. Safety and adequate health care seemed to be primary objectives in the placement decision. Feelings of guilt and dissatisfaction with specific aspects of nursing home characteristics or care were factors affecting satisfaction levels. Parental attitudes greatly influenced the feelings of the respondents.
If the parents adjusted well, the children were generally happier than if the parents did not accept the situation.

Linn and Gurel (1972) and Sherwood, Glassman, Sherwood, and Morris (1974) found greater acceptance of nursing home care by patients who had previously been residents or who had recognized the need for care before admittance. These findings were supported by this study in which the attitudes of the parents toward their children did not change if the parent made the final decision for nursing home entry.

A majority of the respondents did not experience change in the quality of family relationships because of the placement decision. Of the parent-adult child relationships that did change, two out of three improved. A similar situation existed with siblings and other relatives: Respondents noted that 17 relatives seemed to act more caring and only 4 seemed less so. When relatives failed to visit or demonstrate concern for the parent or failed to assist the respondent in caring for the parent, some relationships became strained. This finding also concurs with Agate's conclusions (1979).

This present study also agrees with Smith and Bengtson (1979) that relationships are apt to be most strained at or near the time of the parent's admission. The respondents noticed some parents blamed them for the decision or kept asking to go home until adaptation took place.

Needs of the Adult Children

At the time of the decision-making process, adult children in this study perceived needs for personal support, medical advice, and advice
about alternatives and helping agencies. Except for legal advice, transportation, and family cooperation, not even half of the needs were met. No areas had more than 57% of the needs met.

**Summary of Conclusions**

The researcher's conclusions may be summarized as follows:

1. Adult children do care about parents' welfare and happiness.

2. Families make placement decisions in the context of values, available alternatives, and parental and family needs. Parental health and the availability of someone to provide care were major considerations in the study.

3. The quality of most family relationships do not change as the result of a placement decision. Of the relationships that do change, most improve.

4. Adult children perceive their needs for personal support and information concerning care of their parents. Many of these needs are not met.

5. Adult children express a desire for information, training in skills to help their parents, and support groups.

6. Although adult children are saddened by the needs of their parents necessitating placement, they are basically satisfied with the decision and nursing home care. Benefits are perceived to outweigh the disadvantages of nursing home care.
Implications and Recommendations

The unmet needs of adult children are a deep concern of the researcher. Adult children who are experiencing distress need support. In addition, their emotional stress leaves them less capable of helping their parents adjust to the nursing home and the multiple losses of health, home, possessions, and lifestyle. For the sake of adult children, elderly parents, and other family members, respite care as well as educational, financial, and emotional support services need to be promptly and widely implemented.

Data indicated that children who care for parents in homes needed respite care, day-care centers or day hospitals for parents. Nursing homes might add revenue and ease adjustments for future residents by providing day care. Adult children also needed training in practical nursing skills, services of health workers in the home, informative doctors, and support of family, friends, and professionals such as social workers and clergymen. Support groups might help.

During the decision-making process, respondents stated a need for a central source of information to provide help in locating alternatives and forming criteria for selection of nursing homes. Respite care is even more necessary at this time to enable the adult child to investigate alternatives. Nursing homes should offer tours, meals, information, etc., for both the family and the prospective resident to provide a basis for selection. Counseling may be particularly helpful in releasing strong emotions of all family members.
At the time of admission, the family could be invited to spend the day at the nursing home. Classes to teach the family what to expect and how to be most helpful to parents could help everyone adjust. Classes or groups in which families can share their feelings with one another provide emotional support as well. The researcher believes that good communication with the nursing home staff is a crucial element in building a cooperative system of support for parents and family members.

Public awareness needs to be raised about the factors which influence decisions about parental care and the characteristics and availability of caregiving institutions. It is the researcher's hope that public awareness would lead to the development of more personal care homes, day care for the elderly, and aids for children who wish to care for parents in their homes. Public awareness might also help to eliminate myths and biases which add to the difficulties of decision making and adaptation by families with elderly parents in need of care.

Further research concerning in-home care of parents and pilot programs to aid children in that care would be helpful. Effects on family life of caring for frail parents need further exploration. Emotional, psychological, social, physical, and economic consequences need to be identified. A study of current American concepts about nursing home placement and care might help develop public awareness and lead to improved public relations programs by nursing homes. A study to determine reasons some adult children assume responsibility for parental care and others do not would be of interest.
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APPENDIX A

LETTERS TO NURSING HOME ADMINISTRATORS
June 18, 1980

Dear Sir/Madam:

Ruth Hatch is doing research under our guidance for a thesis about the decisions adult children make concerning admission of their parents to nursing homes. Any assistance you can provide will be appreciated.

Sincerely yours,

Mary Franken, Ed.D.
Acting Head
Department of Home Economics
June 1980

Dear Administrator:

Would you like to know what the children of your residents feel and think? Would you like to find out what contributes to their satisfaction or dissatisfaction with the placement of their parents in a nursing home? I, as the one responsible for the decision to place my mother in a nursing home, have wondered if my feelings are unique or common to many. Now I have an opportunity to investigate the feelings and needs of adult children who have a parent in a nursing home in Black Hawk County. As a graduate student in the field of family life, I plan to write my thesis on the factors that influence the decision to admit a parent to a nursing home, the resulting changes in family relationships, and the needs and feelings of the adult children involved. Factors that influence the feelings of satisfaction and/or dissatisfaction will be explored. It is my hope that insights gained from this study will help to improve relationships among nursing home staff members, residents, and their adult children.

In order to do this research, it is absolutely essential to have the names and addresses of sons and daughters listed as next of kin or of those responsible for the admittance of the current residents of area nursing homes. I would like to send these adult children letters and questionnaires which they may choose to fill out and return or not. Approximately ten people will be asked to participate in interviews. No one will be pressured to participate. All responses will be anonymous. Will you help me in this project by supplying me with these names and addresses?

I anticipate collecting data during July, tabulating and analyzing responses in the fall, and preparing the final results in the spring. I shall be happy to provide one free copy for you and your staff in gratitude for your assistance. If you have any
questions, please call me at home before 7:30 a.m. or after 6:00 p.m. at 273-6496 or at work at U. N. I. at 273-6007 or 273-2814. Thank you very much for your consideration.

Sincerely,

Ruth C. Hatch

Ruth C. Hatch, graduate assistant
Department of Home Economics
APPENDIX B

ITEMS IN QUESTIONNAIRE PACKET
Dear Neighbor,

I am writing to you because we have both experienced placing a parent in a nursing home. I recall my sense of isolation and my fear that people would not understand my feelings and needs. The opportunity to talk to someone who had gone through a similar experience would have helped me.

Now, with your help, I have the opportunity to broaden people's understanding of our experiences and needs. In my graduate studies in family life, I am writing a thesis exploring the factors influencing the decision for our parents to enter a nursing home. I hope to identify the feelings and needs we experienced while the decision was being considered and after our parents were admitted. To do this, I need your help in answering the enclosed questionnaire. No names will be used in the findings. No value judgment will be placed on responses (good/bad, positive/negative, right/wrong). All honest feelings and thoughts are needed to give an accurate and full picture of our experiences.

With many people moving and housing becoming more expensive, many parents will be unable to live with or near their adult children. An increasingly large percentage of parents, therefore, may go to live in nursing homes. I want to provide information that will help their children cope without the sense of isolation I felt. Will you help? I can't do this project alone!

Sincerely,

Ruth C. Hatch
Graduate assistant
Department of Home Economics, U. N. I.

As Ruth Hatch's U. N. I. advisor on her graduate thesis, I would appreciate your cooperation in answering her questionnaire. Her work should be of value to families making decisions about older parents.

Mary Franken, Ed. D.
Acting Head
Department of Home Economics, U. N. I.
POST CARD

I am willing to be interviewed if randomly selected _____ yes
I am not willing to be interviewed because _______________________

I have answered and mailed the questionnaire ______
I lost the questionnaire; please send me another ______
I plan to answer and mail the questionnaire by ____ (date)
I have not answered the questionnaire because ____________

I would like a brief summary of the completed research ______

Name ___________________________________________ Phone _________
Address ____________________________________________
My parent is now in ___________________________ Nursing Home
Please fill out the following questionnaire. If you cannot answer a question, please write down the reason, such as "don't know." In the questionnaire, "parent" refers to the parent in the nursing home now. "Decision" always refers to the decision for your parent to enter the nursing home. When the questionnaire is completed, please mail it in the stamped envelope.

If for any reason you feel unable to fill out the questionnaire, please send me the post card immediately. If you are able to complete the questionnaire, the post card should still be returned!

Your return of the questionnaire is considered consent to allow me to use the information as long as it is anonymous. (No last names are to appear on the questionnaires for that reason.) THANK YOU FOR YOUR HELP.

Please check one:

1. I am now married ___
   widowed ___
   separated ___
   divorced ___
   never married ___

2. My sex is male ___
   female ___

Please fill in the blanks:

3. Age and first name ____________________

4. Occupation ____________________

5. Last school grade completed
   Elementary: K, 1, 2, 3, 4, 5, 6, 7, 8
   High School: 9, 10, 11, 12
   College: 13, 14, 15, 16
   Graduate school: 17, 18, 19, 20
   Professional, Vocational-Technical
   beyond high school V-1, V-2, V-3, V-4

6. City where you live ____________________

7. Type of housing:
   own, rent, live with relative
   or friend, included in compensation
8. Please list living family members by first names and relationship to YOU. Include your brothers, sisters, children, your parent's brothers and sisters, in-laws with whom you have contact,

<table>
<thead>
<tr>
<th>Relationship</th>
<th>First name</th>
<th>Age</th>
<th>Current occupation</th>
<th>City of residence now</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
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<td>E.</td>
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<td>F.</td>
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<td>G.</td>
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<tr>
<td>H.</td>
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</tr>
<tr>
<td>I.</td>
<td></td>
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<tr>
<td>J.</td>
<td></td>
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<tr>
<td>K.</td>
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<tr>
<td>L.</td>
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<td></td>
</tr>
<tr>
<td>M.</td>
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</tr>
<tr>
<td>N.</td>
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<tr>
<td>O.</td>
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<tr>
<td>P.</td>
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</tr>
</tbody>
</table>

If more room is needed, please add a sheet of paper or use the back of the letter.

9. Parent's first name | Age | Name of nursing home

10. Who made the final decision for your parent to enter a nursing home?(check one)
    Your parent?    __________
    You?            __________
    Relative? (list first name and relationship to you) __________
    Family vote?    __________
11. Who participated in the decision making process? (List first names and relationship to YOU)

1. __________________________ 2. __________________________
3. __________________________ 4. __________________________
5. __________________________ 6. __________________________

12. What factors influenced the decision to admit your parent to a nursing home? Check those that apply.

Resources or lack of resources:
- Income of parent
- Income of you, your brothers and sisters, other relatives
- Size of homes: yours, your parent's, others in family
- Availability of community services (such as visiting nurse, meals on wheels, transportation, etc.)
- Availability and ability of family to provide care (time, energy, location of family, etc.)
- Availability and ability of friends to provide care

Problems and/or needs of parent:
- Chronic health problems, long standing difficulties
- Recent health problems
- Psychological/emotional problems or needs
- Number of social contacts (friends, family, groups)
- Intellectual capacity (memory, decision making, etc.)
- Other needs of parent: please list __________________________

Miscellaneous influences:
- Influence of family members (attitudes, values, behavior, concerns)
- Suggestions of friends and neighbors
- Pressure of racial, national, ethnic, and/or cultural group's traditions and standards
- Personal views (beliefs, understanding of right/wrong, duty, etc.)

13. What alternatives to a nursing home were considered before the decision was made? Check those that apply.

- Live with son, daughter, or other relative
- Have son, daughter, or other relative live with parent
- Hire companion, homemaker, practical nurse, etc.
- Move parent to foster home
- Live independently near a relative who will provide care
- Communal home (shared housing, meals, expenses, upkeep)
- Senior citizen housing with infirmary
- Senior citizen housing without infirmary
- Senior citizen housing with meals provided
- Senior citizen housing without meals provided
- County care facility
- Utilize special services for the elderly: community meals, meals on wheels, telephone reassurance programs, council on aging transportation, delivery services, etc.
- Others: please list __________________________
- None
14. What were YOUR needs during the time you and the family were trying to decide whether your parent should enter a nursing home? Circle the number that best describes your needs and desires.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>no need</td>
<td>slight need</td>
<td>some need</td>
<td>much need</td>
<td>great need</td>
<td></td>
</tr>
<tr>
<td>a. Support of someone who's experienced your situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Advice of friends and/or family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Someone to listen empathetically</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Someone to understand</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Information about alternate care possibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Information about helping agencies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Someone to help with physical tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Child care while you helped parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Legal advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Medical advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>k. Psychological counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>l. Good transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Spiritual, religious support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Family cooperation, solidarity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>o. Other: please list</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

15. Mark an X over the number circled above if you feel your needs were met adequately. ( )

16. What are your suggestions for ways to meet these needs?

17. Does your parent seem to feel and act differently toward you since his/her admission to the nursing home? Check one.

a. yes
b. no
c. don't know
18. If your answer to # 17 was yes, please check the phrase that best describes his/her attitude toward you.

a. Much closer, more caring relationship (Possibly more dependent)  
b. Somewhat improved relationship  
c. Less caring relationship, less sharing of thoughts  
d. More strained, hostile relationship  

19. Do you think your immediate family (mate and children) and/or relatives feel and act differently toward you since your parent entered the nursing home? Check one.

a. Yes  
b. No  
c. Don't know or never thought about the possibility  

20. If your answer to # 19 was yes, please list relatives by first names next to the phrase that describes their attitudes toward YOU.

a. Much closer, more caring relationship ______________________________  
b. Somewhat improved relationship ______________________________  
c. Somewhat less caring relationship ______________________________  
d. More strained or hostile, little or no desire for contact__________  

21. Do you feel the same toward members of your family and relatives since the admission of your parent to the nursing home? Check one.

a. Yes  
b. No  
If no, would you please share the reason why there has been a change?  

22. How satisfied are you NOW with the decision that your parent should enter the nursing home? Check one.

a. Very satisfied  
b. Somewhat satisfied  
c. Can’t decide, don’t know  
d. Somewhat dissatisfied  
e. Very dissatisfied  

Remarks to clarify feelings may be placed here.
23. Please rank on the scale the effects of the following factors on YOUR present satisfaction with the decision to admit your parent to the nursing home.

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of time consumed by you to handle parent's affairs/concerns</td>
<td>(-)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Family reactions toward you</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Family reactions toward parent</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Financial results-your family</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>-your parent</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Care at the nursing home</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cleanliness of the nursing home</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Floor plan and furniture at nursing home</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Activities in the nursing home</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Information you were given about nursing home before parent's entry</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Your parent's attitudes and emotions</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Your emotional reactions toward your relatives and immediate family members</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Amount of contact you have with parent</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Attitudes of friends and neighbors</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other: please list</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

24. If you had to make the decision today, would you admit your parent to a nursing home? Check one.
   a. Yes
   b. No

If your answer is no, what alternative living arrangements would you substitute?
APPENDIX C

INTERVIEW FORM AND SCALES
STRUCTURED INTERVIEW - DATE____________________
CASE NUMBER______________________________
NAME_____________________________________
ADDRESS___________________________________
PHONE_____________________________________
SEX_________________AGE_____________TIME_____
MILEAGE____________________________________
TAPES_____________________________________

DIRECTIONS TO HOUSE:
As you know, I am doing some research about adult children who experience the placing of a parent in a nursing home. I became interested in the topic because I had felt so alone and unsure of others' reactions when I went through the experience. My aim is to gather enough information about experiences others have had so that I can encourage others who will have such experiences and help professionals understand what we go through so that they will be better prepared to help us, our parents, and our families. I deeply appreciate your willingness to help!!

To start out, will you go back in time with me, and share what it was like before your parent entered the nursing home?

DEMOGRAPHIC INFORMATION

1. Was your parent
   ___ totally independent?
   ___ partially dependent?
   ___ totally dependent on a full time caretaker? (If yes, WHO?____________________________________)

2. What were your parent's housing arrangements before entering the nursing home? (not including hospitalization)
   ___ own a house, duplex, or condominium?
   ___ rent a house or apartment?
   ___ live in retirement housing or senior citizen complex?
   ___ rent a room, live in boarding house or hotel?
   ___ live with a child or other relative? (If yes, with whom?

   ___ live with a friend?
   ___ Other (list_________________________________________________________________________)

3. How far away did she/he live from you? _______ time, _______ miles.

4. How far away did she/he live from the closest relative, not including yourself? _______ time, _______ miles.

5. What effects did the distance create? (open ended)
   ___ number of visits
   ___ ways you helped she/he
   ___ ways she/he helped you
   ___ your feelings and concerns

6. Do your relatives who kept in touch with your parent before his/her entering the nursing home still keep in touch?
   Yes/no  lst name relationship sex age city of residence
7. Are there other relatives who influenced your feelings toward, or relationships with your parent? (If yes, list first names, relationships, sex, city.)

Who? 1st name relationship sex city

8. How many years (months) ago did your parent enter the nursing home?

__ years
__ months
________________________ month and year

DECISION MAKING

9. Who made the FINAL decision for your parent to enter a nursing home? (open ended)

___ parent (skip #10)
___ you
___ another relative
___ family vote or consensus (agreement) (skip #10)
___ doctor (if yes here, Who selected the particular home she/he entered? _________)
___ other ____________________________

10. What led to this person's responsibility for the decision? (Why?)

________________________

11. Who else participated in the decision? In what ways? (advise, check out homes, etc.)

Name sex relationship to respondent role in decision making

________________________

12. What situation, needs, and/or problem first brought the possibility of nursing home residency to mind?

________________________

________________________

13. Which was the most important? Second?
14. What were the additional problems or/and needs of your parent that influenced the decision? (open ended)
   ___ chronic health problems, long standing difficulties
   ___ recent health problems (list)
   ___ psychological/emotional problems or needs
   ___ number of social contacts (friends, family, groups, etc.)
   ___ intellectual capacity (memory, decision making, etc.)
   ___ unable to manage alone because
   ___ other needs of parent

15. Were lack of services or/and lack of special equipment factors in the decision? (open ended)
   ___ community services such as meals on wheels, transportation, visiting nurses, etc.
   ___ availability of family to provide care (time, energy, location of family, etc.)
   ___ availability of friends to provide care
   ___ availability of special equipment needed for care such as hospital beds, wheel chairs, commodes, etc.
   ___ other services?

16. Did financial resources influence the decision for your parent to enter the nursing home? Yes ___, No ___. If yes, how? (open ended)
   ___ income of the respondent
   ___ parent's income
   ___ income of relatives
   ___ availability of medicaid, medicare (underline if applicable)
   ___ other

17. Did beliefs and values (opinions) of other people influence you/your family? If so, in what ways? (open ended)
   ___ family members' attitudes (includes values, behaviors, concerns)
   ___ emotional strain on family (friction between parent and children, grandchildren, spouse, etc., tension)
   ___ suggestions of friends or/and neighbors
   ___ pressure of racial, national, ethnic, and/or cultural group's traditions and standards (specify)
   ___ other

18. Did your beliefs and values influence the decision? (Your sense of right and wrong)
   ___ If yes, specify: 
19. Which of all these factors we've been discussing were the most important (#12-18) considerations in your mind when the decision had to be made? (RANK ORDER top 3)
1- ____________________________
2- ____________________________
3- ____________________________
4- ____________________________

20. What alternatives to a nursing home were considered before the decision was made? (open ended)
   ___ live with son, daughter, or other relative - ask if done: ___ # months ___ # years
   ___ have son, daughter, or other relative live with parent
   ___ hire companion, homemaker, practical nurse, etc.
   ___ rent a room to someone who could help in an emergency
   ___ live independently near a relative who will provide care
   ___ enter a foster home
   ___ communal home (shared housing, meals, expenses, upkeep)
   ___ senior citizen housing with infirmary
   ___ senior citizen housing without infirmary
   ___ senior citizen housing with meals provided
   ___ senior citizen housing without meals provided
   ___ county care center or facility
   ___ use of special services for the elderly:
   ___ community meals
   ___ meals on wheels
   ___ telephone reassurance program
   ___ council on aging transportation program
   ___ delivery services
   ___ day care
   ___ others (list) ____________________________
   ___ none

FEELINGS AND RELATIONSHIPS

Sometimes the decision to have a parent enter a nursing home affects family relationships. The ways family members act and feel toward each other may change. Knowing what other families have experienced might help other people cope better in the future. Will you share what your family felt? Please use just first names so we will not recognize anyone. Would you try to go back in time and picture what it was like for you?
21. How did you feel when you realized your parent might have to enter a nursing home? (if doctor ordered it: ...Had to enter a nursing home? (while you were exploring care alternatives? ...if prompting is needed) (open ended)

- depressed, grieving
- relieved ...because ___________________________________________
- sad
- worried ...about ___________________________________________
- freed, ...from ___________________________________________
- frustrated ...by ___________________________________________
- other ___________________________________________

22. What did you feel at the time you admitted your parent (or that she/he was admitted) (prompt if necessary) (open ended)

- satisfaction
- relief (from worry about parent, that decision was finally made and implemented)
- guilt
- anger ...at ___________________________________________
- depression
- resignation (no other way out, for the best-but I don't like it, etc.)
- frustration
- shame
- desire to run away, escape the discomfort of the event
- sense of loneliness
- sense of helplessness
- peace of mind
- pride in accomplishing a difficult task
- other ___________________________________________

23. Which of these were the strongest emotions? (Mark with * above)

SCALE FOR CHANGING FAMILY RELATIONSHIPS

Scale: 1-dislike/hostility
2-strained relationship
3-distant/little feeling/indifference
4-friendly
5-very close, important caring relationship

24. Did your parent act differently toward you during the first weeks admission to the nursing home? (open ended) Yes +/- No unable to communicate

How did you feel as a result?
25. Does your parent seem to feel and act differently toward you NOW when compared to her/his attitude before entering the nursing home? (open ended)
   ___ yes (+/-)
   ___ no
   ___ can't tell, not observed

   (if yes, how would you describe the difference in his/her feeling toward you? SCALE before and after admission to nursing home)
   before 1 2 3 4 5  after 1 2 3 4 5

   How does this make you feel?

26. After your parent entered the nursing home, did you change your pattern of visiting...
   ___ your parent? (+/-) What influenced the change? ____________________________
   ___ your relatives? (+/-) Who? ____________________________

27. Were family members asked to supply financial help for your parent?
   ___ yes
   ___ no
   (if yes, what were their responses? ____________________________

   How did you feel about their responses? ____________________________ (open ended)
   ___ angry
   ___ pleased
   ___ resentful
   ___ sad
   ___ proud
   ___ grateful
   ___ confused
   ___ depressed
   ___ self pitying
   ___ other

28. After your parent entered the nursing home, did family members behavior change indicating different feelings toward you?
   ___ yes (+/-)
   ___ no
   (if yes, ask: How did the behavior change? ____________________________

29. After your parent entered the nursing home, did family members behavior change indicating different feelings toward your parent?
   ___ yes (+/-)
   ___ no
   If yes, ask: How did the behavior change? ____________________________
30. What do you think their feelings are? (open ended)

- guilt
- discomfort with decline of parent, painful feelings
- don't want to become responsible or involved
- anger or resentment
- jealousy
- denial, avoidance of facing the problem
- fear of not knowing what to do, how to act, what to say
- desire to help
- feel needed, satisfaction of usefulness
- regret for past uninvolved, desire to make amends
- empathy

RELATIONSHIP SCALE

1-dislike/hostility
2-strained relationship
3-distant/little feeling/indifference
4-friend
5-very close, important caring relationship

31. How do you describe the changes in their attitudes? (x-attitude toward parent o-attitude toward you)

<table>
<thead>
<tr>
<th>NAME</th>
<th>BEFORE ADMISSION OF PARENT</th>
<th>AFTER ADMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

32. Did your feelings of emotional closeness to any family members change because of your parent's admission to the nursing home?

NOTE ONLY THOSE FAMILY MEMBERS WHERE THERE'S A CHANGE, INCLUDING PARENT IF APPLICABLE.

<table>
<thead>
<tr>
<th>Name:</th>
<th>before decision</th>
<th>after decision</th>
<th>reason change</th>
<th>feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td></td>
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</table>
NEEDS

Compared with the great number of people who discuss the needs of the elderly, few people discuss the needs of the adult children who may become responsible in some way for their elderly parents. When I was faced with the decision about placing my mother in a nursing home, I did not feel very comfortable discussing my feelings and concerns with others. I was afraid I would be misunderstood or/and criticized. I would like to identify needs felt by people who have had parents enter a nursing home so that others can understand and help people cope. Will you please share what your needs were and/or are?

33. Did you feel some responsibility for your parent BEFORE realizing she/he might need the care of a nursing home? If so, will you think back to that time and try to remember how you felt and what you needed help with? (If need prompting: Some people have felt the need to talk to someone who's been through the experience, or needed help with the care of finances of the parent, for instance. I needed someone to Grandma-sit when I needed to go out.) What do you remember? (open ended) USE CHART ON NEXT PAGE FOR ANSWERS
<table>
<thead>
<tr>
<th>WHAT WERE YOUR NEEDS</th>
<th>BEFORE your parent needed specialized care?</th>
<th>WHILE YOU WERE INVESTIGATING possible solutions?</th>
<th>AFTER your parent entered the nursing home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Support of someone who’s had the experience</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Advice of friends and/or family</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. Someone to listen with empathy</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>d. Information about alternative time care possibilities</td>
<td>1 2 3 4 5</td>
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<tr>
<td>e. Information about helping agencies</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>f. Someone to help with physical tasks of care</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>g. Child care while you are helping parent</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>h. Legal advice</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>i. Medical advice</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>j. Psychological counseling</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>k. Good transportation self/parent</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>l. Spiritual, religious support</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>m. Family cooperation, solidarity</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>n. Financial help</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>o. Supplies, equipment, clothing</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>p. Better public education</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>q. Other</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

WERE THESE NEEDS MET AT THE TIME? (mark an X over the circle if these needs were met)
34. What would you suggest people might do to help you cope? (check time)  

<table>
<thead>
<tr>
<th>Decision Placement</th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
</table>

**a. From friends**
- Listen
- Understand
- Share experiences
- Visit parent
- Companion for parent while you go out
- Other

**b. From family members**
- Listen
- Understand
- Share care
- Share financial expenses
- Give advice
- Express continuing love, regardless of decision
- Other

**c. From counselors and/or professionals, including doctors**
- Advice
- Help with weighing alternatives
- Refer for specific help
- Understanding
- Information about similar situations
- Feedback, clarification of feelings
- Other

**d. From society**
- Financial help
- Better standards for nursing homes
- Enforcement of standards of nursing homes
- Better training for aids
- Public education for all about handling stress, problem solving, decision making
- Public education about wills, estates, financial management
- Develop public awareness of resources, agencies, alternative care possibilities
- More clothing and housing available for handicapped persons
- More doctors and medical schools
- Income tax deductions for expenses for parents
- Medicaid coverage for those required to be in nursing homes, but too poor to pay the total bill, too rich to be covered under Medicaid
- Public transportation
- Other
SATISFACTION LEVEL

SCALE

1-dissatisfying 2-somewhat 3-neutral, 4-somewhat 5-very
dissatisfying expected satisfying dissatisfying

35. Now that your parent is living in a nursing home, I'd like you to reflect on how satisfied you are with his/her being there. What factors affect your general feeling about it?

36. Were your expectations about nursing home life for your parent different from reality? If so, in what way?

37. Were your parent's expectations different from reality? In what way?

38. What are the emotional reactions, behaviors of your parent? (now) (open ended)

- resigned, but frustrated with loss of independence
- demanding explanations
- angry at family
- determined to go home again
- confused, disoriented
- making the best of what is
- relieved to be cared for, released from responsibilities
- constantly complaining about everything: care, furniture, routine, people
- friendly, outgoing
- helpful
- withdrawn, refusing to mix with other residents
- weepy
- eating too much or too little
- sleeping too much or too little
- other
39. What are your emotional reactions to visiting your parent?
   (now) (open ended)
   ____pleasure, fun
   ____satisfaction for making parent feel better, or at least trying to!
   ____appreciation, gratitude for your parent's health, care, spirit
   ____pride
   ____sense of loneliness (especially when leaving)
   ____helplessness
   ____frustration
   ____guilt, shame
   ____depression
   ____anger
   ____sadness
   ____hurt feelings
   ____resentment
   ____pity
   ____self pity
   ____jealousy
   ____desire to run away, escape responsibility, discomfort of seeing parent so
   ____other

40. How often do you see your parent?
   ____x week
   ____x month
   ____x year
   ____never

41. How satisfied are you with that number of visits?
   1 2 3 4 5

42. Are there situations that influence the number of visits you can make? If so, what are they? What are your reasons for going to see your parent?
   Rank order:
   (1-3)
   ____love
   ____satisfaction of meeting his/her needs and/or desires
   ____duty to avoid guilt
   ____pleasure of visiting
   ____take care of business matters
   ____other

   Do you feel your visits fulfilled your reasons for going?
   ____yes
   ____no
43. Level of satisfaction with the nursing home's

<table>
<thead>
<tr>
<th></th>
<th>Parent</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. food</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. staff attitudes</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. residents</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. schedule, routine</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. administration</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f. activities</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>g. care</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>h. privacy level</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>i. communication with family, patient</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>j. auxiliary services</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>hair dresser, barber, therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. room and furnishings</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>l. other</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

44. Please rank your overall level of satisfaction/dissatisfaction with the decision to admit your parent to a nursing home.

1 2 3 4 5

45. If you had to decide now whether or not to place your parent in a nursing home, which would you do?

___ admit her/him (skip #46)
___ not admit her/him

46. If not, what alternative kind of care would you substitute?

DEMOGRAPHIC INFORMATION

To have a better understanding of the families who have gone through these experiences, I'd like a little background information, and then I won't take any more of your valuable time.

47. What was the last grade of school you completed?

48. What degree, if any, was granted?

49. What was the last grade of school your wife/husband completed?

50. What degree, if any, was granted?
51. What is your religious affiliation, if any?
   ______ Protestant, (main line or general category)
   ______ Fundamentalist, Evangelical (check only if the respondent makes the distinction)
   ______ Sect
   ______ Catholic
   ______ Jewish
   ______ Other (list)

52. How often do you attend services?
   ______ times a week
   ______ times a month
   ______ times a year
   ______ only for weddings, funerals, etc.

53. What was your income level at the time your parent entered the nursing home?
   ______ low
   ______ middle
   ______ high

54. Just thinking about your family now...those people living in this household who are related to you. Would you please tell me the letter on this card which best represents your total family household income in 1979 before taxes? This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent and any other money income received by all those people in the household who are related to you and contribute to household expenses. We don't need to know the exact amount, just tell me the letter next to the approximate amount. What would be your estimate?

   A  B  C  D  E  F  G/?  R (refused)

   (See Appendix A for scale shown respondents)

55. Are there any other thoughts, feelings, or needs you would like to express or want people to be aware of?

Thank you so much for your time and cooperation!!!
Family Relationship Scale

1. Dislike/hostility
2. Strained relationship
3. Distant/little feeling/indifference
4. Friendly
5. Very close, important caring relationship

Family Relationship Scale Card
Satisfaction Scale

1. Dissatisfying
2. Somewhat dissatisfying
3. Neutral, as expected
4. Somewhat satisfying
5. Very satisfying
Family Income Scale

TOTAL FAMILY INCOME IN 1979 BEFORE TAXES, ALL MEMBERS OF FAMILY CONTRIBUTING TO HOUSEHOLD EXPENSES

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Weekly Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Under $5,000 a year</td>
<td>(or under $95.99 a week)</td>
</tr>
<tr>
<td>B $ 5,000 to $7,999 a year</td>
<td>(or $96-$153.99 a week)</td>
</tr>
<tr>
<td>C $8,000 to $11,999 a year</td>
<td>(or $154-$230.99 a week)</td>
</tr>
<tr>
<td>D $12,000 to $19,999 a year</td>
<td>(or $231-$384.99 a week)</td>
</tr>
<tr>
<td>E $20,000 to $30,000 a year</td>
<td>(or $385-$576.99 a week)</td>
</tr>
<tr>
<td>F $30,000 to $40,000 a year</td>
<td>(or $577-$769.23 a week)</td>
</tr>
<tr>
<td>G over $40,000 a year</td>
<td>(or over $769.24 a week)</td>
</tr>
</tbody>
</table>

Family Income Scale Card
APPENDIX D

FOLLOW-UP LETTER
811 Sheridan Rd.
Waterloo, IA 50701

Dear Neighbor,

I have not yet received your response to the questionnaire about your experiences of having a parent enter a nursing home. I need YOU. Please help me and others who will go through this type of experience. The study will be incomplete without your unique contribution. No one else can take your place in this study. The questionnaire takes only about ten to twenty minutes to complete. Your name will not be used. The numbers on the envelopes and cards are to be used in randomly selecting a small group to be interviewed. Thank you!

Sincerely,

Ruth C. Hatch

Ruth C. Hatch
Graduate assistant
Home Economics, U.N.I.
APPENDIX E

REASONS GIVEN FOR NON-RESPONSE TO THE QUESTIONNAIRE
AND FOR REFUSING TO BE INTERVIEWED
Reasons given for non-response to the questionnaire were tallied as follows:

15 felt the questionnaire did not apply to their situation
2 did not perceive the value of the study
3 felt the subject was too personal
3 distrusted anonymity
6 simply did not wish to participate
3 did not wish to take the time
1 was unable to answer the questions.

Reasons given for refusing to be interviewed included:

9 who lacked time
4 who felt the questionnaire was enough
3 who felt interviews would be too personal
1 who felt an interview would not be personally helpful
1 who felt the subject did not apply to him/her
1 who felt interview would be depressing
1 who lived too far away
1 whose health was poor
3 who did not want to participate in interviews.