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I am submitting herewith a dissertation written by Barbara Joyce Canada entitled "Life Satisfaction and Self-Concept of Elderly Living in Congregate and Non-Congregate Housing in Knox County, Tennessee." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Human Ecology.

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LIFE SATISFACTION AND SELF-CONCEPT OF ELDERLY LIVING IN CONGREGATE AND NON-CONGREGATE HOUSING IN KNOX COUNTY, TENNESSEE

A Dissertation
Presented for the
Doctor of Philosophy
Degree
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Barbara Joyce Canada
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DEDICATION

This study is dedicated to my "Wonderful Father", Mr. Russell E. Toms, Sr. who has been an inspiration to me throughout my life. My father has encouraged me to do my best no matter what the task. He has also taught me that in order to succeed, I must persevere. Not only has he been my inspiration, taught me to do my best and to persevere, he has also taught me to trust in God. For that I say "Thank You, Daddy" and I dedicate this work to you.

This study is also dedicated to my pastor, preacher, husband, and friend Joe L. Canada, Sr. and to my loving children, Maurice Gerard Maultsby, Jr., Brian Russell (Tonja and Chris) Maultsby, Barbara Michelle Maultsby, and Joe L. Canada, Jr. I would like to thank my aunt, Dr. Charlotte B. Little, my stepmother, Mrs. Pat Toms and my dear grandmother, Mrs. Edith Baylor for their love and prayers. I want to especially thank my brother and sister-in-law Russell, Jr. and Cynthia for their loving encouragement and push during this process. I also want to thank my brothers William, Ronald and Alan and sister-in-laws (Joyce, Geanetta, Peggy, and Juanita) , my sister (Ellaina) and my entire family for their love and prayers. I would also like to thank my Alpha Kappa Alpha sisters for their encouragement and prayers. You have all been there for me and words cannot express my gratitude.

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ABSTRACT

The purpose of this study was to evaluate the life satisfaction and self-concept of the elderly living in congregate housing versus those living in non-congregate housing in Knox County, Tennessee.

Two instruments (Life Satisfaction Index-Z and The Tennessee Self-Concept Scale) were used to measure life satisfaction and self-concept of elderly living in the two different settings. A demographic data form was also used to capture information regarding the study participants.

A stratified random sample of elderly was obtained from the 65 census tracts in Knox County. The study groups consisted of 235 elderly men and women living in congregate (N=208) and non-congregate (N=27) housing in Knox County, Tennessee.

This study is a modified replication of the study conducted by Griffin in 1982 in Knox County, Tennessee. This study used the same sampling formula and census tracts, as well as some of the same congregate housing facilities as the previous study. The present study used six interviewers to collect data whereas the earlier investigation was conducted by direct interviews by the researcher. Also, a workshop was conducted for training purposes for the interviewers. Lastly, a sample of residents of an assisted living facility was included in this study for congregate housing.

Statistical analysis was conducted using marginal statistics, Analysis of Variances, multiple comparisons, and Multiple Analysis of Variances. A T-test was performed to measure and compare life satisfaction of elderly in congregate and non-congregate settings. Analysis of Variances were used to determine if life satisfaction differed by gender, race, income and household size. A Multiple Analysis of Variance

was used to determine if there was a difference in self-concept of elderly in congregate and non–congregate settings. Individual ANOVAs were also calculated to ascertain which of the self-concept subscales differed.

Based on the study's findings, the following conclusions were made as they relate specifically to the four hypotheses:

1. There is no significant difference in life satisfaction of elderly residing in congregate and non-congregate housing in Knox County, Tennessee.
2. There is a significant difference in life satisfaction of elderly based on income, but not on race, gender or household size in Knox County, Tennessee.
3. Elderly living in non-congregate housing had a higher level of self-concept of family than elderly living in congregate housing.
4. Self-Concept Subscales differed among elderly and are as follows:
   a. **Self-Criticism Self-Concept:** Household size was significant with elderly having a higher level of self-concept as the household size increases.
   b. **Physical Self-Concept: (1.)** Elderly living with more than two other people had a statistically significant higher mean; (2.) Whites had a higher level of self-concept than blacks; and females had a higher self-concept than males.
   c. **Moral Self-Concept:** Whites had a significantly higher level of self-concept than blacks; females had a higher level of self-concept than males; and those elderly with lower incomes had a higher level of self-concept than those with higher incomes.
   d. **Personal Self-Concept:** No significant differences were observed.

e. **Family Self-Concept:** Whites had a higher level of self-concept than blacks; and elderly with lower incomes had a higher level of self-concept than those with higher incomes.

f. **Social Self-Concept:** Whites had a higher level of self-concept than blacks; and females had a higher level of self-concept than males.

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CHAPTER I

INTRODUCTION

The purpose of this chapter was to cover the following topics: introduction to the task and population of the study, purpose of the study, statement of the problem, research hypotheses, need for the study, basic assumptions, delimitations, definitions of terms, and a chapter summary.

Statement of the Problem

The problem was to determine if there was a significant difference in the life satisfaction and self-concept of elderly living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

Purpose of the Study

The purpose of this study was to evaluate the life satisfaction and self-concept of the elderly living in congregate and non-congregate housing in Knox County, Tennessee

Research Questions

In order to address the purpose of the study the following research questions were formulated:

Research Question 1: What was the level of life satisfaction and positive self-concept of the elderly living in congregate versus non-congregate housing in Knox County, Tennessee?

Research Question 2: What were the sources of life satisfaction and positive self-concept for the elderly living in congregate versus non-congregate setting in Knox County, Tennessee?

Research Question 3: What is the relationship between remaining in the non-congregate setting versus remaining in the congregate setting and life satisfaction?

Research Hypotheses

To further address the purpose of the study the following hypotheses were formulated to respond to the above research questions:

Research Hypothesis I: There is a difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee.

Research Hypothesis II: There is a difference in life satisfaction among elderly regardless of housing based on gender, race, income and household size in Knox County, Tennessee.

Research Hypothesis III: There is a difference in the self-concept of elderly living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

Research Hypothesis IV: There is a difference in the self-concept of elderly living in Knox County, Tennessee based on gender, race, income and household size.

Need for the Study

Studies that relate happiness with the elderly living in their own home versus those living in institutional type settings can be very instrumental in effecting legislation for additional community resources. Additionally, results of studies regarding needs for those living in institutional type settings can be very important in making changes or increasing funding to assist the elderly in paying for this type care. Quality of life is an

important issue, especially for the elderly and this can be measured using Life Satisfaction Scales and other instruments, which can measure the way elderly view themselves in their old age.

According to Coke and Twaite (1995), authors of the book entitled *The black elderly: Satisfaction and quality of later life,* "The Black elderly is of particular interest to social workers, students in social work programs, and professionals who deal with aging persons or the black community. Additionally, they can benefit from historical background knowledge of blacks in this country and how societal institutions affect the well-being of this group."

In a study conducted on nursing home elderly, Gould (1992) examined the relationship of social factors and functional health to well being in 115 elderly nursing home residents (aged 65-99 years). Subjects were administered the Life Satisfaction in the Elderly Scale and the Sheltered Care Environmental Scale, a 63-item yes/no scale that focused on cohesion, conflict, independence, self-exploration, organization, resident influence, and physical comfort. Results revealed that functional health status and the social environmental variables of independence and cohesion were significantly related to life satisfaction.

In their study of "Life Satisfaction and Family Strengths of Older Couples", Sanders and Walters (1985) examined the relationship between family interaction quality of married elderly and their offspring and life satisfaction of the elderly subjects. Information was obtained by means of mailed questionnaires completed by both spouses of 68 married, retired couples who were identified through churches, senior centers, congregate housing units, and personal contacts. Health status was the strongest

predictor of life satisfaction followed by certain family strength factors and job prestige, respectively. Variance in life satisfaction of males was best explained by their perception of their health, family strengths, and job prestige.

Madigan, Mise and Maynard (1996) studied the "Life Satisfaction and level of activity of male elderly in institutional and community settings." This study examined the relationship between purposeful activity and life satisfaction of elderly males from five different living settings. Their participation in the study included the completion of a modified version of the Elders Interest Activity Scale, the Life Satisfaction Index-Z and a form eliciting basic demographic information. Findings revealed that subjects in the five environments had similar levels of life satisfaction; differences, however, were found in the present level of activity in participation among the sample groups. Results indicated a significant positive but weak correlation between purposeful activity and life satisfaction.

In the final analysis, the primary need for conducting the study was recommended by Griffin in 1982 when she recommended "a study to determine the self concept of aged males and females living in various environments (nursing homes, congregate housing, retirement villages, and senior citizen centers) should be conducted.

Basic Assumptions

The following basic assumptions were made in regard to this study:

1. The interview technique and the data collection procedures were sufficient to obtain objective opinions of the elderly.
2. Subjects would understand the content of each question and respond accurately and truthfully.

3. The Life Satisfaction Z Index and the Tennessee Self-Concept Scale, as instruments to measure life satisfaction and self-concept in the specified population, were valid and reliable instruments.

Delimitations of the Study

For the purposes of this study the following delimitations were made:

1. This investigation was delimited to those residents living in the geographical boundaries of Knox County, Tennessee who were 65 years of age or older.
2. This study was delimited to those persons age 65 years of age or older residing in the home and those living in an institutional type setting in Knox County, Tennessee.
3. Data collections was delimited to Spring, 2003.

Limitation of the Study

The following was a limitation of the study:

The data collected were based on self-report by elderly residents in congregate and non-congregate housing in Knox County, Tennessee.

Definition of Terms

Specific terms defined for purposes of the study are as follows:

Congregate (Supported) Housing – A group housing option for the elderly and disabled, with private living quarters and common dining and social areas. Support services vary, but usually include meals, housekeeping, and activities, medication reminders, transportation, and barber shop/beauty salon and fitness activities. People living in a congregate facility require little or no personal care assistance. Some examples of this

type housing include a group home, congregate housing for the aged, and room in a hotel, rooming house, or boarding house, or boarding house or room in the home of a friend, relative or non-relative.

Elderly – An individual 65 years of age or older.

Life Satisfaction – Life Satisfaction, the subjective part of the quality of life, is a person's feelings about their functioning and circumstances, their judgment as to their well-being.

Non-Congregate Housing – A dwelling occupied by an individual or a single family. Some examples of this type housing include an apartment, condominium, house, mobile home, room in a hotel, rooming house, or boarding house, or a room in the home of a friend, relative or non-relative.

Self-Concept – The totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence (Purkey, 1988).

Chapter Summary

This chapter outlined the statement of the problem, purpose of the study, and the research hypotheses. Basic assumptions, delimitations and limitation of the study were discussed. Definition of key terms that related to this particular subject was included in this chapter. In the final analysis, the chapter provided the framework for determining and evaluating whether there is a difference in the life satisfaction and self-concept of elderly living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

Organization of the Study

The study was divided into six chapters. Chapter one included the introduction, the purpose of the study, the research questions, the research hypotheses, the need for the study, the basic assumptions, the delimitations, the limitation, the definition of terms, and the summary of chapter one. Chapter two included the review of the literature and the summary of chapter two. Chapter three included the methodology and summary of chapter three. Chapter four included the analysis and interpretation of the data and the summary of chapter four. Chapter five included the findings, conclusions, summary of the study, and recommendations. Chapter six included the study in retrospect and the summary of chapter six.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

The purpose of this chapter was to review current and salient professional literature related to life satisfaction and self-concept of elderly individuals. This review of related literature was conducted in relation to three domains: Literature related in content; Literature related in methodology; and Literature related in content and methodology.

Literature Related in Content

The purpose of this section was to review literature concerning the elderly population and its' increase in longevity; life satisfaction of the elderly; variables related to life satisfaction and self-concept such as income, age, health related factors, environmental factors, social activities and relationships. This review of literature related to content may contribute some insight into the variables related to life satisfaction and self-concept and how they intercept with one another in the lives of the elderly. This contribution may be of assistance in the development and implementation of programs and services in Knox County, Tennessee to help promote a heightened sense of life satisfaction and self-concept of elderly living in Knox County, Tennessee.

The Elderly Population

The elderly population is the fastest growing segment of our population. According to the United States Census Bureau's Office of Statistics, the number of elderly is expected to increase drastically from 33.2 million to 80 million in the year 2050 (Sixty-Five Plus in the United States, 1999). In 1950, there were approximately

200 million people 60 years of age and over throughout the whole world and it is that the number of elderly will increase in number to 590 million. Along with the increase in the number of elderly nationally and internationally, the elderly population is experiencing tremendous growth right here in Knox County, Tennessee. In fact, there has been an increase by 25 percent and that percentage is expected to more than double by 2030 with the number of elderly (65 and above) rising from 48,415 to 93,616, in Knox County, Tennessee (Metropolitan Planning Commission, 2001). Aging is a lifelong process and varies in its effects on individuals. The elimination of childhood diseases and improvement of sanitation systems has increased life expectancy in developing nations (Gerontology, 2000).

Life expectancy varies among race and gender. Also, a majority of elderly men are married and live with their wives in homes of their own (Gerontology, 2001). In addition, the death rate is higher for men than for women, hence older women tend to be widowed and live alone. Only five percent of the elderly live in institutions, such as hospitals and nursing homes, and fewer than twenty percent live in the household of an adult child. Many factors associated with the living arrangement of the elderly have implications for problems. One question an elderly person should ask themselves is "How satisfied am I with my living arrangement, my occupation, or past occupation (Gerontology, 2000)?" Many studies have been conducted to ascertain the answers to these kinds of questions; however more are needed in order to ensure a higher level of life satisfaction and self-concept of our elderly living in congregate and non-congregate housing in Knox County, Tennessee.

Life Satisfaction

Literature on life satisfaction and self-concept studies is widely available, due in part to the population growth of the elderly and a heightened interest in the satisfaction that elderly feel regarding their life. These studies utilize life satisfaction scales to measure how happy or how satisfied the individual is with his/her life. Charlene M. Kampfe (unpublished study), in her study of "Variables Associated with Life Satisfaction and Residential Relocation", used the Life Satisfaction Index –Z with elderly participants who had made a residential relocation from one level of independence to another. In a study conducted by Cutillo-Schmitter, Zisselman, and Woldow (1999) the Life Satisfaction Scale, developed by Salamon and Conte, was used to assess the life satisfaction in centenarians residing in long-term care. In their "Longitudinal Interdisciplinary Study on Aging", Suzuki, Shinkai, and Sugisawa (1992), used the Life Satisfaction Index K to interview residents aged 45 to 64 focusing on preparations for their later life stages. Life Satisfaction Indexes range in number of items from nine to one hundred, however many of them include the same type variables when assessing an individual's life satisfaction. This section on life satisfaction will examine literature related to life satisfaction. It will include a review of literature about income, age, health status, housing, social status, race and gender.

Income

Much of the literature supports the theory that economic status is an important variable related to life satisfaction. Soldo & Agree (1988) stated that "certain categories of older people in the United States are disproportionately poor. These categories include

unmarried women, minorities, and the physically disabled. According to Hess (2000), "a major problem of the elderly involves income and economic welfare because most old people are no longer working and need assistance with some form of income maintenance." Krause studied race differences in life satisfaction among aged men and women. He explored reasons why race differences emerge in examinations of life satisfaction among older adults retired from the work force (1994). A conceptual model was developed and tested with data from 192 older Black and 964 older white individuals with a mean age of 72.3 years. Findings from this nationwide survey revealed that older Black subjects had lower levels of life satisfaction than did elderly white subjects. This difference may be attributed to the interplay between past aspirations and plans (as reflected by educational attainment and economic retirement plans) and present financial circumstances, as assessed by current financial strain and economic dependence on family members (Krause, 1993).

Aquino, Russell. Cutrona and Altmaier (1996) studied relations among employment status, social support, and life satisfaction among 292 community-living elderly 65-97 years of age. This study was part of a larger investigation of the role of stressful life experiences and social support in the health of the elderly. Findings of a path analysis suggested that the number of hours worked at a paying job, lower levels of depression, and greater perceived social support were directly related to higher levels of life satisfaction. Additionally, social support mediated the effects of volunteer positions on life satisfaction.

Rosalie Kane (2000), professor and director of the National Long Term Care Resource Center stated that we must "get serious about quality of life in nursing homes." Dr. Kane noted that a meaningful concept of quality of care involves psychological and social aspects of quality of life. Dignity, privacy, a sense of identity continuity with one's previous life, a sense of meaning, fulfillment, meaningful relationships and social participation, the chance to make a contribution, spiritual well-being, control and choice over one's life are all considerations in assessing one's quality of life. To assess quality of life in nursing homes, the residents must be interviewed. Both the American Health Care Association and the American Association of Home and Services for the Aging have put a big premium on customer satisfaction as a way of assessing quality of life.

Several studies have been conducted on the life satisfaction of elderly living in their own home. Bowling, Farquhar, Morag and Grundy (1996) studied the associations with changes in life satisfaction among three samples of elderly people living at home. They assessed whether health and functional ability were the strongest predictors of life satisfaction using the B.L. Neugarten et al (1961) Life Satisfaction Scales among three samples of elderly people (aged 65 and older) in London and Essex at baseline and at follow-up 2.5 – 3 years later. The previously reported baseline analyses showed that poor health and functional ability were the strongest predictors of baseline life satisfaction. The results from the follow-up data showed that the most significant predictor of changes in life satisfaction at follow-up was baseline life satisfaction. While follow-up health and functional status, social network structure, and activities explained the remainder of the explained variance, this was very small. The results were consistent with previous

analyses of associations with changes in psychiatric morbidity (mainly depression) and highlighted the importance of initiating early rehabilitation programs.

Age

Most studies showed that life satisfaction does not decline with increasing age though this is not a universal finding. Mitchell and Kemp (2000) examined the impact of four domains upon the quality of life of senior residents living in assisted living homes. These four domains included (a) personal characteristics (b) social involvement; (c) facility characteristics, and (d) the social climate. Findings suggested that assisted living homes can improve resident quality of life by creating a cohesive social environment, and encouraging social participation and family involvement. According to Mitchell and Kemp, satisfaction with life is increased through socialization and family interaction.

Health Status

For the elderly, as for all adults, the quality of life is often judged on the basis of the status of several traits or conditions. Payne and Hahn (1995) believed that "life will be described by many elderly as being good if they have had no significant declines in the majority of the following areas: (a) health, (b) social status, (c) economic status, (d) marital status, (e) living condition, (f) educational level, and (g) sexual intimacy (1995)."

E.R. Levin (1994), in his study on life satisfaction of the elderly person who needs assistance with activities of daily living, found that physical disabilities do not necessarily mean that quality of life is diminished. The study revealed those activities involving socialization and a sense of mental and physical control count more than total self-sufficiency.

Menec and Chipperfield (1997) explored the potential mediating roles of exercise and participation in non-physical leisure activities (e.g., attending cultural events and volunteering) in the relationship between perceived control and well being (i.e., health and life satisfaction) among 1,258 elderly people interviewed in 1983 and 1990. An internal locus of control was positively related to exercising and participation in leisure activities. Exercise and leisure activity participation, in turn, were predictive of better-perceived health and greater life satisfaction. The findings point to potential benefits. These benefits include the increase of the elderly person's sense of control as a means to promote exercise and to increase leisure activity participation and consequently, to enhance overall well being.

Miriam F. Foster (1993) conducted a study on health promotion and life satisfaction in elderly Black adults. In this study, she described and analyzed the relationships between health-promoting behaviors (HPBs), perceived current health status (PCHS), and life satisfaction in 100 older Blacks (aged 60-89 years), using two controlling hypotheses. The hypotheses were (1) there are positive relationships among older Blacks between PCHS, HPBs, SES, and age and life satisfaction; and (2) there are inverse relationships between the use of tobacco products by older Blacks and their engagement in HPBs and their PCHS. Hypothesis 1 was supported, but Hypothesis 2 was only partially supported. There was a significant inverse relationship between the HPB and the number of cigarettes smoked, but no significance for other tobacco or the composite tobacco variable.

Dillard, Campbell and Chisholm (1984) examined the relationship of life satisfaction with such characteristics as sex, age, and health status, level of education, marital status, and income status. Eighty-two male and one hundred ninety-nine female elderly persons (mean age 71.8 year) completed a Life Satisfaction Index. Analysis showed that life satisfaction was significantly related to the subjects' education level, income and health status. Data suggest that aging has less impact on life satisfaction than other selected personal characteristics. Hess (2000) states that "elderly people themselves often display high levels of morale, satisfaction with life and feeling of self-worth and that the important variables are health and income."

Housing

Lawton, Kleban, Morton and Dicarlo (1998) studied the multidimensionality of psychological well-being and some related domains of perceived quality of life using four groups of older people ordered in presumptive overall well-being: 58 members (mean age 77.8 years) of a retirement community, 104 neighborhood residents (mean 75.5 years), 102 congregate-housing residents (mean age 82.8 years), and 20 clinically depressed patients (mean age 74.4 years). All subjects were administered scales including the Life Satisfaction Index, rating scales of interview behavior and 4 rating scales designed for use by housing managers. Factors were derived by component analysis and adjusted on theoretical grounds. The resulting indices were subjected to a variety of psychometric analyses. The dimensionality of subjective well being was revealed in these results.

In his study, K. M. Foster (1993) examined differences in the life satisfaction among elderly who have resided in a veteran's nursing home. According to Foster,

"although there is research available which examines the life satisfaction of elderly individuals and the methods they use to cope with a variety of situations, there is a limited amount of such information concerning elderly who reside in nursing homes." Marie T. Gould (1992), in her study of "Nursing Home Elderly: Social-Environmental Factors, examined the relationship of social factors and functional health to well being in 115 elderly nursing home residents (aged 65-99 years). Subjects were administered the Life Satisfaction in the Elderly scale and the Sheltered Care Environmental Scale, a 63-item yes/no scale that focused on cohesion, conflict, independence, self-exploration, organization, resident influence, and physical comfort. Results revealed that functional health status and the social-environmental variables of independence and cohesion were significantly related to life satisfaction. A positive relationship existed between health and social environment; therefore, as the health status improves life satisfaction increases.

O'Kane (1996) compared continuity of life issues, spiritual well being, perceived social support and life satisfaction in two groups of nursing home residents. This study included Catholic sisters and middle class lay women. The findings suggest that Continuity of Life issues, Perceived Social Support from Friends and Spiritual well-being make significant positive contributions to life satisfaction among nursing home residents, and that Catholic sisters have greater life satisfaction because these variables are present in their lives and thus may be a by product of community lifestyle.

Yang, Huang, Hu and Pai (1997) studied the perceived health status of the elderly in self-paid care homes in China. They discuss the change in society structure, which has

greatly increased the demand for nursing homes. The purpose of this study was to assess the demographic characteristics, the health status, and the health related factors of the institutionalized elderly to promote their health and improve their quality of life. Sampling of 1,333 elderly drew a random sample of 150 subjects from four self-paid nursing homes for this study. The researcher completed interviews with 142 elderly with structured questionnaires. The elderly being interviewed were 50 percent male and 50 percent female with an average age of 77.4 percent. Most of the elderly were educated higher than college and were mostly (88.7%) from provinces other than Taiwan. The results revealed that most elderly considered their health conditions passable.

On average, every elderly person suffered from 2.3 long-term and chronic diseases, such as hypertension, heart disease, G-I disease, and diabetes. Every elderly person per day took an average of nine tablets. Some elderly described their social dysfunction; for example, unstable emotional status, not being able to do housework independently or going out for shopping. Eight factors were identified as significantly related to poor health conditions.

Those eight factors included: (a.) being female; (b.) becoming older; (c.) never being hired; (d.) previous labor; (e.) living with roommates; (f.) being institutionalized because of the wish to live alone or not to bother their families; (g.) having worse economic conditions; and (h.) and having no medical insurance. The most important factors in predicting the body function of the elderly were the frequency of contacts with their children and their mental conditions. Gender and reasons for residing in the institution were the factors that most influenced the mental functions. Significant

predicting factors for social functions included economic satisfaction, medical insurance, and frequency of meeting with children, and living status.

Social Status

Many life satisfaction studies have given social activities prime importance. Sviden and Borell (1998) conducted a study on the experience of being occupied at a community-based activity center and its' effect on the health and well being of elderly. Interviews were conducted with nine elderly persons who attended activity centers. The interviews were analyzed by the empirical phenomenological, psychological method (EPP method). The constituents that describe the phenomenon of the experience of being occupied and spending time at a community-based center were: (a.) the center was a safe and familiar setting to attend on a regular basis; (b.) doing was absorbing and gave pleasure; (c.) it was a challenge to be able to accomplish something; (d.) and the activity center was a meeting place where doing is shared with other.

The study suggested that the activity center is an important experience as a meeting place where the social component and the engaging in an occupation are essential for the experience and contribute to the health and well being of the individual. Madigan, Mise and Mynard (1996) studied the life satisfaction and level of activity of male elderly in institutional and community settings. They examined the relationship between purposeful activity and life satisfaction of elderly males from five different living settings. Their participation in the study included the completion of a modified version of the Elders Interest Activity Scale, the Life Satisfaction Index Z and a form eliciting basic demographic information. Findings revealed that subjects in the five

environments had similar levels of life satisfaction; difference, however were found in the present level of activity participation among the sample group. Results indicated a significant positive but weak correlation between purposeful activity and life satisfaction.

Bowling, Faquhar, Morag and Browne (1991) studied life satisfaction and associations with social network and support variables in three samples of elderly people. They examined the social network type, health status, and their effects on life satisfaction among 1,415 elderly people (aged 65+ years) from two communities (urban versus semi-rural) who responded to survey questionnaires. The percentages of the total variation in overall life satisfaction that were explained by the model ranged from 22 to 33% between the two samples. The most variation was explained among urban-dwellers aged 85 years of age and older. Although most of the variance was not explained, health status was a more powerful predictor of life satisfaction among respondents living in the urban, but not the semi-rural area.

Social activities and organizational involvement have been thought to have a positive correlation with life satisfaction. Toseland and Sykes (1977) examined senior citizens center participation and other correlates of life satisfaction. The results show that there was no difference in participants and non-participants life satisfaction. Lindhurst (1997), on the other hand, states that social activities increase sociability and life satisfaction in nursing home residents. Additionally, nursing homes, which measure and assess the residents physically, cognitive state, as well as characteristics of the residents' personality and interest are most likely able to implement these social activities.

Participation in social engagements is a critical element in the structure of a nursing home facility. Social activity builds a sense of control that is often lost with institutionalization.

Race is another factor found to be related to life satisfaction includes race with blacks having higher life satisfaction (Demling, et al, 1983). In life satisfaction studies about rural versus urban, rural residents were more satisfied. Happiness has been found to correlate positively with education and income (Doyle & Forehand, 1984; Usui, Keil& Durig, 1985) however; some studies have not found this to be true. Satisfaction with housing, religion, exercise (Tappe&Duda, 1988), availability of transportation, remaining independent (Roos&Havens, 1991), control over daily activities (Reker, et.al. 1987), and employment have all been shown to be positively related to life satisfaction.

Many studies have been conducted on life satisfaction of the elderly population, however a consensus has not been reached on what the most important variables are that will ensure an elderly individual's happiness. More studies are needed to assist in ascertaining which variables are the most important overall in ensuring that our elderly feel satisfied about their lives. Once these variables are identified and research findings are confirmed, policy-making decisions which can be effective in ensuring that the optimum opportunity is provided helping to ensure the life satisfaction of our elderly.

Self-Concept

Human reflection about the non-physical inner-self dates back to 1644 when Rene Descartes wrote Principles of Philosophy. This was a major milestone as Descartes "proposed that doubt was a principal tool of disciplined inquiry yet he could not doubt

that he doubted (Purkey, 1988)." He reasoned that if he doubted, he was thinking, and therefore he must exist, thus existence depended upon perception.

A second milestone in the development of self-concept was the work of Sigmund Freud in 1900 when he shared a new understanding of the importance of mental processes (Purkey, 1988). While Freud and many of his internal followers' hesitated to make self-concept a primary psychological unit in their theories, his daughter, Anna, gave central importance to ego development and self-interpretation (Purkey, 1988). Carl Rogers has been credited with being by far the most influential and eloquent voice in self-concept theory when he introduced an entire system of helping built around the importance of the self (Purkey, 1988).

Self-concept has been defined by William Fitts (1971) as "a central construct which facilitates the understanding and predictive behavior of an individual." Purkey (1988) described it as "the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence." According to Payne and Hahn (1995), "a sense of self-esteem develops as more and more information that is of our self-concept accumulates." Thus, we feel capable and reflect a sense of control in a wide variety of situations in which we find ourselves. Purkey (1988) stated that "self-concept is different from self-esteem (feelings of personal worth and level of satisfaction regarding one's self) or self-report (when a person is willing and able to disclose). He described self-concept as "the perceptions we hold regarding our own personal existence. It is our concept of who we are and how we fit in the world."

Age

Our society is youth-oriented and there are many psychological myths regarding aging. Over the centuries, the various theories on how aging affects man psychologically have been more reflective of the scientists and philosophers studying the subject than the subject itself. Where Aristotle described old age as a time of disengagement and uncertainty, Cicero described it as a time of "discovery of the real self (Ebersole, 1985). One of the most difficult problems the elderly is faced with is the ageism of today's society. In other words, a large majority of our society view youthfulness as important in the way individuals view themselves.

Griffin (1982) stated that the perspectives of educators, theologians, psychologists, philosophers, psychiatrists, and anthropologists should be taken into account when looking at the self and self-concept of individuals. That would appear to be appropriate as man is a complex being. According to Fitts (1971) "Behavioral scientists have accumulatively viewed the self concept as a cardinal construct for understanding people and their behavior." In essence, he related self-concept as the important basic for the way we view individuals and the way they behave.

Gender

Gove, Ortega and Style (2001) conducted research on self-concept and self evaluation increases among older adults and compared two theories of aging and self-concept. The first is that one's sense of self will largely depend on one's social role.

This theory holds that roles associated with age and gender are closely tied to the norms of society and that if one fulfills that role, they will have a meaningful life. According to

this theory, the elderly would have a difficult time feeling successful in their aging since many roles are removed from them. The second theory of aging and self-concept held by many life-span developmental psychologists view human development as continuously unfolding (Gove, et.al., 2001) Findings from this study reveal that although there were modest gender difference in these age relationships, overall, women and men appear to experience aging in similar ways.

Housing

In their study on "Life-Span Differences in Life Satisfaction, Self-Concept, and Locus of Control, Morganti, Nehrke, Hulicka and Cataldo (2002) studied elderly non-institutionalized males and females in six age groups. Findings revealed that the age main effect was significant for locus of control measure and for self-concept, and the age and sex main effects were significant. In a study conducted on dependency, self-concept and life satisfaction of elderly patients with cerebrovascular accident, seventy elderly patients attending the Neurological Medicine Clinic Outpatient and Emergency Department were evaluated. Findings revealed that dependency was at a low level; self-concept was positive; life satisfaction was at high level; and there was only a moderately positive relationship between dependency and life satisfaction.

Race

Heaps and Morrill (1999) compared the self-concepts of Navajo and white high school students at Fort Defiance and Snowflake, Arizona. The Tennessee Self-Concept Scale was administered to the students during one of their regular classes; scores were

recorded on the counseling form of the scale and contrasted by means of the t-test. No significant differences were found in the overall level of self-esteem.

Section Summary

This section covered a review of the literature regarding life satisfaction and self-concept as it relates to elderly individuals. The literature review included information on variables related to life satisfaction and self-concept such as income, age, health related factors, environmental factors, social activities and relationships. This literature review will contribute to the knowledge base when reviewing findings.

Literature Related in Methodology

Introduction

This section covered literature related in methodology to life satisfaction and self-concept.

Life Satisfaction

In their multidimensional analysis on quality of life in assisted living homes, Mitchell and Kemp (2000) examined the impact of four domains upon the quality of life of senior residents living in assisted living homes. Those four domains included (1) demographic characteristics and health status, (2) social involvement, (3) facility characteristics, and (4) the social climate. The participants were 201 residents who have functional impairments living in fifty-five different assisted living facilities in California. Quality of life was measured with three scales of depression life satisfaction, and facility satisfaction. Bivariate correlations and Analysis of Variances revealed significant

relations between at least one of the quality of life measures and age, health status, social and family involvement measures, facility characteristics, and social climate measures.

Social climate measures of cohesion, conflict, and independence had the strongest zero-order correlation. Regression analyses for the three quality of life (QOL) measures found cohesion to be the strongest predictor in all three regressions. Other QOL predictors in the regression analyses were fewer health conditions, participation in social activities, monthly family contact, and an environment low in conflict. Findings suggest that assisted living homes can improve resident QOL by creating a cohesive social environment, and encouraging social participation and family involvement.

In their study of the "Role of personal spirituality and religious social activity o the life satisfaction of older widowed women, Christina M. Neil & Arthur S. Kahn (1999) utilized the Life Satisfaction Index-Z instrument to measure life satisfaction. This 13-item questionnaire requires the respondents to reply "agree", disagree", or "uncertain" to statements about life satisfaction and has a Cronbach's alpha of .69. Scores could range from 0-26 with higher scores indicating greater life satisfaction. Ten items in Likert format from the Intrinsic Religious Motivation Scale were used to measure personal spirituality. Scores could range from 10-40 with high scores indicating a greater personal spirituality. These items were selected from the original 30-item scale because they had the highest item-to-item and item-to-total correlation. Kuder-Richardson formula 20 reliability was .90. Five items from King and Hunt's Dimensions of Religion scale were used to create a measure of social religious activity.

Permission was obtained from the retirement community social worker to distribute the questionnaires, a cover letter that explained the study, a brief demographic questionnaire, and the measures of life satisfaction, personal spirituality, and social religious participation to the mailboxes of 80 widowed women. The women were asked to return the completed packet to the social worker. This method would give the quantitative data needed for the study.

In addition, ten widowed women residents were interviewed about their religious activities and involvement as well as their life satisfaction to obtain qualitative data. These women were chosen to be interviewed by the retirement community social worker.

Self-Concept

Pinquart (1991) analyzed by an age-specific, self –concept interview, the self-concept of 140 senior citizens (65-93 years) living independently in one community in Germany. Factor-analysis revealed the main factor of a 10-factor assessment as being "bodily competency and purpose of life (Pinquart, 1991) with the other factors being subjective age identity, composure, social integration, and resignation." The subjects were cluster-analyzed and the findings are as follows: The first cluster contained almost 50% of the elderly who had a positive self-concept of competency, social integration, mood and self-esteem; two other clusters that were socially isolated had a very negative self-concept and strongly physical and/or psychologically handicap. The methodology showed a need for a more complex method that would measure self-esteem, subjective age identity and specificity of life (Pinquart, 1991).

Hong, Bianca and Bollington (1993) studied "Self-esteem: the effects of life-satisfaction, sex, and age. A self-report questionnaire was administered to 1726 subjects in three age groups (17-22, 23-29 and 30-40) to examine the effects of life-satisfaction, sex, and age on self-esteem. Statistical analysis revealed a significantly higher self-esteem for men than women, amongst older subjects, and for those with high life-satisfaction.

Delignieres, Marcellini, Brisswalter and Legros (1994) conducted a study on self-perception of fitness and personality traits among subjects in Paris, France. The study was conducted at two different intervals in two parts. Study one consisted of 247 subjects assessing their own fitness, endurance, strength, flexibility, and body composition according to specific category scales. Results of statistical analysis revealed that self-perceived physical fitness was mainly related to perceived cardiovascular endurance. In Study two, 91 subjects completed the same scales (Spielberger State-Trait Anxiety Inventory, the Coopersmith Self-Esteem Inventory, and the Bem Sex-Role Inventory). Findings showed that physical self-worth is related to self-esteem, anxiety, and masculinity.

In a study conducted regarding "Masculinity, femininity, and women scientist's self-esteem and self-acceptance, Long (1991) investigated differences among several sample populations of women, including scientists (n=62), professionals (other than scientists) (n=89), college students (n=83), clients (n=52), and victims of domestic violence (n=57). The Personal Orientation Inventory and Bem Sex Role Inventory were administered to subjects along with a demographic data sheet. Results of the

ANOVA revealed that "masculinity was found to correlate with self-esteem for all but the student group. Further results revealed that masculinity was found to correlate with self-acceptance for all but the student and scientist group; self-acceptance scores were significantly lower for women scientists than for professional and student groups; and femininity scores were significantly lower for scientists than for all other groups of women (Long, 1991).

Section Summary

This section contained a review of the literature as relates to methodology regarding studies on life satisfaction and self-concept. The information contained in this section will contribute immensely to the study on life satisfaction and self-concept in elderly living in congregate versus non-congregate housing in Knox County, Tennessee. It will provide an impetus for correct methodology and thereby reduce the risk of errors being made in this study.

Literature Related in Content and Methodology

Introduction

The purpose of this section was to review literature concerning elderly and their life satisfaction and self-concept as it relates to content and methodology.

In research conducted at the Division of Rehabilitation Counseling, Department of Medical Allied Health Professions, School of Medicine at the University of North Carolina, Charlene Kampfe (unpublished study) studied residential relocation of people

who are older: relationships among life satisfaction, perceptions, coping strategies, and other variables.

A model of social stress was used to examine variables associated with life satisfaction of older people who were making residential relocations from one level of independence to another level of independence. Data were collected regarding 75 movers' life satisfaction, perceptions of the relocation, coping strategies, and possible conditioning variables. Variables that were positively related to life satisfaction were perceptions of internal control over the circumstances; actual level of independence associated with the new residence, and perceived quality of the move. Variables that were negatively related to life satisfaction were wishful thinking and avoidance coping strategies.

Interviews were conducted using a structured questionnaire comprised of a variety of instruments. Participants were interviewed at least four weeks, but not more than eleven weeks, following the day of their moves. Responses were read back to participants to assure accuracy of recording. The Life Satisfaction Index-Z was used to measure life satisfaction. This instrument has been found to be sensitive to change, easy to administer, and capable of measuring a reasonable approximation of psychological well being of older persons. It has been reported to have a split-half reliability coefficient of .79; a correlation coefficient of .57 with the Life Satisfaction Ratings Instrument from which it originated; a correlation coefficient of .94 with the LSI-A; and a correlation coefficient of .79 with the Philadelphia Geriatric Center Morale Scale. For the current

sample, the split-half (odd/even) reliability coefficient was .64. In addition, a Cronbach's alpha was computed for the sample, yielding a coefficient of .79.

Because most variables were ordinal, associations between life satisfaction and the variable groups (i.e., perceptions, coping strategies, conditioning variables) were used for categorical variables. This method was also used to determine where there were relationships among the three variable groups: perceptions, coping strategies, and conditioning variables. Given the large number of examined possible interactions, a Bonneferoni procedure was followed, setting the alpha at .05 for all analyses. Based on this procedure, only analyses with p=. 0003 were considered to be significant. Spearman rank correlations were used.

This study was based on a body of literature that indicated that similar events were experienced differently because of specific characteristics of the individual and the environment (e.g., Charon, 1995; Cohen & Edwards, 1989; Folkman & Lazarus, 1980; George, 1980, 1985; House, 1974; Pearlin & Skaff, 1995).

In considering the findings of the current study, it must be noted that perceptions of control vary across different types of events (Georgoudi, 1985), therefore, other studies of older people' transitions or events might be expected to result in different finding than those of the current study of residential relocation. To date, empirically based knowledge of the variability of responses to events experienced by older people has not been sufficiently established (Pearlin & Skaff, 1995). This research regarding residential relocation provided additional data to assist in understanding this variability; however, additional research on this topic is needed.

Section Summary

This review of literature related to methodology provided knowledge regarding the optional ways to conduct a study of life satisfaction and self-concept of elderly living in congregate and non-congregate housing in Knox County, Tennessee.

Chapter Summary

Life satisfaction of the elderly is very important to their well-being; however "it seems to remain elusive (Cribb, 1998). Our elderly population has had a tremendous surge in growth and that growth is projected to continue and with this growth comes the need to help in the promotion of life satisfaction and self-concept in the elderly. This chapter has sought to review literature on life satisfaction and self-concept as it related to content, methodology, and content and methodology.

Content

The literature related to content showed that life satisfaction and self-concept of elderly is directly related to many variables such as income, age, health related factors, family interaction and social and environmental factors.

Methodology

The literature related to methodology included studies that measured life satisfaction and self-concept using instruments such as the Life Satisfaction Index-Z, The Tennessee Self-Concept Scale and a demographic socio-economic data form. The literature also included other instruments which that might be used to evaluate life satisfaction and self-concept of elderly and other populations.

Content and Methodology

The literature related to content and methodology contained studies conducted on the elderly population when evaluating for life satisfaction and self-concept. Results of these studies were included and the majority revealed that life satisfaction and self-concept can be measured validly and reliably using instruments such as the Life Satisfaction Index-Z and The Tennessee Self-Concept Scale.

CHAPTER III

METHODOLOGY AND DESIGN

Introduction

This chapter covered the methodology of the study of life satisfaction and self-concept of elderly living in congregate versus non-congregate housing. The related methodology, sampling methods, and research design used are covered in this chapter. The following address the stated purpose of the study: (1) study population, (2) selection of study participants, (3) mini-workshop/study (4)instrumentation, (5)data collection, (6) management of data, (7) statistical analysis, and (8) chapter summary.

Study Population

The target population for this study was delimited to persons 65 years of age or older in Knox County, Tennessee residing in congregate and non-congregate housing. A random sample of 235 elderly respondents was obtained, 208 from non-congregate housing group and 27 from congregate housing group.

Census tract data for Year 2000 for Knox County, Tennessee was obtained from the Metropolitan Planning Commission. After a review of the data sheets for each census tract, the total number of elderly 65 and over was tabulated by census tract. Next, the National Education Association's Small Sample Technique Formula was applied and the total number of participants required for this study was determined (N=271).

Once the sample size was determined, the method used in the replicated study conducted by Teresa B. Griffin (1982) was selected to provide a stratified random sample of the two study groups. This representation was achieved by securing census tract maps for the Year 2000 Census. These maps contained the sixty-five Knox County census

tracts and are presented in Appendix A. The boundaries were then plotted on a Knox County map. This procedure served to identify the blocks and streets in each tract. An index of the streets by block numbers was also obtained from the Metropolitan Planning Commission to use in this process to ensure that all streets in the 65 census tracts in Knox County would be used in this study.

Metropolitan Planning Commission census tract data sheets were also used to determine the number of elderly residents in each plotted census tract in Knox County, Tennessee. These data are presented in **TABLE 3-1** in Appendix E (page 100). To obtain the needed percent of elderly for each of the census tracts, the aggregate of elderly residents in that particular census tract was divided by the total population of elderly in Knox County, Tennessee. This procedure was repeated for each census tract until the needed proportions of elderly were calculated. The results are presented in **TABLE 3-2** in Appendix E (page 101).

The next step involved taking the computed proportions for each census tract and determining how many elderly respondents were needed to maintain the representative stratification of the sampling procedure. This method is illustrated as follows: Census Tract One in relation to the total population equals the total sample size for this study. Hence, 269 x .0036 = 0.9684 rounded off to 1 = number of elderly participants needed for the research study from Census Tract One. All numbers were rounded to the nearest whole number when the percent computed was .5 or above. **TABLE 3-3** is presented in Appendix E (page 102) and contains the actual number of elderly participants needed from each census tract for this research study.

Next, the researcher utilized a procedure to randomly select the elderly residents to be included in the interview and data collection portion of this research study. The explanation of this procedure is presented under the category of the housing dwelling, i.e., congregate housing and non-congregate housing as follows:

Selection of Congregate Housing Group

Prior to interviewing residents of congregate housing dwellings, it was necessary to obtain, through the Office of the Internal Review Board of The University of Tennessee, prior approval to interview human subjects who were 65 years of age and above living in congregate and non-congregate housing in Knox County, Tennessee. This approval was granted.

Once congregate housing facilities for the aged with their total number of elderly were identified, the researcher determined the stratified sample size appropriate for the study. The formula for determining the proportional sample size involved dividing the total number of elderly residents in congregate housing by the total elderly population in Knox County hence the result was presented as a percent. Once that percent was obtained, that number was multiplied by the percentage to arrive at the number (rounded to the nearest whole number) for the sample size needed from congregate housing.

After the total sample size needed from congregate housing group was determined, the next step in the sampling technique involved computing the number of elderly participants needed from each of the congregate facilities participating in the research study. Information was obtained through a telephone survey conducted by the researcher, concerning congregate housing facilities and the total number of elderly residents in each facility. **TABLE 3- 4** summarizes these data and is presented in

Appendix E (page 103). Some facilities that had participated in the previous study declined to provide information regarding total number of elderly in their facility to protect the privacy of their residents.

The next step in the stratified sampling technique involved computing the number of elderly subjects needed from each of the congregate housing facilities. This procedure was accomplished by dividing the total number of elderly residents in a congregate housing facility by the total combined number of elderly in congregate housing facilities in Knox County, Tennessee to arrive at the proportion of elderly in that specific facility. Each of the congregate housing facilities for the aged was examined with this percentage procedure. The data regarding proportion of elderly in each congregate housing facility are located in **TABLE 3-5** in Appendix E (page 103).

Next, the researcher computed the number of elderly needed for this research study from each congregate housing setting. The method involved multiplying the proportion of elderly needed from a congregate housing by the total number of elderly needed for the study population from congregate housing. All numbers were rounded to the nearest whole number when the percent was computed .5 or above. Data regarding the number of subjects needed from each congregate housing facility is contained in **TABLE 3-6** and is presented in Appendix E (page 104).

Upon identifying the required sample size from each congregate housing facility for the aged, the researcher's next task was to randomly select the subjects. This was accomplished by an on-site observation of the congregate housing facilities for the aged and numbers the residential units in uniform order. After the residential units were given

a number, the researcher used a table of random numbers to pick by chance those subjects needed for the study.

Once the residential unit was identified, the researcher proceeded to obtain interviews of subjects of the unit. If the subject(s) of the unit did not fall within the required age limit for the study or refused to respond to the interview, the researcher proceeded to the next randomly selected residential unit. This procedure was repeated until the required number of interviews was obtained from each congregate housing facility for the aged.

Upon completing the interviews needed in a congregate housing facility for the aged, one more step was necessary to comply with the proportional geographical representation of the sample size. This was accomplished by identifying the census tract the congregate housing facility for the aged was located in and subtracting the number of interviews obtained from the total number needed within that census tract. The process for this involved taking the total number of respondents needed from a specific census tract and subtract the number needed from the congregate housing facility in that census tract to arrive at the remaining number needed for that census tract. It should be noted that due to stricter regulations regarding the privacy of persons residing in facilities, some of the congregate housing facilities designated to be used in this replication study declined participation in this project. A revised list of participating facilities is presented in **TABLE 3-7** in Appendix E (page 104).

Selection of Non-Congregate Housing Group

Prior to beginning selection of research study participants, approval was obtained from the Internal Review Board of the University of Tennessee. Once this approval was

received the process began. Study participants were acquired for this study using a 30 percent sampling method. This method was successfully used by Teresa B. Griffin in her dissertation research study in 1982. A Knox County street map was used in conjunction with the Knox County Census Tract Map for Knox County.

All blocks were consecutively numbered starting from a common point in each census tract. Next, 30 percent of the blocks were randomly selected by the use of a table of random numbers. This process was conducted by examining one census tract at a time. If that census tract contained twelve blocks, then four blocks were randomly selected by the using the 30 percent sample requirement.

Once these blocks were identified, the researcher made an on-site observation to number all housing units. Once this process was completed and the appropriate housing units were numbered in a clockwise fashion, beginning with the first house on the right, the table of random numbers and the 30 percent guideline were again utilized to pick by chance the residential units to be sampled per block.

The next step was to choose the residential units to be used in the research study. After the residential units were chosen, the next procedure was to ascertain if an elderly individual willing to participate was living in the first non-congregate housing selected. If an elderly person did not reside in this dwelling, then the interviewer proceeded to the next identified residential unit. This procedure was followed until an interview was completed within that sample block. Interviews were limited to one per sample block to stay within the guidelines of the geographic stratified sampling technique. After an interview was obtained, the interviewer proceeded to the next randomly selected block within that census tract and the procedure was repeated.

According to the National Education Association Sample Formula, located in Appendix B, it was required that the necessary number of interviews be completed within each census tract. Therefore, the interview procedure explained above was repeated within each census tract until the interviewer acquired the needed number of interviews. The researcher took into account the number of interviews to be obtained from a congregate housing facility for the aged, if any; and before starting the sample selection technique in that census tract, subtracted those interviews already obtained.

The researcher took into account the number of elderly subjects needed from congregate housing to participate in the research study and deducted that number from the total sample size to arrive at the total number of interviews needed per census tract.

After these residential units were chosen, the next procedure was to ascertain if an elderly individual was living in the first non-congregate housing selected. If an elderly person, willing to participate, did not reside in this dwelling, then the interviewer proceeded to the next identified residential unit. This procedure was followed until an interview was completed within that sample block. Interviews were limited to one per sample block to stay within the guidelines of the geographic stratified sampling technique. A total number of 245 interviews were needed from non-congregate housing to satisfy the sampling formula requirements.

Instrumentation

Three instruments were used in this study and included The Life Satisfaction Index-Z, The Tennessee Self-Concept Scale and a Demographic Data Sheet. These instruments were used for the purpose of collecting data to evaluate the life satisfaction and self-concept of elderly living in congregate and non-congregate housing in Knox

County, Tennessee. The demographic socioeconomic data form was used to capture data regarding the study participants. These instruments are presented in Appendix D (page 97).

The Life Satisfaction Index-Z

The Life Satisfaction Index-Z is an 18-item instrument constructed from the Life Satisfaction Rating Scale (LSR). This instrument contains statements about life in general that people feel different ways about. This instrument was developed by B.L. Neugarten, R.J. Havighurst and S.S. Tobin. It can be self-administered in five minutes and contains five domains and categories and include the following: zest for life; resolution and fortitude; congruence between desired and achieved goals; high physical, psychological, and social self-concept; and happy, optimistic mood tone. According to the American Thoracic Society, "the consistency of measurement is reported to be the best in people over age 65 and has a reported internal consistency (2000)." The Life Satisfaction Index-Z instrument is reported in a variety of studies which deal with chronic obstructive pulmonary disease and is widely used in the field of gerontology. A copy of this instrument is included in Appendix D (page 99). Permission to use this instrument was not required as this instrument was located in the public domain.

The Tennessee Self-Concept Scale

The Tennessee Self-Concept Scale used in this study is a 100-item instrument which contains a series of statements that relate to how a person views themselves. This instrument was developed by Dr. William H. Fitts in 1965, and is a self-report instrument consisting of descriptive statements to which the individual responds to a five point Likert scale (Nichols&Fine, 1995). There are two forms of the scale available – a

counseling form and a clinical and research form. For the purpose of this research study, the clinical and research form was used along with the following scales:

Self-Criticism (SC) – this scale is composed of ten items taken from the Minnesota Multiphase Personality Inventory. Defensive individuals deny most of these statements and make a deliberate attempt to present a favorable picture to them. A high score indicates a normal healthy capacity for self-criticism in an individual.

Physical Self – here the person is presenting his/her state of health, perception of his body, the physical appearance, sexuality and skills.

Moral-Ethical Self – this score describes the way the subject views himself/herself in relation to moral-ethical worth, satisfaction with one's religion or the absence of it, and one's relationship to God.

Personal Self – this score reflects the subject's sense of personal worth and the evaluation of personality apart from the body or relationship to others.

Family Self – this score reflects the subject's feelings of adequacy, worth and value in the family unit. It refers to the person's perception of self I regards to his closest and most immediate associates.

Social Self – this is the "self perception in relation to others." It reflects the person's sense of adequacy and worth in his socialization with other people.

Permission to use this instrument was not required as it was in the public domain.

Selection of Interviewers and Workshop

Introduction

Rubin and Babbie (1993) in their book, *Research Methods for Social Work,* describe the advantage of interviewers in the research study process as "achieving a higher response rate than mail out surveys." An interviewer is an integral part of a research study and as such should possess the necessary knowledge, skills and abilities to conduct a survey interview. The interviewer is so important to the study because their task is to obtain data about a sample population in an effort to describe the whole population.

Selection of Interviewers

After several calls and discussions with professors at The University of Tennessee, six potential interviewers were referred as being highly qualified to assist in this dissertation research project. These potential interviewers had assisted their professors in research projects and had conducted face-to-face interviews with residents in Knox County. Some of the research projects involved health, economic, and aging issues and the professors recommended them highly. A discussion was held with the potential interviewers regarding the need for the study, purpose of the study, research questions and hypotheses. The census tract method of obtaining a sample of the population of elderly was also discussed. The compensation was discussed and an agreement was reached to hire six interviewers. Contracts were signed and a workshop was scheduled.

Workshop

On the day of the workshop, we met at a local establishment and the following information and guidelines were addressed:

1. General guidelines and procedures for this research study were discussed. These guidelines included dress and demeanor, appropriate days and times to conduct interviews, and need for sensitivity regarding ability of participant to hear or see.
2. Overview of the dissertation research project to assist the interviewers in understanding the project and the need to collect data for analysis and interpretation. The method of accessing participants in each census tract was explained and questions were entertained.
3. Informed consent forms were reviewed and the protocol for talking with the potential study participant regarding informed consent was thoroughly discussed. The need was stressed to have the participant to initial and sign both copies of the consent form to allow the participant a copy and a copy for the principal investigator's files.
4. Complete instructions were given for completion of the two survey instruments (Life Satisfaction Index-Z and The Tennessee Self-Concept Scale) and the demographic socioeconomic data form. Interviewers were advised to place an "R" in the box of the demographic socioeconomic data form if the participant refused to give the information.
5. To ensure familiarity with the survey instruments, role-plays were conducted using the survey instruments and the data form to help the interviewers become very familiar with the instrument items and possible responses. Interviewers

were instructed to follow question wording exactly to ensure that information needed was obtained. Interviewers were also instructed to record responses exactly. They were further instructed to probe for responses if the participant responded with an inappropriate answer. Color-coded cue cards were used to assist the participant in remembering the response choices. Emphasis was placed on having the participant to address all items. The interviewer was instructed to thank the participant at the end of the interview and give the participant a Kroger gift card for their assistance.

6. Questions were entertained at this time.
7. The interviewers were instructed to return completed consent forms and survey instruments as soon as possible upon completion of the interviews. All pertinent contact information was exchanged at that time.
8. The census tract locations to access, instruments, informed consent forms and the Kroger gift cards were issued to the six interviewers.
9. The workshop was ended and data collection was ready to begin.

Data Collection and Tabulation

Once the interviewers located an elderly individual in a census tract willing to be interviewed, the interviewer recorded the answers given by the respondents during the interview sessions. Upon completion of the instrument, the researcher thanked the participant, ended the interview and gave the participant a Kroger gift card. Upon completion of the data collection, the researcher prepared the data for computer input into the Excel Spreadsheet and then Statistical Package for the Social Sciences (SPSS) Version 10.0.

Statistical Treatment and Data Analysis

Statistical analyses were divided into three categories according to the research questions. These categories were:

(1). Demographic and Socioeconomic data

(2). Life satisfaction data analysis

(3) Self-Concept Analysis

The following discussion addressed each of the three categories separately:

Demographic and Socioeconomic Characteristics

The following factors were included in the data collection of demographic and socioeconomic characteristics: (1) race, (2) gender, (3) age, (4) marital status, (5) education, (6) occupation (present or former), (7) number of year's retired, (8) present income, and (9) household size and living arrangements.

These data were of nominal measurement, which was best handled by parametric statistics. Each item was accumulated and tabulated into frequency tables. The percent of each characteristic was determined from the frequency tables in an effort to investigate trends and associations of the demographic and socioeconomic characteristics.

Life Satisfaction and Self Concept Data Analysis

Both the Life Satisfaction and Self-Concept questionnaires that were used in this research study were treated as ordinal level measurements.

Hypothesis One stated that there is a difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee. To test this hypothesis, the t-test was used with an alpha of .05.

Hypothesis Two stated that there is a difference in life satisfaction among elderly regardless of housing based on gender, race, income and household size. To test this hypothesis, an ANOVA was run. Another ANOVA was run since one of the subscales differed.

Hypotheses Three stated there is a difference in the self-concept of elderly individuals living in congregate versus elderly living in non-congregate housing in Knox County, Tennessee. To test this hypothesis, a MANOVA was run. One of the subscales differed so an ANOVA was run.

Hypothesis Four stated that there is a difference in the self-concept of elderly living in Knox County, Tennessee based on gender, race, income and household size. To test this hypothesis, an independent sample t-test was conducted.

Chapter Summary

This chapter covered the methodology that was used in this research study on elderly residing in congregate and non-congregate housing to compare their life satisfaction and self-concept. A discussion covered the method, which was utilized in selecting the sample for this study from elderly residing in congregate and non-congregate housing.

Instrumentation was discussed and the two tests which were used in this research study were the Tennessee Self -Concept Scale and the Life Satisfaction Z Index. Both of these instruments have been used many times in previous studies and have been proven to be reliable and valid. Interview procedures were discussed in-depth. A detailed description of the statistical treatment and data analysis methods, which will be used in this study of the life satisfaction and self-concept of the elderly residing in Knox County,

Tennessee, was discussed. The statistical designs used to test the statistical significance of the hypotheses included the t-test, MANOVA, ANOVA, and the independent sample t-test. The statistical analyses were discussed and included three categories (demographic and socioeconomic data; differences in life satisfaction and self-concept of congregate and non-congregate dwellers.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF THE DATA

Introduction

The purpose of this chapter was to analyze the data collected during the course of this investigation. This chapter also presented findings based on the analysis of the data. Finally, the chapter contained the following major sections: data analyses, data presentation and analysis and a summary.

Study Population

This study included two groups of 235 participants aged 65 years and older living in congregate and non-congregate housing in Knox County, Tennessee. Griffin's study included 271 participants. The participants were reached through the use of the random sample method using the Knox County Census Tract Map, Knox County Map, and Knox County Census Index by Street Blocks, Knoxville City Directory and visits to census tract location. The 235 participants included 105 (44.9%) males and 129 (55.1%) females 65 years of age or older. The two study groups had an overall N equal to 235.

The profile of the study groups included the race, gender, age, marital status, education, occupation (present or former), number of years retired, type of household, number in household, who lives with the elderly, perceived health status, and where the elderly live.

Study Population Characteristics

TABLE 4-1, located in Appendix E (page 105), contains the master table of characteristics for participants located in the two housing settings. The following additional information is related to the study participants' characteristics:

Race

Two races were predominantly represented in this study. These two races included Whites who comprised 72.0% of the study population and Blacks or African-Americans who comprised 24.6% of the study population. The remaining 3.4% included other races.

Gender

Males comprised 44.9% of the study population while females comprised 55.1% of the study population.

Age

The ages of the participants ranged from 65 to 92 with the average age being 73 years.

Marital Status

The marital status of the participants was divided into six categories and results included the following: 23% were never married; 25% now married; 5% were separated; 33% were widowed; and 14% were divorced.

Education

The educational attainment status of study participants included 64.2% of the participants being a high school graduate or less and the remaining 35.8% having some college to a graduate or professional degree.

Retirement

The average number of years retired was 10.4 years.

Income

Sixty-two percent of the study participants earned less than $25,000 per year. Participants in the $25,000 to $49,999 range comprised 26.4 percent of the study population. Participants in the $50,000-$99,999 range comprised 10.7 percent of the study population and the remaining .9 percent earned $150,000-199,999.

Occupation

The occupational status of the study participants was divided into seven categories and included: 31.1% in management and professional; 16.9% service; 16.9% in sales and office; 3.2% farming, fishing, forestry; 12.3% in construction, extraction and maintenance; 7.3% in production, transportation; 12.3% did not work outside the home.

Living Alone (or With Someone)

Participants living alone comprised 53.7 percent of the study population. Participants living with one person comprised 28.4 percent of the study population and those with two or more living with them comprised 17.9 percent of the study population.

Who Lives With You?

When asked the question "who lives with you?" 50.0% of the respondents answered "no one" while 20.6% answered "spouse," 22.8% answered "relative" and 6.6% answered that a non-related person lived with them. Seven participants refused to answer this question.

Analysis and Interpretation of Data

Congregate and Non-Congregate Dwellers

Twenty-seven congregate housing dwellers participated in this study comprising 11.6% of the study population while 208 study participants reside in non-congregate housing and comprise 88.4.0% of the study population.

Reliability of Life Satisfaction Index Z

When looking at the Life Satisfaction Index, it had an overall reliability coefficient of .61. However, when removing the negatively worded questions, reliability jumped to .85, therefore only positive items were used.

Reliability of Tennessee Self-Concept Scale

Reliability for the Tennessee Self-Concept Scale (TSCS) subscales is listed in **TABLE 4-2,** APPENDIX E (page 105). Although a little on the low side, results should be interpreted carefully, especially physical due to possible temporary ailment, mental status at time of interview.

Research Hypothesis I

There is no difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee.

To analyze these data the t-test was used with an alpha of .05. The results of the t-test are t= -1.08, df = 231 and p=.281. The mean Life Satisfaction Index (LSI) for congregate housing was 3.84 and non-congregate was 3.98. There was no significant difference so the null hypothesis was accepted with a value of p =.05. Therefore the mean LSI for both was no different.

Research Hypothesis II

There is a difference in life satisfaction among elderly regardless of housing based on gender, race, income and household size in Knox County, Tennessee.

A Multiple Analysis of Variance (MANOVA) was run to determine if life satisfaction differed by gender, race, income and household size. The MANOVA results are presented in **TABLE 4-3** in Appendix E (page 106). The only factor that was significant was income with a value of $p < .01$. **TABLE 4-4**, located in Appendix E (page 106), contains the mean LSI score for each income category level. Those that earned less than $15,000 had an LSI of 3.88 and those that earned more than $15,000 had an LSI of 4.17. Therefore, those that earned more tended to have a higher level of life satisfaction. No significant differences were found with gender, race and household size.

Research Hypothesis III

There is a difference in the self-concept of elderly living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

To analyze the data, a MANOVA was run. The results of the MANOVA are $F(6, 225)=2.823$, $p=.011$. This indicated at least one of the subscales differed. To determine which subscales differed, individual Analysis of Variances (ANOVAs) were run. ANOVA results are presented in **TABLE 4-5** in Appendix E (page 107). The findings showed a significant difference in self-criticism ($p = .001$) and family ($p = .027$). The mean for self-concept of self-criticism for congregate housing dwellers was 1.84 and for non-congregate housing dwellers it was 2.32. This revealed that non-congregate housing dwellers had a higher level of self-concept of self-criticism than congregate housing dwellers. The mean for family self-concept scale for non-congregate housing

dwellers was 3.53 and for congregate housing dwellers the mean was 3.25. This revealed that the non-congregate housing dwellers had a higher level of self-concept of family than congregate housing dwellers.

Research Hypothesis IV

There is a difference in the self-concept of elderly living in Knox County, Tennessee, based on gender, race, income and household size.

To analyze the data, six ANOVAs were run - one for each subscale (self-criticism, physical, moral, personal, family and social) to determine differences for gender, race, income, and household size.

Self-Criticism Subscale for Self-Concept

An ANOVA was run to determine if any differences existed in self-criticism. The ANOVA results are presented in **TABLE 4-6** in Appendix E (page 107). The household size was significant with a value of p = .001. Those that lived alone had a mean self-criticism score of 2.14 and those with one other person living with them had a mean self-criticism of 2.33 while those with more than two people living with them had a mean self-criticism score of 2.65. As the household size increased, the level of self-concept increased. There were no differences with gender, race or income.

Physical Subscale for Self-Concept

An ANOVA was run for the subscale physical and the results are presented in **TABLE 4-7** in Appendix E (page 108). Three significant factors were found. Household size had a value of p= .026; race had a value of p = .024; and gender had a value of p = .016. Income was not significant with a value of p = .173. The household means for those living alone was 3.28. The household mean for those living with one person was

3.25. The household mean for those with more than two living in the household was 3.48. To determine how these differed, multiple comparisons were run and are presented in **TABLE 4-8** in Appendix E (page 108). Living with more than two people had a significantly higher mean than living alone (p=.032) and a higher mean than living with one other person (p=.039). There was no significant difference found between living with one person and living alone (p=.967). When looking at means for gender, males had a mean of 3.26 while females had a mean of 3.41. Therefore, females had a higher physical self-concept than males. When looking at means for race, whites had a physical self-concept mean of 3.41 while blacks had a physical self-concept mean of 3.26. Therefore, whites had a higher level of physical self-concept than blacks.

Moral Subscale for Self-Concept

For the subscale moral, an ANOVA was run and the results are presented in **TABLE 4-9** in Appendix E (page 109). Three significant factors were found with race having a value of p=.023; gender having a value of p=.023; and income having a value of p=.006. When looking at race, the mean for whites was 3.74 and for blacks the mean was 3.51. Therefore, whites had a significantly higher level of moral self-concept than blacks. When looking at gender, males had a mean of 3.52 while females had a mean of 3.73. Therefore, females had a higher level of moral self-concept than males. When looking at income, those individuals below the $15,000 income level had a mean of 3.75 while those individuals above the $15,000 income level had a mean of 3.49. Therefore, those with lower incomes had a higher level of moral self-concept than those with higher incomes.

Personal Subscale for Self-Concept

An ANOVA was run and results are presented in **TABLE 4-10** in Appendix E (page 109). None of the factors were significant. No differences were found. Therefore, personal self-concept did not differ by race, gender, income or household size.

Family Subscale for Self-Concept

An ANOVA was run and results are presented in **TABLE 4-11** in Appendix E (page 110). Two significant factors were found. Those two factors were race and income. Race had a value of p=.009 and income had a value of p=.022. When looking at the means for race, whites had a mean of 3.59 while blacks had a mean of 3.34. Therefore, blacks had a lower level of family self-concept. When looking at income, the mean for those individuals with income less than $15,000 was 3.57 and the mean for those with income greater than $15,000 was 3.36. Self-concept for family was lower for higher income.

Social Subscale for Self-Concept

An ANOVA was run and results are presented in **TABLE 4-12** in Appendix E (page 110). Two significant factors were found. Those factors were race (p=.007) and gender (p=.001). The means for females was 3.59 while for males the mean was 3.32. The means for whites was 3.58 and for blacks the mean was 3.33. Whites had a higher level of social self-concept than blacks and females had a higher level of social self-concept than males.

Chapter Summary

This chapter contained results of the research study of Life Satisfaction and Self-Concept of Elderly in Congregate and Non-Congregate Housing in Knox County, Tennessee. This chapter presented the findings based on the analysis of the data. Also, this chapter contained the demographic characteristics of the study participants in congregate and non-congregate housing.

There was no difference in the life satisfaction of elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee. However, when looking at gender, race, income and household size, those with a lower income had a higher level of life satisfaction. When looking at the self-concept of the elderly residing in congregate and non-congregate housing, there were two significant differences found in self-criticism and family.

Non-congregate housing dwellers had a higher level of self-concept of self-criticism and family than congregate housing dwellers. When looking at life satisfaction and self-concept, based on gender, race, income and household size some differences were found. A comparison of self-concept of male and female elderly individuals revealed that females had a higher level of self-concept with regard to physical, moral, personal, family and social.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter addresses four sections. The first section is a summary of the study. The second section includes the findings of the study. The third section contains the presentation of the conclusions relative to the findings. The fourth section contains a presentation of the recommendations.

Summary of the Study

The primary purpose of this study was to evaluate the life satisfaction and self-concept of the elderly living in congregate and non-congregate housing in Knox County, Tennessee. To accomplish the purpose of this study, the following four hypotheses were formulated:

I. There is a difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee.

II. There is a difference in life satisfaction among elderly regardless of housing based on gender, race, income and household size in Knox County, Tennessee.

III. There is a difference in the self-concept of elderly living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

IV. There is a difference in the self-concept of elderly based on gender, race, income and household size.

To achieve this purpose, two instruments (Life Satisfaction Index-Z and The Tennessee Self-Concept Scale) and a demographic socioeconomic form were used. The findings of this study are reported in separate sections, which coincide with the hypotheses above and addressed in Chapter 1. The findings are based on an analysis of the data obtained from the study population.

To collect data, elderly (aged 65 and above) living in congregate and non-congregate housing in Knox County, Tennessee were contacted and interviewed face-to-face and assisted in completion of the two instruments and the demographic socioeconomic data form. A proportional random sampling technique by census tract for Knox County was used to obtain the needed sample size for this study. There were 208 elderly non-congregate housing residents and 27 congregate housing residents who participated in this study. Data received from the study population (N=235) was analyzed by frequency percentages, t-tests, ANOVAs and MANOVAs using SPSS 10.0 Version and Microsoft Excel.

Findings

The findings section will be addressed according to the four hypotheses in numerical order:

Hypothesis I: There is a difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee.

Results of the t-test showed no significant difference in the life satisfaction of the elderly residing in non-congregate and those residing in congregate housing in Knox County, Tennessee. The mean Life Satisfaction Index (LSI) for congregate housing is 3.84 and non-congregate is 3.98.

Hypothesis II: There is a difference in life satisfaction regardless of housing type based on gender, race, income and household size among elderly living in Knox County, Tennessee.

ANOVA results revealed a difference related to income and showed that those who earned more tended to have a higher level of life satisfaction. No significant differences were found for gender, race and household size.

Hypothesis III: There is a difference in the self-concept of elderly individuals living in congregate housing versus elderly living in non-congregate housing in Knox County, Tennessee.

Of the six subscales (self-criticism, physical, moral-ethical, personal, family and social) tested, MANOVA results indicate that at least one subscale differed. Results of the individual ANOVAs run on each subscale are as follows:

Self-Criticism - Results revealed a significant difference in self-criticism (p=.001). The mean for self-concept of self-criticism for congregate housing dwellers was 1.84 and the mean for non-congregate housing dwellers was 2.32. This finding indicates that non-congregate housing dwellers had a higher level of self-concept of self-criticism than congregate housing dwellers. In other words, non-congregate housing dwellers had a normal, healthy capacity for self-criticism when compared to congregate housing dwellers.

Physical Subscale- No significant findings were revealed for this subscale.

Moral-Ethical Subscale- No significant findings were revealed for this subscale.

Personal Subscale- No significant findings were revealed for this subscale.

Family Subscale- This subscale had a significant finding. Results revealed a value of p=.027. As relates to family self-concept, the mean for non-congregate housing dwellers was 3.53 and for congregate housing dwellers the mean was 3.25. This indicates that the non-congregate housing dwellers had a higher level of self-concept of family than congregate housing dwellers. In other words, those living in non-congregate housing had a higher level of feelings of adequacy, worth and value in the family unit than those living in congregate housing.

Social Subscale- No significant findings were revealed for this subscale.

Hypothesis IV: There is a difference in the self-concept of elderly living in Knox County, Tennessee based on gender, race, income and household size.

ANOVAs were run for each of the 6 subscales (self-criticism, physical, moral-ethical, and personal, family and social) and the findings for each subscale are as follows:

Self-Criticism Subscale- Results related to household size revealed a significance with a value of p=.001 indicating that those who lived alone had a mean self-criticism score of 2.14; those with one other person living with them had a mean self-criticism score of 2.33 while those with two or more people living with them had a mean self-criticism score of 2.65. This indicates that as the household size increases, the level of self-concept of self-criticism increases.

Physical Subscale- ANOVA results included three significant factors being found including household size (p=.026); race (p=.024); and gender (p=.016). Income was not

significant with a value of p=.173. The household mean for those living with one person was 3.25; for those with more than two living in the household was 3.48. Multiple comparisons revealed that living with more than two people had a significantly higher mean than living alone (p=.032) and higher mean than living with one other person (p=.039). No significant difference was found between living with one person and living alone (p=.967). When looking at means for gender, males had a mean of 3.26 while females had a mean of 3.41. This finding indicates females have a higher physical self-concept than males. When looking at means for race, whites had a physical self-concept mean of 3.41 while blacks had a physical self-concept mean of 3.26 indicating whites have a higher level of physical self-concept than blacks.

Moral-Ethical Subscale- ANOVA results revealed three significant factors with race having a value of p=.023; gender having a value of p=.023; and income having a value of p=.006. Results revealed a significantly higher level of moral-ethical self-concept for whites (mean=3.74) than for blacks (mean=3.51). In other words, results show that whites view themselves as having a higher moral-ethical worth, more satisfaction with regard to religion and relationship to God than blacks. When looking at gender, females (mean=3.73) had a higher level of moral-ethical self-concept than males (mean=3.52). when looking at income, elderly below the $15,000 income level (mean=3.75) had a higher level of moral-ethical self-concept than elderly above the $15,000 income level (mean=3.49).

Personal Subscale- ANOVA results revealed that none of the factors were significant. Therefore, personal self-concept does not differ by race, gender, income or household size.

Family Subscale- ANOVA results revealed two significant factors – race and income. Relative to income, findings reveal that blacks (mean=3.34) had a lower level of family self-concept than whites (mean=3.59). Relative to income, findings reveal that elderly individuals with a higher income possess a lower level of self-concept for family than those with a lower income.

Social Subscale- Findings for the ANOVA run revealed two significant factors – race (p=.007) and gender (p=.001). Results indicate whites (mean=3.58) have a higher social self-concept than blacks (mean=3.33) while females (mean=3.59) have a higher level of social self-concept than males (mean=3.32).

Conclusions

Based on the study's findings, the following conclusions were made as they relate specifically to the four hypotheses.

1. Life satisfaction did not differ between congregate and non-congregate housing groups.
2. There was a significant difference in life satisfaction of elderly based on income, but not by race, gender or household size.
3. Elderly living in non-congregate housing had a higher level of self-concept of family than elderly living in congregate housing.
4. Self-Concept did differ among elderly based on gender, race, income and household size.

Recommendations

1. Future studies should insure the inclusion of a greater number in the congregate housing group.
2. Additional studies should be conducted using a different formula to determine the sample size needed to ensure an adequate amount of elderly are interviewed from congregate and non-congregate settings. The use of a three-stage probability sample would be recommended.
3. Future studies should attempt to have more racial diversity to ensure that findings will be more representative of the study population as a whole.
4. Urban and rural settings for elderly should be studied.

CHAPTER VI

THE STUDY IN RETROSPECT

Introduction

This chapter provides a reflection of the study and addresses the research experience, the strengths and weaknesses of the study and the implications for health education practice and policy planning.

Study Experiences

This topic was chosen to increase the knowledge base regarding what may bring about happiness and contentment in the elderly population who live in different environments.

The comparison population for this investigation included a total sample of 271 participants with 68 percent being females and 32 percent being males. Two races were represented in this study with the White race constituting 92% (250 subjects) and the Black race constituting 8% (21 subjects). The comparison group results indicated that there was no difference in life satisfaction in congregate and non-congregate dwellers. Also, no differences were found in self-concept of congregate and non-congregate dwellers. A positive correlation of life satisfaction to self-concept did exist in elderly individuals who participated in the pilot study.

It has been said that "hind sight is 20-20" and that can be attested to as truth regarding this research study. There were some very great experiences during this research study period. The planning and implementation of the research process was a great experience. To see the project planned and then begun was exciting. The interest

of the interviewers in the study population and their experience and expertise were invaluable to the success in collecting data.

There were some stressful periods. One such experience involved the problem with not being able to obtain the data regarding number of elderly residing in some of the congregate facilities and then having to revise the list of congregate facilities to survey. Another experience that was stressful involved the fact that once the participating facilities agreed to participate, a decision was then made by the congregate housing managers that they needed to have the approval of the tenant council association president before any interviews could be conducted in the respective congregate housing facility. This involved making phone calls and waiting on return calls. Also, residents had to be interviewed in the community room versus in their apartments due to fraudulent acts that had historically been perpetrated on the residents.

Overall, the experiences were positive because some new knowledge has been gained regarding life satisfaction and self-concept of elderly in two different settings in Knox County, Tennessee.

Finally, great consideration should be given before replicating a study to ensure that sufficient detail is included regarding the methodology. This study was a replication of a study conducted in 1982 in Knox County, Tennessee.

Similarities and Differences

There were similarities and differences between the previous study and this study and they included the following:

Similarities

1. This study used the same formula as the previous study for determining the study population sample size. The previous study N=269 and this study N=271.
2. This study used census tracts and maps as was done in the previous study.
3. This study used some of the same congregate housing facilities as the previous study.

Differences

1. This study used a cohort of interviewers for this research investigation. Interviewers were used in this study due to the fact that conditions were present over which the researcher had no control. These conditions prevented the researcher from conducting direct interviews. A benefit of using this cohort of interviewers involves temporal effects being minimized as the interviewers collected data during a ten- week period during Spring, 2003.
2. This study used an assisted living facility as a result of a study recommendation by an earlier researcher. Assisted living facilities are becoming more popular and create a bridge between home and nursing home. The incorporation of an assisted living facility into this study was a way to add a new dimension to the study by conducting interviews in a new congregate housing setting.
3. This study used six subscales for the self-concept instrument and earlier investigations used ten subscales.
4. This study used different statistical tests (marginal statistics, ANOVAs, multiple comparisons and MANOVAs) to analyze the data collected to address the

hypotheses stated for this study. The previous study used the Mann-Whitney U to test for statistical significance and Kendall's Tau (Ỳ) for correlations.

Strengths and Weaknesses of the Study

There were both strengths and weaknesses associated with this study. They are as follows:

Strengths

1. One of the strengths of this study was the opportunity to gain an increased knowledge regarding the census tract method of accessing study participants. Although it was time-consuming, it was also a good learning experience. If a researcher were to attempt this type of study, it would be very important to be well-versed in the procedure necessary to access by the census tract method. This process was a learning experience and has improved the knowledge of the researcher regarding this city.
2. During this process, strength involved the opportunity to interact with persons involved in the mapping and zoning of any municipal area. Important contacts were gained for future research projects.
3. This research process also assisted in the increased knowledge of the researcher regarding the overall process and need to plan steps very carefully to ensure all aspects of the research process are appropriate.

Weaknesses

1. A weakness associated with this research study involved the fact that a comprehensive pilot study was not conducted on a small sample of the study groups to be interviewed.

2. Another weakness was that the diversity of population was lacking. Future studies could use the proportional allocation or purposeful method of stratified random sampling.
3. Finally, a weakness associated with this study involved the length of the Tennessee Self-Concept instrument and its use with the elderly population who might have problems with sight or hearing or being able to focus for a long length of time. The interviewers were able to read the statements to study participants and so that problem was not incurred, however it would prevent a mailing for certain members of the elderly population from being successful due to those issues.

The following things would be conducted differently in a subsequent research study of this type:

1. Conduct a comprehensive pilot study on the sample population of the two groups to be studied.
2. Attempt to obtain a more diverse population for the study population.
3. Revise the survey instrument to provide a shorter interview time.
4. Increase the number of the sample size.

Implications for Health Education Practice

The results of this study may prove invaluable in assisting community residents in decisions relating to housing choices when age and circumstance become an issue and questions arise about best choices to assist in ensuring life satisfaction and self-concept. The information gained from this study may also prove invaluable in community health

awareness moments in church settings, community meetings and other venues where issues for elderly arise.

Implications for Future Research

This information may be of interest for further studies when accessing funding to assist in empowering the fastest growing population...the elderly! There is still a great deal of research that must be conducted to assist in the policy making process to ensure the best level of life satisfaction and self-concept possible. This study could be conducted using different instruments and statistical tests to measure whether the same or better results would be achieved. Subsequent studies could also be conducted using nursing home versus assisted living facilities or home versus nursing home to compare life satisfaction and self-concept of elderly in Knox County, Tennessee. A study could also be conducted using urban versus rural elderly housing settings.

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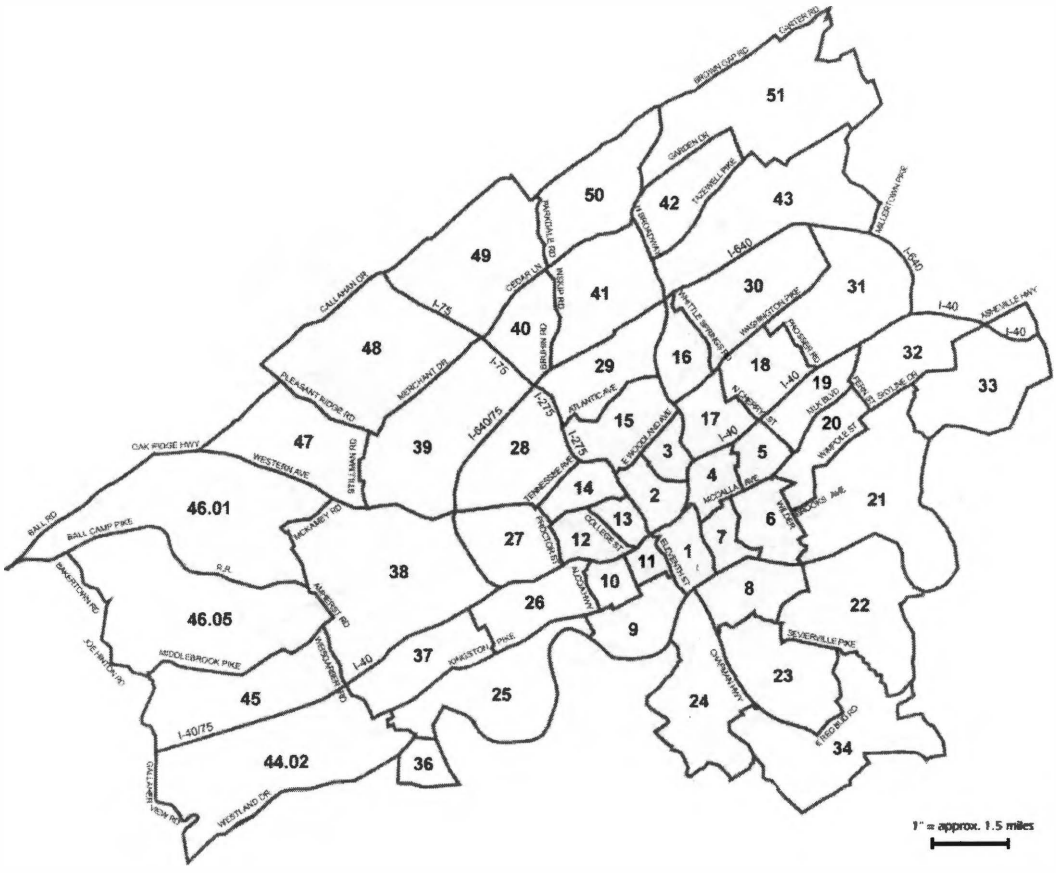
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APPENDICES

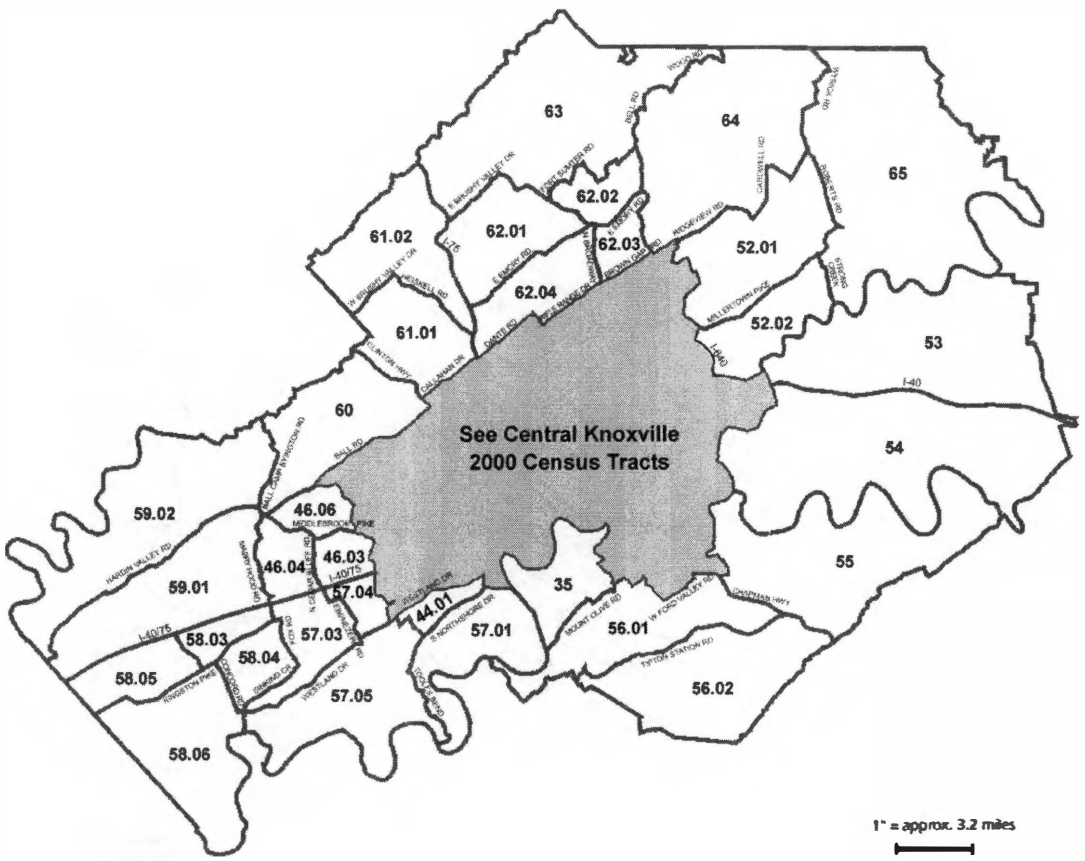
APPENDIX A

CENSUS TRACTS

KNOXVILLE CENSUS TRACTS



KNOX COUNTY CENSUS TRACTS



APPENDIX B

NATIONAL EDUCATIONAL ASSOCIATION

SMALL SAMPLE TECHNIQUE FORMULA

NATIONAL EDUCATION ASSOCIATION'S SMALL SAMPLE TECHNIQUE FORMULA

$$N = \frac{\chi 2\ N\ 0\ (1\text{-}0)}{\chi 2\ (N\text{-}1) + \chi 2\ \ 0\ (1\text{-}0)}$$

N= sample size requirement for a representative sample

X2 = the chi-square for 1 degree of freedom at the .90 confidence interval

N= total elderly population in Knox County

O = population proportion (.50 maximum sample size)

d = the degree of accuracy expressed as a proportion

$$N = \frac{2.71\ X\ 48{,}415\ x\ .5\ X\ .5}{(.05)2\ X\ 48,\ 414 + (2.71\ X\ .5\ X\ .5)} =$$

$$N = \frac{131,\ 205\ X\ .5\ X\ .5}{.0025\ X\ 48,\ 414\ X\ 121 + .6775} =$$

$$N = \frac{32,\ 801}{12,\ 105} =$$

N = 271

APPENDIX C

CONSENT FORM

CONSENT FORM AND INFORMATION REGARDING
"Life Satisfaction and Self-Concept of Elderly Living in Congregate and Non-Congregate Housing In Knox County, Tennessee."

INTRODUCTION

You are invited to participate as a subject in this study through the University of Tennessee, to survey the life satisfaction and self-concept of elderly in congregate (group facilities) and non-congregate (single family) settings. Approximately 271 elderly subjects in Knox County, Tennessee will be included in this study. It is believed that the results of this study will be useful in developing and implementing programs and services for the population aged 65 and above to enhance the quality of living in the Knox County area.

STUDY DETAILS

As a participant in this study you will be asked to respond to statements regarding your attitudes and beliefs regarding your satisfaction with life and self-concept. You will also be asked questions regarding your demographic and socioeconomic status. This interview should last approximately one and one-half hour.

You were selected because you are aged 65 or above and reside in a congregate (group facility) or non-congregate (single family) setting in a census tract located inside Knox County, Tennessee.
You will be one of 271 subjects chosen to participate in this study.

CONFIDENTIALITY

This information is for research purposes only; it will be kept strictly confidential. Data will be destroyed once it is transcribed at completion of the study. Any information published from this study will be reported in group form only, and you will not be identified by name.

RISKS

There are no known risks to you as a subject in this study.

BENEFITS

Participation in this study is strictly voluntary. For your participation, you will be given a five dollar gift certificate to Kroger's. Information from this study can be used to develop and implement programs and services targeted toward elderly aged 65 and older to assist in the improvement of quality of life satisfaction and self-concept.

CONTACT INFORMATION

If you have any questions about this research project you may contact the investigator Barbara J. Canada at the University of Tennessee, Department of Health, Safety, and Exercise Science. 1914 Andy Holt Ave., Knoxville, Tennessee, 37996. She may be reached by telephone at (865) 974-5041. If you have any questions about your rights as a participant, contact the Compliance Section of the Office of Research at (865) 974-3466.

_____ Participant's initials

PARTICIPATION

Participation in this study is voluntary. If you decide to take part, you are free to stop whenever you want.

CONSENT

I have read the above statement or someone has read it to me and I have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I hereby give my informed and free consent to be a participant in this study. I understand that I will receive a signed copy of this consent form for my records.

Participant's Signature _____

Date _____

Investigator's Signature _____

Date _____

APPENDIX D

INSTRUMENTS

LIFE SATISFACTION INDEX Z (Attitude Inventory)

The following are statements about life in general that people feel different ways about. Please listen to the statement being read by the interviewer, look at Card "A" (Pink Card) and respond by answering "Strongly Agree", "Agree", "Undecided", "Disagree", or "Strongly Disagree." Please answer every question.

	SA	A	UD	DA	SDA
1. As I grow older, things seem better than I thought they would be.					
2. I have gotten more of the breaks in life than most of the people I know.					
3. This is the dreariest time of my life.					
4. I am just as happy as when I was younger.					
5. My life could be happier than it is now.					
6. These are the best years of my life.					
7. Most of the things I do are boring or monotonous.					
8. I expect some interesting and pleasant things to happen to me in the future.					
9. The things I do are as interesting to me as they ever were.					
10. I feel old and somewhat tired.					
11. As I look back on my life, I am fairly well satisfied.					
12. I would not change my past life even if I could.					
13. Compared to other people my age, I make a good appearance.					
14. I have made plans for things I'll be doing a month or a year from now.					
15. When I think back over my life, I didn't get most of the important things I wanted.					
16. Compared to other people, I get down in the dumps too often.					
17. I've gotten pretty much what I expected out of life.					
18. In spite of what some people say, the lot of the average man is getting worse, not better.					

TENNESSEE SELF CONCEPT SCALE

A series of statements will be read to you during the interview and you will be asked to respond to these statements. The interviewer will circle the appropriate response that you give from the choices on Card "B" (yellow card). Please listen to each statement and respond by answering whether the statement is: "Strongly Agree", "Agree", "Undecided", "Disagree", or "Strongly Disagree." Please answer every question.

	SA	A	UD	DA	SDA
1. I have a healthy body.					
2. I like to look nice and neat all the time.					
3. I am an attractive person					
4. I am full of aches and pains.					
5. I consider myself a sloppy person.					
6. I am a sick person.					
7. I am neither too fat nor too thin.					
8. I am neither too tall nor too short.					
9. I like my looks just the way they are.					
10. I don't feel as well as I should.					
11. I would like to change some parts of my body.					
12. I should have more sex appeal.					
13. I take good care of myself physically.					
14. I feel good most of the time.					
15. I try to be careful about my appearance.					
16. I do poorly in sports and games.					
17. I often act like I am "all thumbs."					
18. I am a poor sleeper.					
19. I am a decent sort of person.					
20. I am a religious person.					
21. I am an honest person.					
22. I am a moral failure.					
23. I am a bad person.					
24. I am a morally weak person.					
25. I am satisfied with my moral behavior.					
26. I am as religious as I want to be.					
27. I am satisfied with my relationship with God.					
28. I wish I could be more trustworthy.					
29. I ought to go to church more.					
30. I shouldn't tell so many lies.					
31. I am true to my religion in everyday life.					
32. I do what is right most of the time.					
33. I try to change when I know I'm doing things that are wrong.					
34. I sometimes use unfair means to get ahead.					
35. I sometimes do very bad things.					

	SA	A	UD	DA	SDA
36. I have trouble doing the things that are right.					
37. I am a cheerful person.					
38. I have a lot of self-control.					
39. I am a calm and easy-going person.					
40. I am a hateful person.					
41. I am a nobody.					
42. I am losing my mind.					
43. I am satisfied to be just what I am.					
44. I am as smart as I want to be.					
45. I am just as nice as I should be.					
46. I am not the person I would like to be.					
47. I despise myself.					
48. I wish I didn't give up as easily as I do.					
49. I can always take care of myself in any situation.					
50. I solve my problems quite easily.					
51. I take the blame for things without getting mad.					
52. I change my mind a lot.					
53. I do things without thinking about them first.					
54. I try to run away from my problems.					
55. I have a family that would always help me in any kind of trouble.					
56. I am an important person to my friends and family.					
57. I am a member of a happy family.					
58. I am not loved by my family.					
59. My friends have no confidence in me.					
60. I feel that my family doesn't trust me.					
61. I am satisfied with my family relationships.					
62. I treat my parents as well as I should (use past tense if parents are not living.)					
63. I understand my family as well as I should.					
64. I am too sensitive to things my family says.					
65. I should trust my family more.					
66. I should love my family more.					
67. I try to play fair with my friends and my family.					
68. I do my share of work at home.					
69. I take a real interest in my family.					
70. I quarrel with my family.					
71. I give in to my parents (use past tense if parents are not living.					
72. I do not act like my family thinks I should.					
73. I am a friendly person.					

	SA	A	UD	DA	SDA
74. I am popular with women.					
75. I am popular with men.					
76. I am mad at the whole world.					
77. I am not interested in what other people do.					
78. I am hard to be friendly with.					
79. I am as sociable as I want to be.					
80. I am satisfied with the way I treat other people.					
81. I try to please others, but I don't overdo it.					
82. I should be more polite to others.					
83. I am no good at all from a social standpoint.					
84. I ought to get along better with other people.					
85. I try to understand the other fellow's point of view.					
86. I see good points in all the people I meet.					
87. I get along well with other people.					
88. I do not feel at ease with other people.					
89. I do not forgive others easily.					
90. I find it hard to talk with strangers.					
91. I do not always tell the truth.					
92. Once in awhile I think of things too bad to talk about.					
93. I get angry sometimes.					
94. Sometimes, when I am not feeling well, I am cross.					
95. I do not like everyone I know.					
96. I gossip a little at times.					
97. Once in awhile, I laugh at a dirty joke.					
98. At times, I feel like swearing.					
99. I would rather win than lose in a game.					
100. Once in awhile, I put off until tomorrow what I ought to do today.					

TABLE 3-1: RESIDENTS 65 AND OVER PER CENSUS TRACT

Census Tract #	Number of Elderly	Census Tract #	Number of Elderly
1	175	**43**	287
2	146	**44.01**	676
3	281	**44.02**	1557
4	72	**45**	1188
5	401	**46.01**	512
6	293	**46.03**	804
7	68	**46.04**	725
8	332	**46.05**	944
9	11	**46.06**	382
10	166	**47**	596
11	35	**48**	758
12	81	**49**	650
13	187	**50**	661
14	259	**51**	961
15	672	**52.01**	568
16	770	**52.02**	427
17	593	**53**	1063
18	363	**54**	953
19	207	**55**	829
20	532	**56.01**	1023
21	562	**56.02**	466
22	655	**57.01**	495
23	507	**57.03**	613
24	359	**57.04**	587
25	785	**57.05**	920
26	207	**58.03**	329
27	394	**58.04**	670
28	420	**58.05**	842
29	375	**58.06**	861
30	751	**59.01**	604
31	557	**59.02**	700
32	545	**60**	1302
33	455	**61.01**	1283
34	697	**61.02**	508
35	684	**62.01**	813
36	46	**62.02**	451
37	417	**62.03**	663
38	656	**62.04**	785
39	1015	**63**	631
40	565	**64**	890
41	706	**65**	806
42	630		

TABLE 3-2: PROPORTION OF RESIDENTS PER CENSUS TRACT

Census Tract #	Proportion	Census Tract #	Proportion
1	.0036	**43**	.0059
2	.0030	**44.01**	.0140
3	.0058	**44.02**	.0321
4	.0015	**45**	.0245
5	.0083	**46.01**	.0105
6	.0061	**46.03**	.0166
7	.0014	**46.04**	.0150
8	.0069	**46.05**	.0195
9	.0002	**46.06**	.0079
10	.0034	**47**	.0123
11	.0007	**48**	.0157
12	.0017	**49**	.0134
13	.0039	**50**	.0137
14	.0053	**51**	.0198
15	.0139	**52.01**	.0117
16	.0159	**52.02**	.0088
17	.0122	**53**	.0220
18	.0075	**54**	.0197
19	.0043	**55**	.0171
20	.0110	**56.01**	.0211
21	.0116	**56.02**	.0096
22	.0135	**57.01**	.0102
23	.0105	**57.03**	.0127
24	.0074	**57.04**	.0121
25	.0162	**57.05**	.0004
26	.0043	**58.03**	.0068
27	.0081	**58.04**	.0138
28	.0087	**58.05**	.0174
29	.0077	**58.06**	.0178
30	.0155	**59.01**	.0125
31	.0115	**59.02**	.0145
32	.0112	**60**	.0269
33	.0093	**61.01**	.0265
34	.0144	**61.02**	.0105
35	.0141	**62.01**	.0168
36	.0010	**62.02**	.0093
37	.0086	**62.03**	.0137
38	.0135	**62.04**	.0162
39	.0210	**63**	.0130
40	.0011	**64**	.0184
41	.0146	**65**	.0166
42	.0130		

TABLE 3-3: NUMBER OF SUBJECTS NEEDED PER CENSUS TRACT

Census Tract #	Number of Subjects	Census Tract #	Number of Subjects
1	1	**43**	7
2	1	**44.01**	4
3	2	**44.02**	9
4	0	**45**	7
5	2	**46.01**	3
6	2	**446.03**	5
7	0	**46.04**	4
8	2	**46.05**	4
9	0	**46.06**	1
10	1	**47**	3
11	0	**48**	4
12	1	**49**	4
13	1	**50**	4
14	1	**51**	2
15	4	**52.01**	3
16	4	**52.02**	2
17	3	**53**	6
18	2	**54**	5
19	1	**55**	5
20	3	**56.01**	6
21	3	**56.02**	3
22	4	**57.01**	3
23	3	**57.03**	3
24	2	**57.04**	3
25	4	**57.05**	0
26	1	**58.03**	2
27	2	**58.04**	4
28	2	**58.05**	5
29	2	**58.07**	5
30	4	**59.01**	3
31	3	**59.02**	4
32	3	**60**	**7**
33	3	**61.02**	3
34	4	**62.01**	5
35	4	**62.02**	3
36	0	**62.03**	4
37	2	**62.04**	4
38	4	**63**	4
39	6	**64**	5
40	0	**65**	5
41	4		
42	4		

TABLE 3-4: NUMBER OF ELDERLY PER CONGREGATE FACILITY

Name of Facility	Number of Elderly Residents
Austin Homes	23
Broadway Towers	228
Cagle Terrace	164
Christenberry Heights	59
Golden Age Retirement Home	48
Guy B. Love Towers	254
Hillcrest Manor	N/A
Isabella Towers	46
Lonsdale Homes	65
Mechanicsville Housing	4
Montgomery Village	34
Morningside Gardens	142
Northgate Terrace	279
Summit Towers	126
Sunnybrook Apartments	149
Walter P. Taylor Homes (Lee Williams)	156
Townview Towers	Unknown – Unreported
Virginia Walker Apartments	21
Western Heights	50
Westview Towers	236

TABLE 3-5: PROPORTION OF ELDERLY RESIDENTS IN EACH CONGREGATE HOUSING FACILITY FOR THE AGED

Name of Facility	Proportions
Austin Homes	0.011
Broadway Towers	0.109
Cagle Terrace	0.078
Christenberry Heights	0.028
Golden Age Retirement Home	0.023
Guy B. Love Towers	0.122
Hillcrest Manor*	N/A
Isabella Towers	0.022
Lonsdale Homes	0.031
Mechanicsville Housing	0.002
Montgomery Village	0.016
Morningside Gardens	0.068
Northgate Terrace	0.134
Summit Towers	0.060
Sunnybrook Apartments	0.071
Townview Towers	Unknown
Virginia Walker Apartments	0.010
Western Heights	0.024
Westview Towers	0.113

TABLE 3-6: NUMBER OF SUBJECT NEEDED FROM EACH CONGREGATE HOUSING FACILITY FOR THE AGED

Facility	Number of Subjects Needed
Austin Homes	0
Broadway Towers	1
Cagle Terrace	1
Golden Age Retirement Home	0
Guy B. Love Towers	2
Hillcrest Manor*	N/A
Isabella Towers	Unknown
Morningside Gardens	1
Northgate Terrace	1
Summit Towers	1
Sunnybrook Apartments	1
Walter P. Taylor Homes	0
Townview Towers	N/A
Westview Towers	1
Virginia Walker Apartments	0
Christenberry Heights	0
Golden Age Retirement Home	0
Lonsdale Homes	0
Mechanicsville Housing	0
Montgomery Village Apartments	0
Western Heights	0

TABLE 3-7: REVISED NUMBER OF SUBJECTS (27) INTERVIEWED FROM PARTICIPATING CONGREGATE HOUSING FACILITIES FOR THE AGED

Facility	Revised Number Interviewed
Broadway Towers	6
Morningside Gardens	6
Summit Towers	4
Sunnybrook Apartments	4
Westview Towers	3
Williamsburg Villas Assisted Living Facility	4

TABLE 4-1: MASTER TABLE – CONGREGATE & NON-CONGREGATE

		Congregate		Non-Congregate	
		Count	**Percent**	**Count**	**Percent**
Gender	Male				
	Female				
Race	Black	9	33.3	47	22.8
	White	18	66.7	149	72.3
Income	<15,000	20	74.1	72	35.0
	15,000 or more	7	25.9	116	56.3
Household Size	Live alone	27	100.0	95	46.1
	Live with one person			65	31.6
	Live with two or more people			41	19.9

TABLE 4-2: RELIABILITY OF TENNESSEE SELF-CONCEPT SCALES

Subscale	Reliability Coefficient
Physical	.50
Moral-Ethical	.72
Personal	.67
Family	.73
Social	.68
Self-Criticism	.78

TABLE 4-3: HYPOTHESIS II - ANOVA FOR LIFE SATISFACTION INDEX

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	8.898	8	1.112	2.816	.006
Intercept	2148.564	1	2148.564	5440.502	<.001
INCOME	5.049	4	1.262	3.196	.014
HOUSEHOLD SIZE	.838	2	.419	1.061	.348
RACE	1.004	1	1.004	2.543	.112
GENDER	1.294	1	1.294	3.276	.072
Error	78.194	198	.395		
Total	3374.052	207			
Corrected Total	87.092	206			

TABLE 4-4: HYPOTHESIS II – MEAN LSI AND INCOME

Income	Mean	Std. Error
Below $15,000	3.88	.076
$15,000 or more	4.17	.068

TABLE 4-5: HYPOTHESIS III - ANOVA FOR SUBSCALES OF SELF-CONCEPT

Subscale	Type III Sum of Squares	df	Mean Square	F	Sig.
Self-Criticism*	5.448	1	5.448	11.082	.001
Physical	.254	1	.254	1.355	.246
Moral	.076	1	.076	.186	.667
Personal	.220	1	.220	.737	.391
Family*	1.833	1	1.833	4.955	.027
Social	1.226	1	1.226	3.739	.054

* p<.05

TABLE 4-6: HYPOTHESIS IV- ANOVA FOR SELF-CRITICISM SUBSCALE OF SELF-CONCEPT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	8.122	5	1.624	3.375	.006
Intercept	730.157	1	730.157	1517.025	<.001
HOUSEHOLD SIZE *	6.707	2	3.353	6.967	.001
RACE	.042	1	.042	.087	.769
GENDER	.196	1	.196	.406	.525
INCOME	1.443	1	1.443	2.997	.085
Error	96.262	200	.481		
Total	1168.662	206			
Corrected Total	104.384	205			

* p<.05

TABLE 4-7: HYPOTHESIS IV - ANOVA FOR PHYSICAL SUBSCALE OF SELF-CONCEPT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3.595	5	.719	4.019	.002
Intercept	1454.729	1	1454.729	8130.173	<.001
HOUSEHOLD SIZE *	1.328	2	.664	3.710	.026
RACE *	.931	1	.931	5.204	.024
GENDER *	1.055	1	1.055	5.898	.016
INCOME	.334	1	.334	1.866	.173
Error	35.965	201	.179		
Total	2360.548	207			
Corrected Total	39.560	206			

* p<.05

TABLE 4-8: MULTIPLE COMPARISONS FOR PHYSCIAL SUBSCALE OF SELF-CONCEPT

		Sig.
Live alone	Live with one other person	.967
Live alone	Live with more than 2 people	.032*
Live with one other person	Live with more than 2 people	.039*

* p<.05

TABLE 4-9: HYPOTHESIS IV – ANOVA FOR MORAL-ETHICAL SUBSCALE OF SELF-CONCEPT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9.183	5	1.837	4.695	<.001
Intercept	1713.801	1	1713.801	4380.806	<.001
HOUSEHOLD SIZE	1.536	2	.768	1.963	.143
RACE *	2.044	1	2.044	5.225	.023
GENDER *	2.068	1	2.068	5.286	.023
INCOME *	3.047	1	3.047	7.789	.006
Error	78.633	201	.391		
Total	2795.488	207			
Corrected Total	87.816	206			

* p<.05

TABLE 4-10: HYPOTHESIS IV – ANOVA FOR PERSONAL SUBSCALE OF SELF-CONCEPT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3.022	5	.604	2.003	.080
Intercept	1715.998	1	1715.998	5687.143	<.001
HOUSEHOLD SIZE	.484	2	.242	.801	.450
RACE	.979	1	.979	3.244	.073
GENDER	.777	1	.777	2.576	.110
INCOME	.650	1	.650	2.155	.144
Error	60.648	201	.302		
Total	2792.734	207			
Corrected Total	63.670	206			

* p<.05

TABLE 4-11: HYPOTHESIS IV – ANOVA FOR FAMILY SUBSCALE OF SELF-CONCEPT

Source	Type III Sum Of Squares	df	Mean Square	F	Sig.
Corrected Model	6.892	5	1.378	3.803	.003
Intercept	1570.723	1	1570.723	4333.251	<.001
HOUSEHOLD SIZE	1.889	2	.944	2.605	.076
RACE *	2.506	1	2.506	6.912	.009
GENDER	.918	1	.918	2.534	.113
INCOME *	1.939	1	1.939	5.349	.022
Error	72.859	201	.362		
Total	2564.326	207			
Corrected Total	79.751	206			

* p<.05

TABLE 4-12: HYPOTHESIS IV – ANOVA FOR SOCIAL SUBSCALE OF SELF-CONCEPT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	7.911	5	1.582	5.014	<.001
Intercept	1545.426	1	1545.426	4896.778	<.001
HOUSEHOLD SIZE	1.328	2	.664	2.104	.125
RACE *	2.362	1	2.362	7.484	.007
GENDER *	3.521	1	3.521	11.156	.001
INCOME	.509	1	.509	1.614	.205
Error	63.120	200	.316		
Total	2554.438	206			
Corrected Total	71.032	205			

* p<.05

VITA

Barbara Joyce Canada was born and reared in Knoxville, Tennessee and graduated from Austin High School in 1963 with honors. Upon graduation, she attended the University of Tennessee, Knoxville, and later transferred to Morgan State University in Baltimore, Maryland. She received her Bachelor of Science Degree in General Education from Cameron University in Lawton, Oklahoma in 1986. During her travels abroad and in the United States, she completed almost twenty years service with the federal government.

Upon her husband's retirement from the military in 1993, she returned to the University of Tennessee where she completed her Master of Science Degree in Social Work in 1996. While enrolled in the social work program, she was nominated and selected president of the social work organization for master's level students. In addition, she was nominated and selected social work student of the year for Knoxville and for the state of Tennessee.

She was employed as a medical social worker for Baptist Health System in Knoxville, Tennessee. In addition to her duties there, she has served on various health advisory boards. In 1998, she received a governor's appointment to serve on the Governor's Steering Committee for Environmental Justice. She served as the Community Interactions Workgroup Co-Chair for the State of Tennessee. The fruits of that labor helped to yield an environmental justice plan for the state of Tennessee. This plan was endorsed by Governor Don Sundquist.

In fall, 2000, she enrolled in the doctoral program in the College of Human Ecology at the University of Tennessee. During this academic journey, she was blessed to serve as a graduate teaching associate. Barbara plans to teach, operate her non-profit organization for inner-city strengthening and empowerment, and pursue her dream of directing an assisted living facility for the elderly.

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