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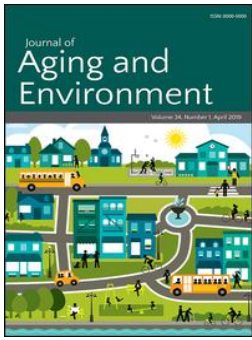


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## Institutional Environment of Old Age Homes and Its Relation to Adjustment of Older Adults: Evidence from Pakistan

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### ABSTRACT

The study investigated the role of institutional environment in adjustment of older adults living in old age homes of Punjab, Pakistan. The study was conducted on a sample of 270 residents, living in 18 old age facilities across Punjab. The data was collected through a structured interview questionnaire and was analyzed through SPSS (v. 22). The multiple regression analyses suggested that institutional environment along with number of children and number of visitors was a significant predictor of adjustment of older adults. Interventions such as higher support from staff and residents, autonomy, and engagement can help older adults to adjust better in old age homes.

### KEYWORDS

Institutional environment; old age homes; adjustment; Pakistan

### Introduction

Change in residence is not an exclusive phenomenon rather it involves detaching one from the meanings that the previous residence held for that person (Manzo, 2003). Such changes can have more negative consequences for the older adults as old age is considered a time when people look for stability rather than transition. Iecovich (2014) argue that majority of older persons want to age in their homes surrounded by family members and friends as home represent a stockroom of preserved biographies through which older persons give meanings to their lives and environment. Environmental gerontologists are of the view that place-attachment reflects a persons' identity that is strongly influenced by their connection to social and physical environment (Richards, 2011; Twigger-Ross & Uzzell, 1996). Studies have pointed out that relocation of older adults to places even with better facilities may result in increased financial strain, loss of social ties,

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and lower wellbeing which can affect their adjustment in the new setting (Fried, 1963; Kim, 2012).

Old age homes are considered to be different from care facilities available for older persons in developed countries such as Residential Care Facilities, Continued Care Retirement Communities, Assisted Living Facilities, and Nursing Homes (Sabzwari & Azhar, 2011). Old age homes are stereotypically labeled as stigmatized places for older persons who have been abandoned by their families or more as abandon depots (Muhammad et al., 2009). A survey on 400 older adults in Karachi found that 93% were not willing to live in an old age home; the main reason was staying with family and the stigmatized image of such institutions (Qidwai et al., 2018). Nevertheless, it is important to realize that old age homes are becoming a functional necessity for in-need older persons in Pakistan, particularly, due to changes in familial structure and composition, migration, and urbanization (Qidwai, 2009).

Many studies have argued that despite an ever growing market for assisted living facilities, older persons yet like to age in their own homes (Hillcoat-Nalletamby, 2014; Perkins et al., 2012). One of the probable reasons for this can be the perceived loss of autonomy that older adults associate with such settings (Parry et al., 2004). This perceived loss of autonomy can be grounded in Foucauldian theoretical tradition (Foucault, 1977) as such settings can reduce functional, personal, and resource autonomy through an organizational structure of rigid control and dependency that is perceived to be disempowering by the older persons (Booth, 1985). For example, Mitchell and Kemp (2000) found that majority of the older persons living in such facilities scored lower with respect to independence and autonomy provided in the institution. Likewise, Chowdhary (1990) conducted a simple experiment on twelve institutionalized older adults to know the relationship between autonomy and self-esteem. The study concluded that involving the older persons in decision making improved adjustment, feelings of self-worth and quality of life. Nevertheless, few studies point out that this perceived loss of control is based on older adults expectations before joining such institutions (Baldwin et al., 1993) and others highlight that living in such institutions have many advantages for the older persons (Martin et al., 2005). In view of these arguments, it can be hypothesized that environment of the new setting plays a very important role in shaping the consequences for the older adults. In other words, a favorable institutional environment can help older residents to adjust better in old age homes as compared to an unfavorable environment characterized by loss of autonomy, lowered social interactions, and decreased participation in activities.

Despite the growing importance of gerontological research in developed countries, little to no effort has been dedicated to understand the condition

of older adults and their problems in Pakistan. Particularly, there was no study found that investigated the institutional environment of old age homes and its relationship with the adjustment of older residents. The study will therefore be the first and largest of its kind to investigate the relationship of institutional environment with adjustment of older adults living in old age homes of Punjab, Pakistan by employing holistic measures of institutional environment and adjustment. The findings of the study will have important policy implications related to improving the living condition of older adults of old age homes.

## Materials and methods

The study administered a cross-sectional survey to 270 residents living in 18 old age home facilities across the highest populated province (Punjab) of Pakistan. Of these 18 facilities, seven were administered by the Government of Punjab and 11 were administered by private entities. Sample size for this study was determined using G\*Power (v. 3.1.9.7) by using the following parameters; Effect size  $f^2 = 0.05$ ,  $\alpha = 0.05$ ,  $1 - \beta = 0.80$ . The sample size sufficient for this study as reported by G\*Power was 189 which meant that the sample of 270 residents for this particular study was much higher than the minimum required sample size. The response rate for this study was 77.14% as the total number of residents in these 18 facilities was 350. The study was approved by University's Advanced Studies and Research board. The ethics of informed consent, confidentiality, anonymity, safety, and privacy were observed throughout the study. A structured interview questionnaire was used for this study that was translated from English to Urdu language using the forward and backward translation process. The measures used in the study are discussed below.

## Measures

The major predictor variable for this study was institutional environment. Pincus (1968, p. 207) defined institutional environment as the 'psychosocial milieu in which the residents live' and has conceptualized it through the physical settings, rules and regulation, autonomy, and relationship with the staff. The present study will only consider engagement, autonomy and relationship with the staff members/care providers as the constructs of institutional environment. Autonomy refers to the degree of freedom, independence, and discretion allowed to a person in any setting. Engagement, autonomy and relationship with the staff were measured using three subscales of Institutional Environment Scale used by Lapré (2013). A total of 26 items were used and the responses were recorded on a 3-point scale with response

categories coded as 0 to 2 where; 0 = No, 1 = Somewhat/Sometimes, 2 = Yes. The overall scale ranges from 0 to 52 where higher score means favorable institutional environment that is, an environment characterized by higher engagements, greater autonomy, and quality relationships with the staff.

The outcome variable for this study was adjustment, which was defined as behavioral and cognitive process of modifying existing persona in a new and/or conflicting environment. Keeping in view the Home-Adjustment Scale (HAS) proposed by Lee (2007, 2010), adjustment was conceptualized and operationalized along four factors that were emotional distress, acceptance of new residence, making friends, depressed mood, and difficulties in group life. A total of 23 items were used to measure adjustment in an old age home and the responses were taken on a 3-point scale where response categories meant the following; 0 = No/None, 1 = Sometimes/Somewhat, 2 = Yes. The range of the scale was 0–46 where higher score meant poor adjustment.

The covariates or control variables used for this study were age of the residents (in years), gender (female/male), number of children, and number of visitors, marital status, education, length of stay (years), and social organization (rural/urban).

### **Analysis**

Statistical Package for Social Sciences (v. 22) was used to generate descriptive and inferential statistics. Factor analysis was done to assess construct validity of Institutional Environment Scale and Home Adjustment Scale. The values of Kaiser-Meyer-Ohlin (KMO) and  $p$ -values of Barlett's sphericity were also generated to assess sampling adequacy, linearity, and correlations between items. KMO value for both scales was greater than 0.8 which suggested linearity and  $p$ -values for Barlett's sphericity were less than 0.05 which suggested sufficient correlation between items. The loadings of all the items for Institutional Environment Scale and Home Adjustment Scale were greater than 0.5 (Table 1). Cronbach's alpha was generated for the scales to ensure internal consistency and the values were greater than 0.7 (Table 1). Hulin et al. (2001) argue that the value of Cronbach's alpha greater than 0.95 is an indicator of redundancy and therefore values between 0.70 and 0.95 are considered a good range to establish internal consistency.

To test the hypothesis for this study, multiple regression analysis was carried out in SPSS with institutional environment as independent variable, adjustment as dependent variable, and covariates were entered as control variables. The Durbin-Watson statistic was used to see independence of observations and the value of 1.82 showed that there was independence of

**Table 1.** Sampling adequacy, construct validity, and internal consistency for Institutional Environment and Home Adjustment Scales ( $N = 270$ ).

Variables	Items	KMO	Barlett	Loadings	Cronbach's $\alpha$
Institutional environment		0.89	<0.001		0.89
	Polite staff?			0.71	
	Respectful staff?			0.78	
	Comfort by staff when sad or lonely?			0.61	
	Questions addressed by staff?			0.65	
	Personal habits and tastes known by staff?			0.72	
	Staff has time to talk about what bothers you?			0.62	
	Encouraged to participate in activities?			0.71	
	Encouraged by staff to establish connections?			0.72	
	Staff is too busy to respond to requests?			0.62	
	Staff is less than what is required?			0.58	
	Staff gives immediate response when called?			0.70	
	Don't ask twice before something is done?			0.64	
	Staff responds immediately to medical help?			0.54	
	Staff comes in the promised time frame?			0.50	
	Information on organized activities?			0.57	
	Staff takes interest in solving problems?			0.55	
	Staff keeps quality of life as high as possible?			0.58	
	Involvement in decision making?			0.62	
	Residents propose suggestions?			0.71	
	Residents offer feedback to concerned?			0.61	
	Residents decide what they eat?			0.71	
	Residents decide when they eat?			0.70	
	Residents decide clothes they want to wear?			0.67	
	Residents decide when to go out/come back?			0.79	
Residents can decide when to sleep/get up?			0.60		
Residents are given the privacy they require?			0.57		
Adjustment		0.92	< 0.001		0.92
	Often feel like crying?			0.78	
	Often think about previous home and get sad?			0.55	
	Often feel lonely?			0.62	
	Often shed tears with reason?			0.65	
	Often displeased at trivial things?			0.51	
	Bored living here?			0.65	
	Painful to think about children/family?			0.62	
	Often feel angry?			0.67	
	Have a close friend here?			0.64	
	Want to make friends?			0.63	
	Try to help other residents?			0.64	
	Friendly with roommate?			0.57	
	Resolved to live here?			0.71	
	Wish to live well here?			0.63	
	Satisfied with living here?			0.62	
	Not permanent, just a temporary residence?			0.69	
	Don't want to stay but impossible to return?			0.63	
	My mind is at ease here?			0.59	
	Difficult to get along with other residents?			0.50	
	Not friendly with other residents?			0.60	
	Don't like participation in group activities?			0.59	
	My life has value to live in this world?			0.75	
	Daily living gives no meaning to me?			0.71	

residuals. There was no issue of multicollinearity as assessed through tolerance values which were greater than 0.1 for all the independent variables and VIF values which were less than 5. The visual inspection of histogram, normal p-p plot, and scatter plot for adjustment revealed that the assumptions of normality, linearity, and homoscedasticity were fulfilled. First,

control variables were entered in the model with adjustment as dependent variable and in the next step, institutional environment was added to see changes in the model.

## Results

### *Descriptive statistics of sample*

The participants were between the ages of 60 – 87 years and the mean age was 69 years ( $SD = 5.8$  years). 31.5% of the residents in the sample were female. Only 11.5% of the residents' spouses were alive and the remaining were never married (20.4%), or were widowed (58.9%) or separated/divorced (9.3%). The range of children that the residents' had was 0 – 9 with mean number of children as 2 ( $SD = 1.9$ ). A significant percentage that is 74.8% reported that they had no visitors. 49.3% of the respondents were from rural social organization. The mean and standard deviation of institutional environment was  $32.7 \pm 8.4$  (Range = 4, 50) which suggests that the majority (roughly 68%) rated institutional environment between the range of 24 and 41 which was relatively a moderate satisfaction with the services being provided at old age homes. The mean adjustment score was  $14.4 \pm 10.31$  and the range of responses was 0 – 45, where higher score meant maladjustment. The finding shows that majority of the respondents were well adjusted in the old age home, nevertheless, a significant number was maladjusted.

### *Multiple regression analysis*

The analysis showed that the model predicting adjustment from control variables was significant ( $F(8, 260) = 10.74, p < 0.001, R^2 = 0.248$ ). The unstandardized beta value for gender showed that the problem of poor adjustment was more in women than men ( $b = -3.16, t(261) = -2.58, p < 0.05$ ). The model further showed that number of children was a significant predictor of adjustment as one unit increase in number of children directed 2.69 units change in poor adjustment ( $b = 3.65, t(261) = 7.75, p < 0.001$ ). Likewise, number of visitors significantly predicted adjustment as one unit increase lowered poor adjustment by 3.45 units ( $b = -3.45, t(261) = -3.77, p < 0.001$ ).

After adding adjustment in the next step, the model remained significant ( $F(1, 260) = 57.74, p < 0.001, R^2 = 0.384, R^2$  change = 0.137). The value of  $R^2$  changed show that institutional environment contributed to 13.7% variation in the model predicting adjustment. The full model predicting adjustment from covariates and institutional environment was also significant ( $F(9, 260) = 18.03, p < 0.001$ ). The unstandardized beta value of



**Table 2.** Multivariate regression analyses to predict adjustment in old age homes ( $N = 270$ ).

Predictors	Model 1		Model 2	
	B (SE <sub>B</sub> )	<i>p</i> -Value	B (SE <sub>B</sub> )	<i>p</i> -Value
Age	0.06 (0.10)	0.54	0.09 (0.09)	0.34
Gender	-3.16 (1.22)	0.01	-2.58 (1.11)	0.02
Education	-0.23 (0.42)	0.58	-0.15 (0.38)	0.69
Marital status	0.11 (0.65)	0.17	0.35 (0.59)	0.56
Number of children	2.65 (0.34)	<0.001	2.33 (0.31)	<0.001
Length of stay	0.13 (0.25)	0.60	0.27 (0.22)	0.23
Number of visitors	-3.45 (0.92)	<0.001	-2.93 (0.83)	0.001
Social organization	-1.82 (1.21)	0.13	-0.94 (1.10)	0.39
Institutional environment	-----	-----	-0.50 (0.06)	<0.001

Model Summary:  $R^2=0.384$ ,  $\Delta R^2=0.137$ ,  $F = 10.74$ ,  $\Delta F = 57.74$ .

institutional environment revealed that one unit increase in institutional environment decreased poor adjustment by 0.50 units ( $b = -0.50$ ,  $t(260) = -7.60$ ,  $p < 0.001$ ). The results of both models are summarized in Table 2.

## Discussion

The study found that favorable institutional environment along with number of children and number of visitors was significant predictor of adjustment of older adults living in old age homes. These findings are consistent with the results of studies previously conducted in assisted living facilities which found that institutional environment characterized by flexibility, frequent family contact, group participation, integration and independence is related to better adjustment of older adults (Kurup, 2014; McCormack, 2001; Park, 2009). Scholars have contended that institutional environment is an important factor in residential care facilities as the nature of the environment whether facilitating or disturbing will determine adjustment of older adults (Cheng et al., 2011).

Institutional environment that supports autonomy and integration can foster feelings of self-worth, self-esteem, dignity, self-determination, and affirmative experiences of care (McCormack, 2001; Park, 2009). Perceived lack of control in such settings can negatively affect adjustment and physical health of older adults as studies have pointed out that older adults scoring higher on autonomy score higher on mental and physical well-being (Johannessen et al., 2004). The chances of poor adjustment increases when the new environment is not compatible with the previous one as found by this study that favorable institutional environment and number of children and visitors were important determinants of adjustment (Richards, 2011). This argument can be well explained by Bourdieu's theory of social practice.

Bourdieu (1977) argues that when an agent's *habitus* does not find compatibility with the altered social field, he might experience hysteresis effect and the *habitus* of an agent can alter when he experiences a new or

modified field. Old age homes in this sense represent a new social space where the old *habitus* of older adults does not find compatibility with the new *habitus*. In developing countries like Pakistan, the capital held by older persons that enabled them to get value in society was the *symbolic capital* which as argued by Bourdieu (1983) is an independent type of capital relating to respect, honor, privilege, appreciation, and recognition. The new social field that is old age homes might represent a loss of this capital and consequently the social support associated with it. The dominant factor, keeping in view this argument then, is institutional environment which symbolizes the *habitus* of old age homes and if this factor can be manipulated, better adjustment of older adults in such settings is likely.

Affective attachment to a place is necessary for psychological health and the absence of favorable institutional environment can hinder the development of emotional attachment to the new setting (Manzo, 2003). Studies conducted on assisted living facilities, nursing homes, and institutional care residencies have found an association between satisfaction with institutional environment and better adjustment (Choy et al., 2018; Claridge et al., 1995). Mosher-Ashley and Lemay (2001) found that older adults who received higher affective support from the staff and better service provisions were better adjusted after relocation. A study by Lee (2010) concluded that support provided by the facility and other residents was a significant predictor of adjustment as compared to support from outside the facility. The study also found that residents' satisfaction with the facility was a major factor in determining the adjustment of older adults in nursing homes (Lee, 2010). Another study reported similar results arguing that internal social integration is a strong predictor of residents' adjustment than social integration with family and friends outside the facility (Street et al., 2007). Butler et al. (2004) argue that there exists a variation in assisted living facilities with respect to adjustment as some people will find it difficult to adjust as compared to others and will require additional support beyond the services provided by the facility.

The quality of services is an important indicator in managing the negative emotions such as loneliness that the residents experience in such facilities. Majority of the people living in such facilities are suffering from functional and cognitive problems in addition to issues like low social support from family, isolation, low self efficacy and low self esteem. Better services in the form of emotional and instrumental support, information sharing, reducing control, increasing freedom and better provision of food and diet can help residents to overcome loneliness and adjust better in such facilities. This argument is consistent with the findings of Kruzich et al. (1992) that readily available services and better staff resources (experience and training) are the key determinants of adjustment and life satisfaction in assisted living facilities.

## **Implications**

The study can help the administrators and staff members in providing transitional care to residents by better understanding the factors that predict adjustment of residents and helping the residents to make a healthy transition. Keeping in view the findings and discussion, it can be proposed that intervention such as support from staff and other residents can help older adults to adjust properly in old age homes. Therapeutic techniques such as Reminiscence therapy can help to increase the interaction of staff members with the residents and give them a better understanding of the residents. Reminiscence therapy has proven effective in helping older adults to reduce adjustment problems by developing self-appreciation, recognizing their problem solving abilities, coping with bitter memories, and relieving boredom by developing social contacts. A support group comprising of well-adjusted residents can be formulated that can introduce the new residents to other residents, share their relocation and adjustment stories, and help them to familiarize with the setting and daily routine. Such collective activities can provide socialization and stimulation to the new resident and can serve to slow the physical and cognitive decline.

Another intervention can be to engage the residents in social and recreational activities, nevertheless, this requires caution as the older adult cohorts are very heterogeneous and diverse and the recreational activities that might be pleasant for some may not be attractive for others. There is a need to structure social and recreational activities keeping in view the individual variations. A supportive environment by staff members characterized by discussion, spending time with residents, and listening to their problems can create cohesion in the setting. Different trainings and educational program for the staff as well as residents can be developed with support from different educational institutions that can foster cohesive social environment in the old age homes. The old age homes administrators can develop or provide existing manuals that emphasize best practices followed in other old age homes. Another implication derived from this study can be to encourage older residents to get involved in various physical activities such as games and exercise to reduce feelings of loneliness, increase functional mobility, engage in a meaningful activity, and maintain well-being.

## **Conclusion**

Old age homes are a safe haven for many of the older adults, who either have no place to stay, have been abandoned by their families and relatives, or have no one to look after or provide care for them. The study has provided empirical evidence that factors such as favorable institutional environment emphasizing support, interaction, engagement, and autonomy

can help older adults to better adjust in such settings. It is important to recognize that proper adjustment in such settings is very necessary for physical and psychological wellbeing of older adults. A lot can be done to improve the adjustment of residents of old age homes but it will require efficient policy making and targeted interventions. The policy makers should realize that the population of older adults residing in old age homes is very small in number which is an incentive for making interventions as it will require fewer resources to execute the recommendations proposed by this study and other researches.

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