

ANNOTATED BIBLIOGRAPHY OF RESEARCH ARTICLE CRITIQUES

Adams, K. B., Matto, H. C., & Sanders, S. (2004). Confirmatory factor analysis of the Geriatric Depression Scale. *The Gerontological Society of America, 44*(6) 818-826.

The Geriatric Depression Scale (GDS) is widely used in clinical and research settings to screen older adults for depressive symptoms. Although several exploratory factor analytic structures have been proposed for the scale, no independent confirmation has been made available that would enable investigators to confidently identify scores for the sub dimensions of depression represented in the scale. This article describes a confirmatory factor analysis of the 30-item GDS, with the factor structure based on an exploratory principal components analysis that was published earlier. The original study sample consisted of 327 community-dwelling adults aged 65-94 years. The confirmatory factor analysis was performed on data from an independent sample of 294 adults aged 60-98 years who resided in retirement facilities. The proposed final measurement model uses 26 of the items from the GDS in five factors and obtains a goodness-of-fit index of .90. The resulting distinct sub dimensions are Dysphoric Mood, Withdrawal-Apathy-Vigor, Hopelessness, Cognitive, and Anxiety. Although results should be considered preliminary, the use of these five sub dimensions as subscales for scoring purposes may improve the precision and utility of the GDS as an assessment tool for older adults in health, mental health, and research contexts.

Chou, S. C., Duncan, P.B., & Lee, A. L. (2003). Factors influencing residents' satisfaction in residential aged care. *The Gerontological Society of America, 43*(2) 459-472.

The aim of this study was to identify the important factors influencing residents' satisfaction in residential aged care and to provide a better understanding of their interrelationships. Design and Methods: A cross-sectional survey design was used to collect the required information, including resident satisfaction, resident dependency levels, and staff satisfaction. A stratified random sampling approach was utilized to select facilities. All residents satisfying the selection criteria (i.e., understand English, be sufficient cognitive competence, have a sufficient energy level to participate in the survey, and live in the facility for more than 4 weeks) and all care staff were invited to participate. A total of 996 residents and 895 staff from 62 facilities (36 hostels and 26 nursing homes) provided the required data. Structural equation modeling was used to examine the inter-relationships among three sets of contributing factors, related to the facility, staff and residents, and resident satisfaction components, separately for nursing home and hostel residents. Results: Overall fits of both nursing home and hostel models were satisfactory. This study has revealed that staff satisfaction plays a crucial and central role in determining resident satisfaction in nursing homes, whereas it has less impact in hostels. The provision of more care hours has only a small, yet positive, impact on resident satisfaction. Larger facility size has a negative impact on resident involvement. Older residents were found to be more satisfied with staff care. Implications: The results provide a comprehensive understanding of what influences resident satisfaction. By accounting for important factors identified by residents, a resident-focused care model can be developed and implemented, leading to better service for aged care residents.

Gaugler, J. E., Anderson, K. A., & Leach, C. R. (2003). Predictors of family involvement in residential long-term care. *Journal of Gerontological Social Work, 42*(1), 3-26.

While much of the gerontological literature emphasizes the institutionalization of an older adult as an endpoint of family care, research has emerged illustrating the continued involvement of family members in the lives of residents. The purpose of this study was to determine how resident setting, family context, resident background, staff background, and resident function influence the provision of family involvement in three long-term care environments: nursing homes, assisted living facilities, and family care homes. Five nursing homes, five assisted living facilities, and 16 family care homes and residents (N = 112) in the state of Kentucky were randomly selected. Results showed that type of facility was less important in accounting for different dimensions of family involvement than family context, family orientation of facilities, or resident need. The findings demonstrate the complex process of family involvement across the long-term care landscape, and have several research and practice implications for the facilitation of family integration in residential long-term care.

Gaugler, J. E., Anderson, K. A., Zarit, S. H., & Pearlin, L. I. (2004). Family involvement in nursing homes: Effects on stress and well-being. *Aging & Mental Health, 8*(1), 65-75.

While it is clear that families remain involved in the lives of loved ones following placement in a nursing home, little research has examined whether visiting and the provision of care has effects on the emotional stress and psychological well-being of family members. Utilizing pre-placement and post-placement data from the Caregiver Stress and Coping Study ( $n = 185$ ) as well as a theoretical framework to delineate the manifestation of caregiver stress (i.e., the stress process model), the goal of this analysis was to determine whether frequency of visits and provision of personal and instrumental activities of daily living assistance following institutionalization were related to post-placement emotional distress, family conflict, and psychological well-being among family members. Following control of a wide array of pre-placement and post-placement covariates, multiple regression models found that visiting was negatively associated with post-placement role overload; moreover, the provision of instrumental activities of daily living help was negatively related to loss of intimate exchange at post-placement. The results suggest that family involvement following institutionalization may operate differently than when in the community, and add to the literature emphasizing the positive implications of family involvement in residential long-term care.

Glass, T. A. Mendes de Leon, C. F., Bassuk, S. S., & Berkman, L. F. (2006) Social engagement and depressive symptoms in late life: Longitudinal findings. *Journal of Aging and Health, 18*(4), 604-628.

The purpose is to investigate whether social engagement protects against depressive symptoms in older adults. Method: Three waves of data from a representative cohort study of community-dwelling adults aged 65 years & above from the New Haven Established Populations for the Epidemiologic Study of the Elderly are examined using random effects models. Results: Social engagement (an index combining social & productive activity) is associated with lower CES-D scores after adjustment for age, sex, time, education, marital status, health & functional status, & fitness activities. This association is generally constant with time, suggesting a cross-sectional

association. In addition, social engagement is associated with change in depressive symptoms, but only among those with CES-D scores below 16 at baseline. Discussion: Social engagement is independently associated with depressive symptoms cross-sectionally. A longitudinal association is seen only among those not depressed at baseline.

Green, R. R., & Cohen, H. L. (2005). Social work with older adults and their families: Changing practice paradigms. *Families in Society*, 86(3), 367-373.

Given the far-reaching social, economic, and demographic changes in the aging population, the authors argue for a methodological and practice-oriented transformation in future geriatric social work. The authors suggest that if they are to maintain their independence and well-being, a resilience-enhancing social work intervention will be especially effective in fostering the specific survival skills that older adults often already utilize to help them cope with difficult situations. A risk-resilience model sensitive to ethnic difference and practiced at multiple systems levels (e.g., the community) is offered as an advancement of the traditional models of social work practice. In conclusion, the authors emphasize the value of a strengths perspective to address the pressing issues that affect the aging population.

Hamarat, E., Thompson, D., Steele, D., Matheny, K., & Simons, C. (2002). Age differences in coping resources and satisfaction with life among middle-aged, young-old, and oldest-old adults. *The Journal of Genetic Psychology*, 163(3), 360-367.

The authors examined age differences in perceived coping resources and satisfaction with life across 3 older-adult age groups (45-64, 65-74, and 75 years and older). The 98 participants represented healthy, socially active, community-residing adults. Group comparisons were made on 12 individual coping scales, and an overall coping resource effectiveness score was computed. No significant differences were found for 11 of the coping resources or for overall coping resource effectiveness. Similar consistencies in life satisfaction were found across the 3 age groups. The findings indicate that (a) for healthy adults, the oldest old cope at least as effectively as their younger counterparts, despite their likelihood of encountering increased levels of stress; and (b) psychologically, old age may be viewed as a time of resilience and fortitude.

Hansen, S. S., Patterson, M. A., & Wilson, R. W. (1988). Family involvement on a dementia unit: The resident enrichment and activity program. *The Gerontologist*, 28(4), 508-510.

Nursing home residents' families were recruited to lead programs and activities on a 30-bed dementia unit on which their relatives lived. Family volunteers complemented staff efforts to provide a varied and enriched environment for the residents. The benefits of the Resident Enrichment and Activity Program (REAP) have continued as expansion has occurred to include another 30-bed unit for cognitively impaired residents.

Hawthorne, G. (2006). Measuring social isolation in older adults: Development and initial validation of the friendship scale. *Social Indicators Research*, 77(3), 521-548.

Although there are many excellent published scales measuring social isolation, there is need for a short, user-friendly, stand alone scale measuring felt social isolation with good psychometric properties. This study reports the development & preliminary validation of a short, user-friendly scale, the Friendship Scale. The six items measure six of the seven important dimensions that contribute to social isolation & its opposite, social connection. The psychometric properties suggest that it has excellent internal structures as assessed by structural equation modeling (CFI = 0.99, RMSEA = 0.02), that it possesses reliability (Cronbach (alpha) = 0.83) & discrimination when assessed against two other short social relationship scales. Tests of concurrent discriminate validity suggest it is sensitive to the known correlates of social isolation. Although further work is needed to validate it in other populations, the results of this study suggest researchers may find the Friendship Scale particularly useful in epidemiology, population surveys or in health-related quality of life evaluation studies where a parsimonious measure of felt social support or social isolation is needed.

Jervis, L. J. (2005). The missing family: Staff perspectives on and responses to familial noninvolvement in two diverse nursing homes. *Journal of Aging Studies, 20*(1), 55-66.

Although the continuum of familial involvement with nursing home residents includes those who are deeply engaged and those who are totally absent, little is known about how staff perceives and react to family noninvolvement. This article explores staff perspectives on and responses to family absence. Semistructured interviews were conducted with 52 employees and 18 residents from two NHs, one an urban facility with a largely chronic mentally ill population and the other a rural, tribally owned facility with a predominately cognitively impaired American Indian clientele. Medical record reviews were also conducted. Staff theories of family absence were informed primarily by dominant American and American Indian cultural values regarding kinship, psychiatric disorders, and institutionalization. In each facility, metaphoric kinship relationships between staff and residents compensated somewhat, but not entirely, for perceived family noninvolvement. This research highlights the cultural variability of staff perspectives on family absence but also points to similar strategies for coping with it.

Kelley-Gillespie, N., & Farley, O. W. (2007). The effect of housing on perceptions of quality of life of older adults participating in a Medicaid long-term care demonstration project. *Journal of Gerontological Social Work, 49*(3), 205-228.

As the nation straggles with the great increase in the numbers of older adults, many questions arise about how to provide housing and long-term care options that will ensure the quality of life of older adults. This study demonstrates that older adults and their families perceive quality of life more positively once moved from a nursing home to an assisted living facility using Medicaid funds. Results of this exploratory study are promising and suggest that having housing options available across the continuum of care with individualized case management offers older adults the hope for "quality living."

Lieberman, M. A., & Fisher, L. (2001). The effects of nursing home placement of family caregivers of patients. *The Gerontological Society of America, 41*(6), 819-826.

This study sought to determine the effects of nursing home placement (NHP) for patients with Alzheimer's disease, compared to maintaining community placement, on changes in family caregiver health and well-being over time. Design and Methods: We utilized a 2-year, longitudinal study with one baseline and four follow-up assessments for patients' spouses, adult offspring, and in-laws (married to offspring). Families were recruited from eight clinical outpatient centers, supported by the State of California, and followed in the community over time. A multidisciplinary clinical evaluation was undertaken by the centers, and follow-up assessments included questionnaire and interview data. Results: Family caregiver health and well-being did not improve over time following NHP, and there were no significant differences in health and well-being between family caregivers who placed their ill elder in a nursing home and those who kept the elder at home or in the community. However, female family caregivers and spouses displayed greater declines in health and well-being over time, compared to other family caregivers, regardless of whether or not NHP occurred. Implications: Families considering NHP need to be advised of what may and may not change following NHP. In particular, spouses and female family caregivers may not experience those changes in life satisfaction and well-being that are hoped for. Variation in the effects of NHP may be more related to pre-NHP family processes and relationships than to the severity of the patient's disability, caregiver strain, patient and caregiver demographics, and use of community-based professional services.

Malench, S. S. (2004). Family and social work roles in the long-term care facility. *Journal of Gerontological Social Work, 43*(1), 49-61.

The purpose of this article was to explore current practice regarding family involvement in long-term care facilities and the role social workers play in these facilities. Questionnaires were received from 87 long-term care facilities surveyed throughout the Midwest. Family members can provide the long-term care center with an invaluable resource while assisting the resident with adaptation to this new life phase. Only 36% of facilities employ a qualified social worker as defined by NASW. Future research needs to be aimed at educating owners and directors of long-term care facilities of the importance of recruiting and retaining qualified, degreed social workers to care for the residents and families.

Neill, C. M., & Kahn, A. S. (1999). The role of personal spirituality and religious social activity on the life satisfaction of older widowed women. *Sex Roles, 40*(3), 319-329.

The purpose of this study is to determine the impact of personal spirituality and religious social activity on the life satisfaction of older widowed women. Fifty-one White, female retirement community residents completed measures of personal spirituality, religious social activities, and life satisfaction. Ten residents were also interviewed about their religious beliefs and activities. Although the interviews revealed both personal spirituality and religious social activity to be central to the life satisfaction of these women, quantitative results suggested only involvement with religious social activities was related to life satisfaction. Interviews revealed that church activities provided the women a loving family and a supportive community. Religious activities helped these older women overcome hardships, gave them a chance to sustain friendships, and provided a vehicle through which they could contribute to their community.

Osberg, J. S., McGinnis, G. E., DeJong, G., & Seward, M. L. (1987). Life satisfaction and quality of life among disabled elderly adults. *Journal of Gerontology*, 42(2), 228-230.

A study investigated predictors of life satisfaction and quality of life among severely disabled elderly adults. Markides and Martin's (1979) path analysis model was adapted specifically to elderly persons with severe disabilities. The study group consisted of 97 patients discharged from three medical rehabilitation facilities in metropolitan Boston during 1984. The adapted model explained about 40 percent of the variance in quality of life among both men and women, with functional capacity being the most important predictor.

Port, C. L., Zimmerman, C. S., Williams, D. D., Preisser, J. S., & Williams, S. W. (2005). Families filling the gap: Comparing family involvement from assisted living and nursing home residents with dementia. *The Gerontologist*, 45(suppl-1), 87-95.

The purpose of this study was to compare the sociodemographics, self-rated health, and involvement levels of family caregivers of residents with dementia in residential care/assisted living (RC/AL) versus nursing home settings. Design and Methods: We conducted telephone interviews with the family caregivers most involved with 353 residents of 34 residential care and 10 nursing home facilities. We measured involvement by caregiver self-report of monthly out-of-pocket spending, involvement and burden ratings, and the frequency of engaging in eight specific care activities. Open-ended questions elicited areas in which caregivers preferred different involvement and ways the facility could facilitate involvement. Results: Nursing home caregivers rated their health poorer than RC/AL caregivers, but there were no sociodemographic differences between the two. RC/AL caregivers rated both their perception of involvement and burden higher and engaged more frequently in monitoring the resident's health, well-being, and finances than did nursing home caregivers, although the reported time spent per week on care did not differ. Implications: RC/AL and nursing home caregivers to residents with dementia may tailor their care to fit the needs of the resident and setting. Results are discussed in relation to the Congruence Model of Person-Environment Fit.

Shaw, B. A., Neal, K., & Liang, J. (2007). Tracking changes in social relations throughout late life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 62B(2), S90-S99.

This research aimed to chart age-related changes in 11 dimensions of social relations during later life. We also examined interpersonal differences in intra-individual changes. Methods. We used hierarchical linear modeling with data from a nationwide survey of 1,103 elders who were interviewed up to four times over a 10-year period. Results. Age-related changes in social relations varied across the different dimensions, and significant interpersonal differences existed in these trajectories. Emotional support was relatively stable with advancing age, whereas other types of received support (i.e., tangible and informational) increased with age and levels of provided support declined. Furthermore, the findings revealed declines in contact with friends, support satisfaction, and anticipated support. These changes were not uniform throughout the sample, as indicated by significant random effects with respect to the intercepts and slopes in virtually each model. Gender and socioeconomic status accounted for some of this variation.

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Discussion. These findings highlight the dynamic nature of social relationships in late life. In addition, the findings both provide evidence of older adults managing their social ties to meet the challenges of aging and suggest the importance of the interplay between giving and receiving support.