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# A Qualitative Study of the Relationship Between Personal Resources and Nursing Home Admissions

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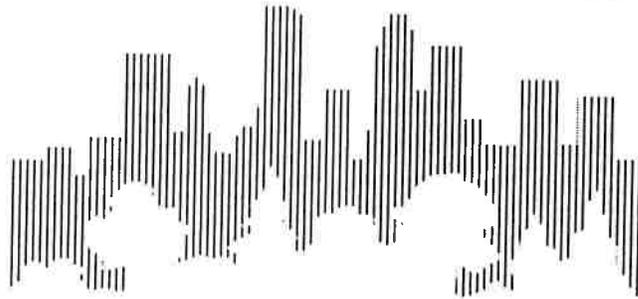
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**C • O • L • L • E • G • E**

**MASTERS IN SOCIAL WORK  
THESIS**

**Vickie Stohr**

**A Qualitative Study of the Relationship  
Between Personal Resources and Nursing  
Home Admissions**

**MSW  
Thesis**

**Thesis  
Stohr**

**2001**

**A QUALITATIVE STUDY OF THE RELATIONSHIP BETWEEN PERSONAL  
RESOURCES AND NURSING HOME ADMISSIONS**

VICKIE STOHR

Submitted in partial fulfillment of  
the requirement for the degree of  
Master of Social Work

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

2001

MASTER OF SOCIAL WORKER  
AUGSBURG COLLEGE  
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CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

**Vickie Stohr**

has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

Date of Oral Presentation: May 18, 2001

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## DEDICATION

This study is dedicated to the nursing home residents and social workers I have worked

with in the last ten years. You have all taught me more than you will ever know. Thank you for all the time and patience you have shown me.

This is also dedicated to my family and friends. You have believed in me over the last two years while I pursued my Masters in Social Work. My family and friends believed in me even when I doubted myself. Thank you.

## ABSTRACT

### A QUALITATIVE STUDY OF THE RELATIONSHIP BETWEEN PERSONAL RESOURCES AND NURSING HOME ADMISSIONS

The purpose of this study was to investigate the relationship of personal resources, primarily financial for the elderly and chronically ill populations in nursing home admissions. There is extensive research done on nursing homes and the elderly but little is known about the factors that contribute to nursing home admissions. This study uses qualitative data to gather themes from the three elderly and chronically ill individuals over and under the age of 65. To simplify the study all ages under the age of 65 is a group and all ages over the age of 65 was considered another group. It also uses data gathered from one social worker specializing in geriatrics.

The study will also gathered survey information from 37 Hennepin County social workers and 30 Benedictine Corporation social workers gathering their professional opinions regarding resources and nursing home admissions. Together, the information gathered from personal stories and professional data is used together and will assist in answering the research question of: The relationship between personal resources and nursing home admissions.

The study shows definite factors such as finance, housing, and support of family and friends contributing to the elderly and chronically ill being admitted into nursing homes. The information given by participants also gives factors an elderly and chronically ill person stays out of a nursing facility. The data collected from the participates, is vital to professionals now investigating the crisis in health care, given the shortage of nurses and adequate options for the elderly and chronically ill. It will give important insight to reasons and ways to assist the elderly in their older years. Implications for social work practice and policy are discussed.

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## CHAPTER ONE: INTRODUCTION

### WHAT IS THE RELATIONSHIP BETWEEN PERSONAL RESOURCES AND NURSING HOME ADMISSIONS?

#### **Overview**

Until the early 1900's, nursing homes did not exist in the United States and after gradual expansion began to be more popular after 1970. Families took care of their elderly members and traditionally, in many cultures; extended families lived in one home (Mercer, 1996). Today in some cultures, such as the American Indian, nursing homes are still not needed. It is an expected duty to care for family members as they become older, unable to care for themselves (Mercer, 1996). In my social work practice this researcher observed that in the Southeast Asian populations families often care for their relatives at home. However, much of the governmental push is to close more nursing homes forcing family members to care for their elderly at home. The prevailing view of institutionalization is the termination of family care giving (Kellett, 1998). In nursing homes, family members do not have to care for their loved ones day after day.

Currently there is an identified need by government to understand the relationship of personal resources and nursing home admissions. Are there factors that can be identified as to why a person is placed in a nursing home? In this study, if factors can be identified to determine reasons for nursing home placement, it will assist social workers in their assessment

skills.

The subject of long-term care and nursing homes are rarely a subject family members want to discuss in advance of need. It is usually discussed at the last minute when a decision has to be made due to limited stays in the hospital. Insurance companies and Medicare's diagnostic related groupings often dictate the amount of days a person is able to stay in the hospital. This practice can cause a very short notice for families and patients to develop an adequate discharge plan.

### **Research purpose and significance**

This study explores individual experiences in nursing homes and experiences of the social workers that are assessing the individuals every day. The importance of searching for factors and new possibilities surrounding nursing home admissions is now only starting to be seen as a significant topic. The study also obtains important insight and ideas from professional social workers working directly in the medical field of hospitals and nursing homes.

There are two primary goals in this study. One: is to contribute new information to social workers in the medical field and two: enhance preparedness to work with clients and their families when the family members feel under pressure to make fast decisions for their loved ones. Information obtained will also enhance knowledge for family caregivers who are often looking for the best way to assist their family members but also assessing the impact that caring for an elderly person or ill

person would have on their own life (Barber, 1999).

### **Origin of researcher's interest**

The researcher's cumulative personal and professional experiences in the long term care setting and in the elderly population was the impetus for this research. Exploring the impact of nursing home admissions on the elderly, chronically ill, their family, and friends raises questions on the reasons why nursing home are needed. Working in the medical setting for the last ten years, participating with intake and discharge planning in a hospital and nursing home setting were the foundation for this researcher's learning about individuals and nursing homes. Residents, in the nursing homes, and other social workers who have shared their poignant stories gave distinction to this journey and value to the process.

### **Overview of research question**

While the overall purpose of this research is to explore and obtain actual experiences relating the reasons for nursing home admissions of the elderly and chronically ill; the central question is: What is the relationship of personal resources primarily financial and nursing home admissions?

### **Overview of chapters**

This chapter introduced the research and discussed the need for more information on the factors regarding nursing home placement. At this time there is little research done in the

area of nursing home admissions. An awareness of the need for more data on the subject of nursing homes and the senior and medically ill population were introduced. Chapter two will review the literature on nursing homes, personal resources such as financial or family and friend support and the increasing need for nursing home admissions. Chapter three will discuss the theoretical and conceptual frameworks that best assisted the study. These frameworks include the Life Model Theory and the steps when working within the model. Chapter four will discuss the methodology and contains the research study design, which demonstrates the steps in implementing the research. Chapter five will discuss the findings of the research with stories from residents and social workers, which provide personal insight and validity to the research study. Finally, chapter six includes discussions and conclusions significant for the social work community, practice and policy.

**CHAPTER TWO: LITERATURE REVIEW****Overview**

This literature review will address the question of what resources are available to the elderly and the chronically ill. In this context resource means financial and/or support from family and friends. It will also study the possible relationship a person's situation may have to entering a nursing home. Theoretical and empirical aspects will be stated when discussing information gathered, paying close attention to gaps in the literature.

Aging is a process that begins at the moment of conception and continues until death. At any age an individual may need assistance. However, the elderly and chronically ill are an extremely vulnerable group because they have fewer intact resources than do the young (Manfredi & Pickett, 1987). This study will give more insight in determining possible decreased resources.

**History**

Sutherland Airone (1983) states that nursing homes came along to solve the problem of what to do with the elderly population when they could not take care of themselves. Usually families took care of their chronically ill and elderly members in their own homes.

Nursing homes originated from public health nursing, which began in the late 1800's through a few wealthy women in New

York, Boston, Philadelphia, and Buffalo. They hired trained nurses to care for the poor in their homes (Missouri Nurses Association, 2001). In 1919, the county and state governments of each state took over the supervision of the public health divisions of their communities. This was done due to the dreaded diseases such as smallpox, typhoid, cholera, and other communicable diseases that were prevalent in the 1800's. Communities in this time wanted an organization to oversee, and coordinate the efforts of public health (Missouri Nursing Association, 2001). Even today there are still state and county sponsored nursing homes across the United States. Nursing homes were established in different cultures to assist helping care for the chronically ill and elderly.

Every culture, however, has a different outlook on their elderly population. China for example, guarantees their aged population food, clothing, housing, medical care and a funeral from public funds (Sutherland-Airone, 1983). To understand how a culture behaves one has to but look at how it treats its young and old members.

The older American was a needed and valued member of United States society in the past, with craftsmen handing down the traditions and secrets of their crafts. Strong communities were built on extended families. The Industrial Revolution came along and craftsmen were replaced by harnessing of artificial power sources and manpower was needed less. Society's view of the elderly started to change because their knowledge and tradition was no longer needed. If society and the younger

generation needed and valued the elderly more, the relationship between resources and support for the elderly and nursing home placements would not even need to be asked.

There is also a hidden population in the nursing homes that are not elderly at all. They are the disabled, homeless, and mentally ill individuals who are medically sick and below the age of sixty-five. They are in need of medical monitoring, such as persons' dependent on ventilators and cannot safely live alone. There is little information in the literature about this population. Society needs a broader understanding on the definition of being old. Today, the populations in nursing homes are getting younger due to their illnesses. The population that is over the age of sixty-five are living longer, healthier lives. Therefore, the definition of what old is for individuals maybe after the age of eighty. Society has yet to define the characteristics of being old and at what age it starts.

### **Resources**

In this study, resources are defined as financial support from family and friends. Financial aspects could be insurance coverage, retirement money, pensions or disability coverage. Family and friends include anyone who is willing to care for an individual in their own home. The issue of resources plays a major factor if a person is admitted into a nursing facility.

Historically, one attempt to deal with the burden of reduced finances during old age was the development of the

Social Security system (Sutherland-Airone, 1983). The Social Security Act was passed in 1936 to help set up a system to provide for people who no longer could be earning money or in families where the main breadwinner had died (Sutherland-Airone, 1983). Presently, due to economic conditions, the goal of Social Security has been lost. There are limitations posed by the amount of money given to those who qualify. The elderly and chronically ill individuals can no longer solely rely on it for financial support in their retirement years.

In the presidential election of 2001, Medicare was a highly debated issue for the candidate's. Al Gore and President George Bush each debated opposing political platforms on Medicare spending. Each found different reasons why Medicare is in economic crisis.

### **Financial**

Financial independence for an elderly or chronically ill person can be difficult. Independence is defined as the ability to live on one's own, being able to afford the services and housing option of choice. Most of the elderly were relying on Social Security to support them in older years, only now they realize that the money they receive in Social Security benefits is not enough to live on and pay any medical bills (Sutherland-Airone, 1983). The decision to enter a nursing home may be unplanned and associated with a crisis event or changes in health or financial status (Wilson, 1997). Most of the elderly and chronically ill population did not plan on nursing home

admittance or the cost of medical care at home so their choices are limited when a crisis arises. If a person has many health issues, often only relying on Medicare or Social Security, it becomes difficult to manage other bills such as rent and food. Because of the increased cost of housing, the ill and elderly population may be forced to make a decision between paying for housing, food, or medication (Tully & Jacobson, 1994). Only in the 1990's has long-term care insurance gained some credibility and popularity. The chronically ill often too have only Social Security Disability to rely on. Most chronically ill people have exhausted their employment disability money long before they are admitted to the nursing home.

Other cultures have different views on how to take care of their elderly population. Chan and Cheung (1997) compared the Asian elderly who received support from their family or were financially supported by the government. The governmental support for the elderly was set up because of the decreased number of elderly individuals who relied on their children for financial support. The children were unable or unwilling to financially support their aging parents. In the Asian culture it is customary to bring an aging parent into the children's home to care for them (Chan & Cheung, 1997). Not unlike the United States the Asian families have to work harder and are unable to care for their aging members at home.

### Housing

Housing or a lack of housing for the elderly may be a factor in admittance to nursing home (American Association of Homes and Services for the Aging, 2001). The Older Americans Act of 1965 (1988) states that one of the inherent rights of an older American is the ability to obtain and maintain suitable housing that will both accommodate the special needs of the elderly and will be available at costs which older citizens can afford (Tully & Jacobson, 1994). This legislative policy also assured the provision to provide case managers to assist in the placement of individuals into long-term placement who could not financially afford it. The legislation represents one possible factor why the elderly and ill are admitted into nursing homes. Legislators and society assume there is housing available to the elderly and chronically ill even if they cannot afford it. Meanwhile, there is not enough subsidized housing for everyone in need.

### Support of Family and Friends

Another resource for the elderly and ill are their family and friends: "Having an elderly parent is gratifying and helpful. Older people are a resource for their children, providing many forms of assistance. Most people help their parents willingly when need be and derive satisfaction from doing so" (Brody, 1985). The elderly and ill persons often count on their children and friends in the later years. Again the study done by Chan, Angelique and Cheung (1997) in the Asian

culture, states that the role of being a support to elderly parents or friends is revered and intergenerational transference of ideas and beliefs between the children and the elderly is seen as essential to the life experience.

The experience of this researcher as found that friends become involved not realizing all that is involved in assisting the elderly and chronically ill. Friends often find themselves in a difficult position when trying to assist. They often do not understand how complicated decisions they are asked to make, such as medical and financial, can be. If situations become too difficult friends often leave the elderly and chronically ill.

### Controversies

The general public is more recently questioning and analyzing the financial resources for the elderly and chronically ill. The main controversy being if in fact the elderly and chronically ill populations have enough resources to sustain them, in their aging years. Politically, at this time, the financial status of the elderly and chronically ill population is a very important topic. The Republicans and Democrats have each taken a side with this issue. It is becoming clear to each political party how much of a financial struggle the vulnerable populations are having today.

Some of the elderly population have planned very well for the future and have good retirement funds. But the majority have relied strictly on Medicare benefits and have found out too late that Medicare is not enough to assist them with medical bills.

related to the aging process (American Association of Homes and Services for the Aging, 2001). In the 1990's the long-term care insurance and retirement plans are becoming more popular. The next generation has learned the importance of planning for the future. Unfortunately, the current elderly population thought future planning was not needed.

Chan, Angelique and Cheung (1997) found that the more state funded programs available for the elderly the less responsibility a family member has to take for their older parents and grandparents. The study states that Western countries are more likely to have more public supported programs such as meals, homecare, and homemaking for the elderly than non-Western countries. China relies more on family members to support their elderly and medically ill populations.

Barber (1989) examined the burden on friends or family that care for the elderly in their homes. The author writes that having to care for an elderly person in their own home may lead to failed marriages, financial burdens, and change of role issues that increase emotional stress for the family, friends and elderly person.

### **Gaps in the Literature**

There is wide literature on the emotional and financial burdens of taking care of an elderly and chronically ill person. The literature focuses on the role of the caregiver such as family and friends. Bayer (2000) gives information on recognizing the signs of burnout, only on the part of family and

friends. However, there is little information on how an elderly or chronically ill person feels about living with relatives and friends, relying on others to assist them, often having others make decisions for them. It would be helpful to have information directly from the elderly and chronically ill populations. They could give the list of factors that personally make it difficult to manage on their own.

There are gaps in the literature regarding the chronically ill persons in nursing homes. In addition, there is a lack of data asking the elderly their personal experiences. No information was found about the younger population in nursing home settings. There are individuals who are in nursing homes due to medical reasons such as: ventilator dependent, cancer, and aids, because there is a lack of affordable alternative housing available to them. Little historical information can be found on the beginnings of nursing homes. More research needs to be done on the historical significance of nursing homes.

### **Nursing Homes**

The nursing facility term comes from a medical model established in a hospital setting. They are the institutions that individuals are admitted to most often from a hospital. There is a movement toward nursing facilities using terms such as residents, residences and homes (McAuley & Usita, 1998). Historically, nursing homes were places of death not life.

Sutherland-Airone (1983) states that nursing homes have become big business in America. They are for the elderly no one

wants to take care of and the nursing home business only wants to make money off the poor elderly. This study did not refer to the elderly and chronically ill populations who may prefer nursing home care rather than be a perceived burden to their families. Davis, Shapiro, and Kane (1985) found evidence of varying numbers of nursing home placements in the elderly population depending on which hospital an elderly person was admitted to. They found that each hospital had different practices contributing to nursing home placement and felt if there could be a standard practice among hospitals and referring physicians, that nursing home discharges would decrease. The same study also found that an elderly person whose medical diagnosis is complicated increased their chances of being discharged to a nursing home setting instead of returning to their homes.

Today, the nursing facility is not seen as a place to die. "Social relationships are important to individuals in all cultures and across the entire human life span" (Kweon & Sullivan & Wiley, 1998). This study shows the importance of nursing homes near or in the communities in which the elderly live and have social connections. It concludes that nursing homes do not have to be seen negatively by the elderly but as a continuation of life; and as a way to continue in the community where they have friends and family. There are seniors that have had friends and siblings die. They are very much alone and have given up much of their social activities. A nursing home in the their own community can give them the opportunity to make new

friends and continue activities they enjoy.

### Controversies

Spillman and Lubitz (2000) examined the financial cost of living in the community and living in a nursing home. The study found that it depended primarily on the medical condition of the elderly or chronically ill person. If the elderly person had multiple medical problems, nursing home care was less costly than caring for them at home. A study done in the Journal of Advanced Nursing (Wilson, 1997) by physicians studying cost comparisons between family based care and nursing home care found the same evidence. One difference was it also found evidence of a higher emotional cost to families that care for their elderly person at home. If the elderly person had severe dependence on them, families were more likely to burnout financially and emotionally than if that elderly person was in a nursing home.

In the 2001 Minnesota Legislature the nursing home controversy has gained media attention. The House of Representatives bill number 1658 gives more funding to nursing homes. It will increase the amount of state money to nursing homes to assist in caring for medically complex individuals. At this time, funding from the state of Minnesota has not kept up with the inflation of medical costs. The bill will improve the financial assistance to nursing homes (Minnesota House File 1658, 2001).

### Gap in Literature

There is little literature exploring the lack of affordable housing for the elderly or chronically ill individuals. Assisted living apartments have become very popular in the past few years but many of them are private pay or non-government subsidized per month. Individuals have to pay the entire cost themselves costing thousands of dollars each year. At this time there is little to no state or governmental funding for the assisted living setting for the elderly. However, a lack of information on this is probably because the assisted living setting is so new.

There is a lack of personal stories, first hand experiences and general information on the reasons people move to nursing homes. In the past, nursing homes were places to die but now the attitude and outlook is changing. Bayer (2000) questions if in fact it is not the kindest option for the family. He based his study on caregiver burnout, stating that it may save marriages, families and mental health to allow professionals to care for the chronically ill and elderly.

Nursing homes in general have received a bad reputation and Sutherland Airone (1983) states that only a small majority of nursing homes give good care. More information on the quality care of nursing homes is needed by the residents themselves. This would give the nursing home business a more positive reputation. Porell and Caro (1998) were done to study the quality of life issue in nursing homes. The nursing home industry is becoming more and more concerned with the quality of

life for each individual resident. More positive literature needs to continue to increase the positive aspects of nursing home care for the elderly and chronically ill people.

#### **SUMMARY**

Historically, two themes have been primary with the elderly population. One that the family and friends take care of their aging adults. Two that nursing homes are places to die. In today's society both of these themes are changing. For the elderly population, financial resources and support from family and friends are vital to their existence. If there is a lack of any of these resources the burden then falls on society and governmental programs. One governmental program to assist in caring for an elderly person without resources may be a nursing facility. More personal stories from the elderly population and the social workers that serve them need to be heard and studied. Again, more information also needs to be obtained from persons that are younger than sixty-five and living in a nursing home. The Life Model Theory to be described in Chapter 3, assists with joining together each individual experience and the environment around them. It gives importance and meaning in exploring the relationship between personal resources and nursing home admissions.

**CHAPTER THREE: THEORETICAL AND CONCEPTUAL FRAMEWORK****Overview**

This chapter discusses how the life model incorporates a framework that best illustrates how a lack of resources can increase the chance of a nursing home placement. It takes into account dramatic changes such as the lack of value, from the general public, in the elderly and chronically ill populations as well as the lack of affordable resources offered in our society. Over the last one hundred years, the lack of value and resources has made it very difficult for the elderly and chronically ill to survive. Now the time has come for social workers to take a more active role in investigating resources for the chronically ill and the elderly. The life model gives a framework that involves the individual and the surrounding community. For social workers, it is holistic a viewpoint when assisting a client.

**DEFINITION**

The life model conceptual framework attempts to explain the social changes of life and how people adjust to those changes. It has four major concepts: 1) to be responsive to oppression 2) to specify methods and skills moving back and forth from helping individuals, families, groups, to influencing communities, organizations, and legislative bodies, 3) helping people to cope with discrimination and scapegoating in many

different ways, 4) social workers must be sensitive to people's diverse backgrounds. It is both a theory and model from which to work (Turner, 1996).

### Response to Oppression

The first major point in the Life Model and theory is to explain oppression. It is assumed in the life model and theory that populations are oppressed. For example the homeless population needs the social work profession to help give exposure to the plight of the homeless situation. Social workers are generally on the front lines of oppression, giving them direct information that would assist in policy making: "Social workers must develop competence in community, organization, and legislative influence and change as well as in direct practice" (Turner, 1996, p.389). The essence of the model takes into account how much influence the community and government have on individuals and the resources available to them. A person needs to receive the resources from the environment that surrounds them. If they are not able to get those resources, then the individual and their environment suffer because of the reciprocal partnership in everything for survival.

If the elderly and chronically ill do not have the resources they need, such as food, shelter, and caregivers, the chances of them living in a nursing home increases. The life model and theory also sees bureaucratic organizations as a prevalent force in people's lives. The individuals who follow

this model should be lobbying the governmental bodies for more resources concerning the elderly and chronically ill populations. This means that the government needs to also take a more active role as a bureaucratic force in America.

### Methods and Skills

Social workers need the "methods and skills to move back and forth from helping individuals, families, and groups, to influencing communities, organizations, and legislative bodies." (Turner, 1996, p.389) A social worker also has to be able to begin wherever that situation leads. The life model and theory conceptualizes and illustrates methods and skills that are distinct to other models as well as continuing to describe and specify the common base of social work practice.

The life model and theory function in the social work profession is to improve the level of fit between the person and the environment around them. Social Workers must pay close attention to the needs and resources for each individual. It is a collaborative partnership between client and social worker according to the life model. The tools in the life model can be used as a guide to improve a person's ability to manage stresses, influence the social and physical environments, and to be more responsive to a person's needs, thus improving a person's quality of life within their environment.

As a life model practitioner, one needs to look at both the coping skills and lack of resources in the elderly and chronically ill. For example, if a person does not have the

copied skills to manage a stressful event, such as a decline in their physical health they are more likely to have problems with depression and managing the stress in their lives.

### **People Coping With Diversity and Scapegoating**

The life model and theory examines closely how a person deals with oppression and troubles in their lives: "People's coping styles, strengths, and resilience must be understood and supported" (Turner, 1998, p.389). This formulation takes a look at a stressor-stress-coping conceptualization.

The individual having the problem largely governs how a problem or stressor is defined. The life model and theory sees the presenting problems but also takes a look at the global picture surrounding the problem. It never takes just one aspect of a presenting difficulty but rather all the factors that may be contributing to the stressor.

### **Diversity of Culture**

The life model and theory takes into account a person's diverse background. Most other developmental models of human development have very fixed criteria posed by Erickson and Freud. Each of these development models has specific stages an individual goes through, leaving little room for a different view. The life model assumes that everyone's life course is different and sees human development as a life cycle or circular model. For example, the Life Model takes into consideration different cultures and how each individual life experience is

not the same even if the exact same event happens. There could be two people at a hospital admitted with the same diagnosis. When asked about their experiences in the hospital, they may be completely different. Each person will leave the hospital with a different cultural experience. That may or may not determine their perceptions of hospitals in the future. Each person is diverse and culturally unique making every life experience their own.

### **APPLICATIONS OF THE LIFE MODEL**

The life model and theory directly applies to looking at how a person's lack of resources and coping skills can increase the chance of institutional living. The model looks straight at the environment surrounding a person's life. Questions could be asked regarding how much an individual is connected to their community and the environment around them. Resources for a person would need to be evaluated to determine if they are adequate and available. Special attention should be given to discussing the resources and the accessibility an individual has to assistance.

The life model is a guide in gathering information on researching how a person with poor coping skills and depression has a higher risk of institutional living. It also gives a framework to the importance of the bureaucratic organizations that people have to work within in order to enter into a nursing home. If an individual does not have the resources to stay in the community, for example, if they are poor with no insurance,

or caregivers to help at home, they are forced to live in a nursing facility. However, if the bureaucratic system would assist them in staying in their own homes, the elderly and chronically ill would have the means to remain at home and in the community. It reminds the researcher to have a well-rounded system for collecting information on the life cycle of an elderly and chronically ill person.

The life model and theory supports this research study by giving a framework in asking questions of the elderly and chronically ill individuals. The life model and theory focuses on the whole person as an individual with the primary focus of their individual story. This research study is also concerned with getting the personal stories of individual that live in nursing homes and the social workers that assist them. Each social worker in the hospital and nursing home has a story to tell with valuable information to share. This study hopes to capture some of this information.

## CHAPTER FOUR: METHODOLOGY

### Overview

This chapter discusses the rationale for the research design and data collection used in answering the research question. It provides operational definitions of key concepts and explains how participants were selected. A description of the questionnaire design, and the steps taken to protect human subjects are included. The data collection is outlined and methods used for data analysis are discussed.

In the past, as stated previously, nursing homes were not needed due to families caring for elderly and chronically ill in their own homes. Historically, the older person was a valued and needed member of society due to the knowledge and skills they brought to the next generation. The Industrial Revolution brought along machines and ideas to replace individual workers; the older generation was not needed as much as it had been in the past. The attitudes toward the elderly started to change and their knowledge and experience were not valued as they had once been. Social Security was founded to assist seniors financially in their aged years; but now most Americans feel that the Social Security system will not be there for them in the future. This shaky system contributed to the feelings of what the younger generation owes the older generation.

What is the relationship between personal resources and nursing home admissions? This study will be an in-depth look at personal accounts of the elderly and chronically ill, also

information from professional social workers.

### **Research Design**

This study uses primarily qualitative data collection to answer the research question. The researcher uses a qualitative interviewing process of informal conversational interviewing and a survey research method of open-ended questions to gather data from the sample population. This combination of design was selected because it offered personal and professional in-depth accounts for the research question and provided anonymity and privacy to participants, encouraging uninhibited responses from participants. Additionally, the use of a self-administered open-ended questionnaire given to professional social workers employed at hospitals and nursing homes avoids interview bias. The research seeks to answer one question: the relationship between personal resources and nursing home admittance? The questionnaire serves as a tool to allowing professional social workers to express their experiences in working with the elderly and chronically ill populations.

### **Key Variables, Terms and Definitions**

The next section will conceptualize the variables used in the research question: What is the relationship between personal resources and nursing home admissions? It will give specific definitions to the terms used in the research question.

The independent variable from the research question is, "personal resources" while the dependent variable is "nursing

home admittance."

The key terms applied in the research are: resources, elderly person, chronically ill and nursing home.

### Definition of Terms:

**Resources:** A source of support being either financial and/or emotional support from family and friends. Financial support could be insurance or pension plans, employment disability, or governmental programs. Family and friends are defined as anyone who is able to care for the individual in their home.

**Elderly Person:** a male or female person approaching old age who is past middle age, over the age of sixty-five through the age of one hundred.

**Chronically Ill:** a male or female person who is under the age of sixty-five but needs nursing home care.

**Nursing Home:** a facility where special care is provided for older people. The State and Federal government to care for the elderly or chronically ill person licenses it. The nursing home age range could be from the age of seventeen to over the age of one hundred.

Operationally, the research question will be measured by in-depth interviews of male and female individuals over and under the age of sixty-five about life experiences. The interviews will primarily focus on resources both financial and support from family and friends. The interviews will also focus on the nursing home experiences each individual person may or

may not have had to assess the factors of nursing home placement.

Also operationally, the research question will be measured by asking an open-ended question to hospital and nursing home social workers who primarily work with the elderly and chronically ill. This will additionally give professional data to factors that would increase admittance to nursing homes.

In addition, for assessment purposes, persons under the age of sixty-five are grouped together and persons over the age of sixty-five are considered one category. This is for simplification purposes only. Today the age of sixty-five is considered young. There are a lot of individuals who are very active and health at this age. It is ironic that in the year of 2001, people are living longer lives but the average age in most nursing homes is getting younger (Minnesota Department of Health, 2001).

### **Study Population/Sample Selection**

The data for subject selection will be gathered from a non-probability purpose sampling method. Purposive sampling is based on the nature of the research aims and on the researcher's judgment and purpose of the study (Rubin & Babbie 1997).

Subject selection was obtained from a list of residents and/or patients at City of Lakes Transitional Care Center and Hennepin County Medical Center. Senior social workers will pick appropriate individuals from the list of residents and patients. A letter granting permission to conduct the research will be

obtained by the Director of Social Service at Hennepin County Medical Center and the administrator at City of Lakes Transitional Care Center.

When issuing the questionnaire, several members of the targeted population of professional social workers may want to invite other social workers to participate in the survey, thus resulting in an accumulation of subjects known as snowball sampling (Rubin & Babbie, 1997)

The study population for the interviews includes three individual participants who are both male and female admitted to Hennepin County Medical Center and/or City of Lakes Transitional Care Center. The interview also includes one female social worker that specializes in geriatric social work. The interview will be an in-depth discussion of personal stories of resources and nursing home experiences.

The study population for the open-ended questionnaire includes medical social workers employed at Hennepin County Social Services and Social Workers employed through nursing homes of the Benedictine Corporation. All the social workers hold a BSW or MSW from a school of social work.

The location of the study was at Hennepin County Medical Center and City of Lakes Transitional Care Center. The interview setting will take place in a patient's or resident's room or an area they feel most comfortable.

The questionnaire portion of the research was administered individually for each social worker, having them return the questionnaire to the researcher within one week of obtaining the

questionnaire.

The research is set up to collect in-depth personal accounts from an elderly population selected specifically by social workers who work in the nursing home and hospital setting. Social workers will also be asked an open-ended question about resources and the elderly. This will cause a triangulation to better point out possible potential sources of error in the research.

### **Measurement Issues**

This study has two potential sources of measurement error: systematic error and random error. The first systematic error may have occurred in measuring people's perceptions and collecting data on ideas and attitudes. Bias may be involved in the data collection by the way questions are worded that would predispose them to answers the way the researcher wants them to (Rubin & Babbie, 1997). The second potential source of measurement error may be in random error. For example, some residents and patients who have little to no familiarity with social work jargon may not understand the questions being asked of them. Not wanting to appear ignorant will answer a question with a random answer, which is not what they really mean to say or understood the question to be. Reliability does not ensure accuracy in this study. However, an interobserver will be used when conducting interviews with the permission of the individuals. Also, an interobserver will be reviewing data from the interviews and open-ended questionnaires. The face validity

of this research was determined by subjective assessments made by the researcher and interobserver. By professional social workers making the selection of the individuals, and gaining information by the questionnaire, more validity may be obtained. It is realized however, that validity can never be proven but the information is more valid if common themes and factors are seen both in the interviews and questionnaires.

The reliability of the study relies on interviews with individuals of the same age group and common experiences surrounding nursing home admissions. The social workers will have worked with or in a geriatric setting. This suggests common data will be obtained.

The levels of measurement and classification of variables are continuous, ratio variable with the age classification of sixty-five years older or younger. A discrete nominal variable is also being used with gender being both male and female (Rubin & Babbie, 1997).

#### **Data Collection Instrument and Data Collection**

An open-ended survey question serves as a pretest focusing on a measuring level given to other social workers, to obtain their perception of working with resident and patients of the elderly and chronically ill population. These questionnaires will be pre tested with two peer social workers allowing the researcher to edit and clarify the questions, therefore increasing face validity and enhancing the effectiveness of the questionnaire. The same procedure will be done for questions

for the personal interviews. The interview questions will be given to a random selection of three residents and patients at Hennepin County Medical Center and City of Lakes Transitional Care Center to pretest questions. From these pretest results, the researcher may edit and clarify the question, again increasing validity and enhancing the effectiveness of the questionnaire.

All the medical social workers at Hennepin County Medical Center and nursing home social workers of the Benedictine Corporation will receive a cover letter and the open-ended questionnaire. The social workers will be given a specific time frame of two weeks to complete and return the form to the researcher. The researcher collects qualitative data via interviews from the residents and patients of the hospital and nursing home involved.

An example of the open-ended question given to the social workers are: For the hospital social workers, what are the top three reasons patients go to nursing homes? For the nursing home social workers, what are the top three reasons residents come to a nursing home? Continuing with this theme for the patients and residents, the open-ended question is: what are the three reasons why you would need or want to go/come to a nursing home? Also, with each question, the participants are asked to expand on their answers.

### **Data Analysis**

The data will be analyzed using a descriptive qualitative method. For the open-ended questions, the data will be organized into categories and themes, keeping close attention to similar patterns and ideas for the social workers, patients, and residents involved in the study.

### **Protection of Human Subjects**

In order to assure and prevent harm to or violation of rights of any individual who are subjects in this study, this research will be approved by Augsburg College Institutional Review Board Committee. IRB approval number is: 2001-17-1.

Participation in this study will be completely voluntary with Consent Agreement forms signed by all participants and the investigator. To secure data collected throughout this research study, a self-addressed envelope will be returned directly to this researcher and carefully kept in a locked file. Only the researcher has access to this data. Confidentiality will be assured to all participants and information that could make it possible to identify any subject will not be included in the final report.

### **Summary**

This is a descriptive study that utilizes the qualitative data to answer the research question: What is the relationship between personal resources and nursing home admissions? This study will also give the steps in which the data is to be

collected and analyzed respecting the protection of human subjects. The study shows the past and present information giving importance to the research question that is being studied.

Historically, two themes have been primary with the elderly and chronically ill population: One, that the family and friends take care of their aging adults and that nursing homes are a place to die. In today's society both of these themes are changing. For the elderly population, their resources such as financial and support from family and friends are vital to their existence. If there is a lack of any of these resources the burden then falls on society and governmental programs. One governmental program to assist in caring for a person without resources may be a nursing facility. More personal stories from the elderly and chronically ill population and the social workers that serve them need to be heard and studied. The life model and theory assist, with this joining together each individual experience and the environment around them. It gives importance and meaning to exploring the question of relationships between personal resources and nursing home admission.

## CHAPTER FIVE: FINDINGS

### Overview

The findings described in this chapter will share the information gathered from the social workers and individuals who were interviewed. It states main themes both groups shared and themes that each group felt were important to just one population.

Three individuals from City of Lakes Transitional Care Center and one social worker from Hennepin County Medical Center were interviewed for their first hand experiences and personal stories. Sixty-seven surveys were sent to social workers from Benedictine Corporation and Hennepin County Medical Center and fifteen of those surveys or twenty-two percent were returned. The comments noted in this group were random. There were no names or characteristics given on the survey.

Characteristics of the individuals interviewed vary in age and length of stays. Interview number one is a black male in his seventies, admitted to the nursing home seven years ago. In the next interview, number two this individual is a black male in his early fifties. He was admitted to the nursing home three years ago. Interview number three is a young black female in her early twenties. She has been in the nursing home six months. Each resident of the nursing home gave their personal stories and the reasons they needed a nursing facility.

The style of presenting the information serves to illustrate the researcher's insight and understanding, which

emerged from the information gathered and personal interviews. Data from the interviews and information gathered have been drawn upon to illustrate the understanding, which emerged from the text. Their chosen stories reflect the parts, which give pertinent meaning to an individual's experience. Following presentations of the data, the researcher's analysis interpretation of the data gathered from the interviews and surveys gathered is presented.

### Twenty-four Hour Care

The major reason for needing a nursing home is the need for twenty-four hour care. Both social workers and the three individuals interviewed stated that this was a major factor in nursing home placement. If an individual needs medical attention around the clock closer monitoring is needed by medical staff. The homecare service at this time is not able to look after an individual full time: *"Today, most patient's are not given the opportunity to fully recover in the hospital and are often sent home with IV antibiotics. Their families cannot just drop everything in our mobile society to care for them."* (Social Worker) It is difficult to find family members or friends who are able to stay with a person twenty-four hours a day. The task is made more difficult if that family member or friend is expected to assist physically or help with medical procedures that nursing has historically taken care of.

One individual stated about the reason he is in a nursing home: *"The main reason I came to the nursing home is that I had*

two strokes. I could not care for myself at home any longer. Physically. I needed medicine. I take about twenty pills a day that keeps me alive." (Interview #1) This individual did not feel he could manage at home with the disability from the strokes and the multiple different medications he takes daily. During this time his wife was also dying of cancer and did not have the physical strength to care for him at home. A study done on the Navajo elderly also found that health care needs, primarily in the area of physical functioning were often too great for the family and community to provide themselves (Mercer, 1996).

### **Cognitive Issues**

Individuals often need a nursing home if they are unable to safely live in their homes due to confusion or cognitive issues. "Memory loss or deterioration is synonymous with old age. It is a process of mental decline with symptoms of forgetfulness, disorientation from time, place and person, and returning to earlier forms of coping in reality." (Sutherland-Airone, 1983) Memory loss is recognized today as a stage in the aging process. This type of memory loss is usually seen in the age group over the age of eighty.

Fifteen of the social workers that were surveyed stated cognitive issues as a factor of nursing home placement: "Lack of judgment, insight, and dementia are often barriers to return home." (Social Worker)

## Financial

Findings in this area were congruent with the above information. Many of the social workers felt that individuals were placed into nursing homes because there was not adequate housing available or individuals were staying at nursing homes awaiting apartments in public housing or section eight. *"The nursing home is a transitional place for them while they wait for public housing, assistive living, or a board and care."*  
(Social Worker)

The affordability of alternative housing was a concern for both social workers and the individuals interviewed. Many elderly people stated that the reason they are in a nursing facility is because they could not afford assisted living or the nursing care needed at home: *"If a person needs assisted living and can afford it then that person would go to an assisted living apartment. If that same person cannot afford an assisted living apartment then a nursing home is the only placement open to them."* (Social Worker) Another social worker stated, *"No money for home nursing."* *"Nursing homes are available to people with medical assistance. Other housing options are not available to individuals on medical assistance."*

Two individuals who were interviewed for this study stated that they were primarily in a nursing facility because they: *"ran out of money, could not afford any other housing, and my Social Security Disability was not enough to pay rent."*  
(Interview # 2)

### Family and Friend Support

A support system or lack of assistance was a determining element in a nursing home admission: *"Having a caregiver who lives with them is the biggest factor. If there is a caregiver available who lives with them or within a very short distance to attend to daily needs, they will likely go home. If that does not exist then it is whether or not there could be a mix of intermittent formal services to assist at home."* (Social Worker)

A fact concerning whether a person is able to stay in their own home is if they have family and friends to directly assist them.

Before a discharge from a hospital or nursing home, assesses the home situation. The primary caregiver needs to be capable psychologically, physically and intellectually to go through a training process demonstrating the ability to independently perform all patient care and equipment procedures. Often that caregiver is asked to come to the hospital or nursing home to completely assist in caring for the individual going back home (Russ, 1991). This will give a clear indication if the caregivers are able to safely care for the individual.

Today, many hospitals and nursing homes require this training process before a person is discharged from the hospital or nursing home. If family or friends are too busy or: *"do not show up"*, it is an indication that the support system is probably not safe for an individual to return to their own home. One respondent stated: *"My family is not really here, you know. I did not have any friends that I wanted to stay with."*

(Interview # 2) Another illustrated the same theme by stating:

*"I did not want to burden my family, so it is better that I am in a nursing home instead of with them." (Interview #1)* The individuals living in a nursing home all stated that they did not want to be a burden to their family and friends. They feel that they are still their own decision maker and have autonomy if they make the decision for them to live in a nursing home instead of relying on family and friends.

### **Physical Architecture Of Home**

The physical layout of an individual's home can determine if they are able to return. "Since mobility, vision and hearing can be limited later in life, the location of light switches, door knobs, and outlets can be rearranged slightly to be used more efficiently. There can not be too many grab bars and handles in the bathroom to assist in navigating showers and tubs"(Alford, 2001). The physical layout of an individual's home was a common theme with social workers and the individuals interviewed in the nursing home: *"They are able to return home if their home is suitable, not a lot of stairs, there is an elevator."* (Social Worker) One of the individual's in the nursing home stated: *"I broke my ankle and could not climb the stairs. The only reason I did not return home from the hospital is because my house had stairs."* (Interview #3)

## Safety

For the residents in the nursing home safety was very important: *"I feel very safe in the nursing home. I know there are nurses to help me if I get sick."* (Interview # 1) Everyone of the individuals who were in the nursing home commented on how much safety, feeling secure, and knowing, if a medical emergency happened, the staff in the nursing home were immediately available to help: *"I have an injury to my foot that could have been life threatening. I could have lost my foot if it was not watched daily. In the nursing home, I know that it is the best place for me. The nurses can watch my foot."* (Interview # 2) The feeling of safety and trust of the nursing home staff was not mentioned in the surveys returned by the social workers. This was one of the valued themes in the study. The individuals, living in a nursing home, put a high value on the staff that assists them day in and day out. The level of trust they have in the nursing home staff is very high.

## **STRENGTHS AND LIMITATIONS**

According to the United States Department of Housing and Development approximately 1.7 million elders with low incomes are in urgent need of affordable housing. Nearly 1.5 million of those households live in severely inadequate housing or pay over fifty percent of their income in rent. The United States Department of Housing and Development also have found that low-income rental housing is shrinking especially in the area of a rapidly increasing aging population. (American Association of

Homes and Services for the Aging, 2001)

The strength to this study is gathering more personal information as to the reasons why a person goes to a nursing home. Hopefully it will give a more positive outlook on life in a nursing facility. The individuals interviewed for this study had positive feelings toward the safety and staff that work in the nursing home.

This study is limited in the small number of personal interviews and the low return rate of the survey. It is difficult to generalize the information gathered. However, the study did find more possible factors in nursing home admissions that have not been considered before.

#### **ANALYSIS AND DISCUSSION OF FINDINGS**

The research done in this study found that the main reasons a person needs a nursing home are a lack of money, housing, support of family and friends. The literature review found that Social Security and housing are lacking for the elderly and chronically ill populations. This study will give more information and data to support the literature review. It has also shown that for most individual's expensive, private pay assisted livings are not an option for housing. The themes found in the personal interviews and surveys of nursing home and hospital social workers give a good indication of reasons why a person is admitted into a nursing facility. The issues stated in this chapter: twenty-four hour care, cognitive issues, financial resources, family, and friends, physical layout of

home, and safety are all aspects to be considered. Each theme separately is a consideration for social workers in discharge process.

This study states the direct experiences and personal stories of how safety places a major part in an individual's decision to go to a nursing home. It was found to be very important to feel medically and physically safe in one's environment. Feeling safe was an important aspect to their quality of life. The literature review did not find supporting data. There is a lack of personal stories of people who live in nursing homes and who as importantly; those are managing safely in their own homes.

One of the gaps found in the literature was information on how a person feels actually living with family and friends. How they feel relying on their children or friends to assist them with the basics of life, having others make decisions for them. This study has shown how important it is stay independent and continue to make their own decisions.

According to the United States Department of Housing and Development approximately 1.7 million elders with low incomes are in urgent need of affordable housing. Nearly 1.5 million of those households live in severely inadequate housing or pay over fifty percent of their income in rent. The United States Department of Housing and Development also have found that low-income rental housing is shrinking especially in the area of a rapidly increasing aging population (American Association of Homes and Services for the Aging, 2001).

The information gathered from persons that live in a nursing home and the social workers that assist in discharge planning have given valuable information to factors that need to be considered in nursing home placement. This is critical for individuals, families, and social workers working directly on admissions into a nursing home.

There is a fine line between overall function of an individual and nursing home admissions. This was illustrated by the individual who was placed in a nursing facility only because of the structure of the home and the inability to climb stairs. There are emerging care alternatives for people who are unable to care for them self at home. Some examples of alternatives are: acute transitional care, hospice, and assisted living.

The life model would be of benefit when working with each of these individuals. Social workers could gather information about the environment surrounding the client's life. Resources then could be evaluated to determine if they are adequate and available. The life model is a guide for social workers in gathering important information holistically.

The researcher has professional knowledge of the value of considering the surrounding environment of the client. Often, the client does not always value what is important to the social worker. For example a social worker may want an individual to have a clean home. However, a value the client may have is a home or roof over his/her head. The client does not see importance cleanliness just the American value of owing a place of their own. The life model assists in gathering the whole

life of the client. The next chapter will give implications for social work practice and areas of future research that may be considered.

## CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

### Overview

Currently the data collected in this research study is being debated across the United States. The implications for social workers and policies could be vital to the individuals we serve in the future. Social workers must become a better advocate for themselves and the clients they assist. They are the people on the front lines who understand the crisis that may occur if government and the policies they write are not appropriate for the constituents they serve. Often social workers are too busy fighting the battle, not letting the leaders know the details of the struggle. Unfortunately, without the accurate, up to date information the leaders will not be able to make informed decisions into policies. This is why the implications for social work practice and polices are important.

### Implications for practice in the field of social work

Although there has been more information on nursing homes in the recent months, more pertinent information is needed to fully assess the reasons a person is placed in a nursing home. A nursing home is no longer a place for an older person to live until they die. As previous stated, the age and definition of old has changed due to people living longer, healthier lifestyle. Many nursing homes have tried to keep up with the times, understanding the need for more housing and special

medical attention and different levels of care. Society, however, continues to see nursing homes as they use to be, a place for old people.

In today's nursing home, the population is getting younger (Minnesota Department of Health, 2001). Often they are a place for individuals waiting housing or needing care twenty-four hours a day and cannot afford it. They are the individuals who want to maintain their independence, not be a burden on their families. They also want to have a sense of security and safety that is not always there when they live alone in their own homes.

An implication for social workers is a higher awareness of the individual and their families. The personal stories recorded showed the strong determination people have to remain independent, if only in their decision-making. When working with clients in the hospitals and nursing homes social workers need to remember this. It is important that every person have the autonomy to make their own decisions to the best of their own ability.

Social workers will have an impact in the future on policies in housing, finance, and government. A nursing home should not be the only choice for an individual because they have little money. Unfortunately, this is exactly what happens. Much of the data collected for this study has shown the role of little housing and a lack of financial means contributing to nursing home placement. However, to most social workers working in the areas of discharge planning from hospitals and nursing

homes this is neither new, nor surprising. There needs to be more opportunity for subsidized assistive living apartments. At this time the majority of assisted living is high priced and privately funded.

An opinion poll completed in 1998 to gather opinions on housing issues of the elderly found that almost sixty percent of the United States population feel that the government should increase the level of support, financially, to non-profit organizations who are assisting to build affordable housing for the elderly Americans (American Association of Home and Services for the Aging, 2001).

The Minnesota Legislature is currently investigating the number of nursing home beds in the state and is in the process of recommending the closing of several nursing homes in the state. This study will supply the needed information from social workers and personal stories of individuals who live in the nursing home environment. The Minnesota Legislature needs to increase subsidized housing for the low-income population that needs more skilled care. At this time there is no alternative for an individual that needs medically skilled care and does not have the family or financial means to obtain the assistance.

### **Future research**

Research has only just begun on information regarding the nursing home population. Continued research in this area needs to be gathered on even more personal stories into why

individuals are admitted into nursing homes.

Future research also needs to consider the role of government in investigating reasons for the lack of housing and financial resources for a vulnerable population of people. More data needs to be collected on the United States government itself to determine the level of understanding our congressmen have with the elderly, chronically ill and nursing homes.

Stereotypical views of a nursing home should be challenged with future research. Society, often through media coverage, does not have a favorable outlook on nursing homes and has not caught up with the variety of services available. There are a lot of dedicated individuals who are working in hospitals and nursing homes but rarely receive praise for the jobs they are doing. They see each elderly and chronically ill people as a human being, often going out of their way, letting those individuals know they are valued. Society or the media doesn't note these events as news worthy. However, this study has shown that the patients and residents in facilities depend on staff daily to feel safe and secure. For a person who lives in a nursing home and has no family or friends, the relationships that they foster in the nursing home environment are imperative to a happy life.

### **Conclusions**

The findings of this study clearly highlight the value of hearing the personal experience. The data reveals the importance of accurate assessment skills of social workers in

discharge planning. Nursing home beds are becoming more difficult to find and the security and safety of the individuals needing nursing home care will be at risk. The social policy makers need to begin realizing what hospital and nursing home staff, patients, and residents already know. That is, that most nursing homes are not bad, dark depressing places to be and that there are a wide variety of residential placement options to choose from. The general public has to stop ignoring problems such as lack of housing and the financial burden some individuals have trying to survive.

This study conveys the importance of listening to and learning ways to act upon their knowledge (Davis & Gelsomino, 1994). Knowledge and insight gained from this study conveys the reasons of nursing home placement. Those factors mainly focus on financial and housing. The Life Model Theory gives an outline for social work practice with a primary focus on method and skills, diversity, culture, and oppression.

If future research can be completed, giving way to policies to assist the population in nursing homes, then this study by way of listening and learning will have furthered its goal. The research study is also of value in its combination of literature review and data collected giving insight to future research.

The aspects learned from this study are that there are factors in nursing home admissions such as the ones stated above. The social work profession must begin to advocate the reasons of nursing home admissions. Social workers in direct practice understand the challenges in nursing home admissions

and understand the personal stories of the clients they serve. The elderly, chronically ill, and social workers together can further future research and learning.

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**INTERVIEW QUESTIONS: PERSONAL RESOURCES/NURSING HOME  
ADMISSIONS**

1. What are the main reasons in which you needed a nursing home?
2. What are the main reasons, which allowed you to stay in your own home or another setting?

**Probing questions:**

1. What is your relationship with your family and friends?
2. What are your feelings on nursing homes?
3. Is it easily or difficult to obtain the assistance you need to be self-sufficient?
4. Why do you stay in a nursing home?
5. Why do you stay in your own home?
6. What are the community resources in your area?



## MEMORANDUM

TO: Ms. Vickie Stohr

FROM: Sharon K. Patten, Ph.D., IRB Co-Chair (612-330-1723) *SKP*

RE: Your IRB Application

DATE: 8 May, 2001

I am writing on behalf of the College's Institutional Review Board on the Use of Human Subjects. As we discussed, your proposed study, "A Qualitative Study of the Relationships between Personal Resources and Nursing Home Admissions" was approved (IRB approval number: 2001-17-1). I apologize for the delay in sending this letter.

The IRB committee wishes you the best in your research.

cc: Maria Dinis, Ph.D., Co-Chair, IRB  
Rosemary Link, Ph.D., Thesis Advisor



**HUMAN  
SUBJECTS  
RESEARCH  
COMMITTEE**

A-4

Frederick Langendorf, M.D.  
Chairman

Karen Heim-Duthoy, Pharm.D.  
Vice Chair

214 South Eighth Street  
300 HFA Building  
Minneapolis, Minnesota 55404  
612-347-8528, Fax: 612-347-7627

December 13, 2000

Vickie Stohr, LSW  
Department of Social Services  
Hennepin County Medical Center

Dear Ms. Stohr:

I am in receipt of your proposed study entitled: "What is the Relationship Between Personal Resources and Nursing Home Admissions in the Elderly Population?" The purpose of this study is to assess the experiences of three elderly individuals and one social worker in an in depth discussion on personal resources and the relationship of nursing home admissions. As described, the three elderly individuals will be over sixty-five and the one social worker will be an expert in geriatrics. It is further noted that social workers from HCMC and the Benedictine Corporation will be asked to answer an open-ended questionnaire on their experiences in working with the elderly population and the factors used to decide admission into nursing homes. The project outline has been reviewed and found to be adequate. Since the project involves no more than minimal risk and it has been confirmed that confidentiality will be maintained, it was approved under the Title 45 CFR 46 expedited review procedure number seven. You may proceed with this study.

This project has been assigned HSR #00-937. Please use this number in all future correspondence. Surveillance for this project will be done annually. Reporting forms will be sent to you before the reports are due. It is mandatory that you complete and return these surveillance forms by the indicated date. Failure to complete and return surveillance forms will be cause for suspension of this project since it will no longer be operating under IRB approval.

Please be informed that the Human Subjects Research Committee is in compliance with requirements in Title 45 Code of Federal Regulations Part 46 effective August 19, 1991.

Also be informed that any future proposed changes in this protocol, or any changes that may alter the risk or confidentiality to the subjects, must be reported to the Chairman of the Human Subjects Research Committee.

Sincerely,

Karen Heim-Duthoy, Pharm.D.  
Vice Chair  
Human Subjects Research Committee

• Hennepin County Health Center - 71 Park Avenue, Minneapolis, MN 55405  
• Minnesota Medical Research Foundation - 214 South Eighth Street, 300 HFA Building, Minneapolis, MN 55404  
• End Hennepin County Associates - 214 South Eighth Street, 300 HFA Building, Minneapolis, MN 55404

December 6, 2000

Augsburg College Institutional Review Board  
Augsburg College  
2211 Riverside Ave., Box 186  
Minneapolis, Minnesota 55454

Re: Proposal from Vickie Stohr

I am writing to you on behalf of Vickie Stohr, a graduate student at Augsburg College. Vickie is doing an internship at Hennepin County Medical Center under the supervision of Colleen Hoffman. She and Colleen are well regarded by the Social Services staff here, and could be expected to be successful in obtaining cooperation from them in completing the proposed research project: "What is the relationship between personal resources and nursing home admissions in the elderly population?". She has my permission to ask the medical social workers to participate and assist with this project. This is an interesting research question, and the study is expected to yield information that the medical social work field will find helpful.

Please feel free to call me at 612-347-2250 with any questions or concerns you may have.

Sincerely,



Barbara M. Klatt, LICSW  
Director of Social Services



December 12, 2000

Augsburg College Institutional Review Board  
Augsburg College  
2211 Riverside Ave., Box 186  
Minneapolis, MN 55454

Re: Proposal from Vickie Stohr

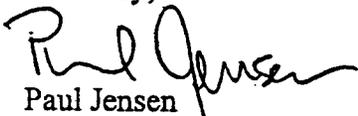
To Whom It May Concern:

I am writing on behalf of Vickie Stohr, a graduate student at Augsburg College. Vickie also serves under me as the Social Services Director at City of Lakes Transitional Care Center.

Vickie has my permission to interview our residents, provided she has obtained appropriate consent, for the purposes of her research project.

Please contact me if you have any questions regarding the above.

Sincerely,

  
Paul Jensen  
Administrator

