

Using Positive Psychology in Independent Living Settings to Enhance Well-being and Functioning

Krista K. Fritson

University of Nebraska at Kearney
2504 9th Ave. Kearney, NE 68849, USA

Robert F. Rycek

University of Nebraska at Kearney
2504 9th Ave. Kearney, NE 68849, USA

Lee Elliott

Wayne State College
1111 Main St, Wayne, NE 68787, USA

Abstract

This study evaluated the impact of a positive psychology program on the functioning and well-being of the elderly in independent living facilities. Individuals in the program showed no decline in Activities for Daily Living while control individuals showed significant decline.

Keywords: geriatric, independent living, well-being, Positive Psychology, ADLs

1.0 Using Positive Psychology in Independent Living Settings to Enhance Well-being and Functioning

Introduction

As the baby-boomer generation continues to age, the need for more resources focused on this population increases. One area of concern is housing. Baby-boomers are finding it increasingly more difficult to stay in their own homes. Consequently, we see increases in various retirement living options including independent living and assisted-living facilities. While these facilities are designed to enhance the well-being of the elderly through greater resource availability and care, there is a downside that includes issues of relocation and diminishing capabilities for the elderly.

Relocation presents a number of adjustment issues in the elderly. Often the relocation is precipitated by increased frailty or other health concerns that require some level of additional care that cannot easily be provided in the home environment. Thus, an elderly person is often in a somewhat vulnerable position when relocating. While voluntary relocation in which the elderly person has input in the selection of the facility is far superior to involuntary relocation, even in these situations there are adjustment concerns. Bernard, Bartlam, Sim and Biggs (2007) indicated that relocation to a retirement facility is often precipitated by increased frailty and the need for further care resources. Consequently, the move may not always be perceived as entirely voluntary. Hong & Chen (2009) found that relocation often yields a downward trajectory of health. Studies (Yaffe, Edwards, Covinsky, Lui, & Eng, 2003) found increased levels of depression and depressive symptoms that often lead to higher rates of mortality. Studies (O'Connor & Vallerand, 1998) have also found that the first 6 months after relocation appears to be critical with respect to both depression and mortality. On the other hand, several studies (Park 2009; Fessman & Lester, 2000) have found that the development of meaningful social relationships with staff and/or other residents can lead to reduced loneliness, depression, and higher levels of life satisfaction.

Young (1989) describes a four-stage process for moving into elder housing which include (1) Decision stage; (2) Preparation stage; (3) Making the Move stage; and (4) Settling In stage.

The last stage, Settling In, focuses on adaptation to the new environment which includes such things as organizing one's space so as to get a sense of "home," working on logistical aspects of life including where to shop, getting mail, when and where to do laundry, etc., and fitting-in which involves adaptation to the social and cultural environment of the retirement facility. Young noted that participants who expressed unhappiness and discontent after a move often failed to reconcile not only the changes associated with move but also with the change that precipitated the move such as decreased mobility and health. The move, while designed to help the situation, may exacerbate the situation in some cases.

The present study addresses some of the issues associated with relocation to a retirement facility for the elderly through the use of positive psychology. The Wonderful Life Project (WLP) is a program that uses a series of one-on-one discussions to teach positive psychology principles. The program encourages positive functioning through the development of lifestyles, attitudes, and cognitions to facilitate positive transitions, relationships and overall health. The WLP was specifically tailored to address issues in the elderly including relocation and adjustment.

The Wonderful Life Project, based significantly on positive psychology principles, originated as a tool developed by a Human Resources Vice President (VP) in a medical facility in the central United States to promote improved morale and decrease turnover rates among employees. Due to the success of the program in the hospital setting, the human resource VP was approached by community members, revamped some of the training modules and developed a city-wide training schedule that included one-on-one training and group training opportunities for anyone in the community who was interested. Local employers, churches, and community members engaged in this opportunity, resulting in 1,600 individuals participating in the WLP in some capacity over a two-year period. The original study included face-to-face and group training opportunities. The training modules included information from a variety of sources in positive psychology, including topics like high quality conflict, resilience, hope, trust, happiness, forgiveness, and fulfillment.

Reports from community members who participated in the original project were overwhelmingly positive. Specifically, follow up focus group discussions, one-on-one discussions, meetings with couples, and human resource interviews resulted in participants and employers/human resource personnel identifying the following points of success.

Couples / Community Members: 1. Fewer passive-aggressive comments with spouse, 2. Spending more quality time together, 3. Improved trust, 4. Viewing conflict as a way to overcome problems with communication rather than avoiding conflict or leaving conflicts unresolved, 5. Increased recognition of positive emotions in the relationship, and 6. Increased feelings of hope.

Employers/Human Resources: 1. Fewer unresolved conflicts among employees, 2. Increased positive view about the work environment, 3. Use of healthy stress management skills in and outside of the work environment, 4. Increased recognition of the role of forgiveness in resolving conflicts at work and other environments, and 5. Increased sense of hope during stressful times at work.

Given the apparent success of the WLP training in the community, work and couples' settings, the researchers in the current project collaborated with those investigators/community members to investigate whether the geriatric population could benefit from such intervention. Discussions between the author of the WLP project and the current researchers resulted in the author of the WLP adjusting some of his training modules to directly address needs of geriatric residents in assisted living environments.

Current Study

The WLP training modules implement in the assisted living community included the following:

Introduction and Get Acquainted. This was an opportunity for participants/residents to be introduced to the WLP training modules, trainers, and research assistants who completed pre and post measures with the residents.

Happiness. This module discussed empowering individuals to identify and engage in activities and mental activities that promote happiness.

Trust. This training focused on ways to build and maintain trust.

High Quality Conflict. The idea of reframing conflict as a positive way to promote change, improve relationships and improve communication were main themes in this training.

Grudge Busting-Forgiveness. This module expanded on the relationship between conflict, holding grudges, and overcoming grudges through forgiveness.

Resilience and Hope. This training emphasized improved identifying and understanding emotions, recognizing the role of resilience in one's well-being.

Personal Character Strengths. Individuals were encouraged to recognize and explore their strengths related to personality traits and emphasized a positive frame of reference to self and personal characteristics.

Health and Aging. This module focused on typical health and aging issues of individuals who might be described as "aging", "geriatric", or live in the independent living environment.

Shifting Relationships. Recognizing changes in relationships and how life/developmental transitions affect relationships was a key theme of this module.

Grieving and Loss. Issues related to life changes and recognizing the varied definitions of and experiences of grief and loss were addressed in this training.

Stress Management. This training promoted self-introspection and provided training related to healthy stress management skills, specifically geared to the independent living population.

Life Review. As its title suggests, this module promotes a focused and personal reflection on residents' life and personal experiences as they continue to experience developmental changes into late adulthood.

Fulfillment. Residents explored current life areas of fulfillment and strategies to become more fulfilled.

In order to determine, beyond post-training interviews, whether the WLP information was an effective way to improve the quality of life, decrease medical concerns, and promote overall well-being in the independent living community, the WLP author and researchers completed this study.

The primary purpose of this study was to assess the effects of the Wonderful Life Project (WLP) on geriatric residents in an independent living facility. Recognizing that the developmental and life changes associated with geriatric individuals in and outside of independent living facilities typically experience a gradual decline in many domains of functioning, we focused on measuring five core life components prior to and after the WLP trainings were implemented. Specifically, we assessed the independent living residents in five primary life areas: life satisfaction, depressive symptoms, mental functioning, self-esteem, and activities of daily functioning. Our prediction was that residents who participated in the WLP trainings would report greater life satisfaction, fewer depressive symptoms, less decline in mental functioning, higher self-esteem and better activities of daily functioning abilities.

2.0 Method

2.1 Participants

We identified two comparable Independent Living/Assisted Living facilities in medium-sized cities in the Central region of the United States. Both facilities are considered high quality institutions with active programs for residents. This allowed us to designate one of the facilities as the Experimental Group whose residents participated in the Wonderful Life Program while the other facility served as a Control Group with residents participating in their regular programming. In our initial sample, 28 residents were identified as part of the Experimental Group; 6 males and 22 females ranging in age from 69 to 96 years of age ($M=85.1$). The initial Control Group consisted of 19 residents, 3 males and 16 females ranging in age from 64 to 98 years of age ($M=86.5$). During the course of the study, which lasted approximately 16 months, some residents dropped out for a variety of reasons reducing our sample to 17 residents in the Experimental Group (4 males and 13 females ranging in age from 69-94, $M=84.4$) and 13 residents in the Control Group (2 males and 11 females, ranging in age from 79-98, $M=87.0$) and all were Independent Living residents.

The Experimental Group, WLP Group, voluntarily participated in the Wonderful Life Project (WLP) through one-on-one training sessions that lasted approximately 60 minutes each. Each individual participated in one "get acquainted/introduction meeting", followed by twelve training sessions over the course of twelve months. The residents in the Control Group (Non-WLP) did not participate in the Wonderful Life Project, but were encouraged to participate in all programs offered in the facility.

2.2 Procedure

All residents at both independent living facilities were informed via intercom announcements, flyers/posters, group informational meetings, and personal invitation from staff at the facilities or researchers. Residents who were interested attended an informational meeting were given the opportunity to sign up. Those residents who signed up and provided phone information were contacted by researchers and scheduled a time to meet with researchers.

All participants were approached in their independent living apartments at their scheduled times and completed the following measures prior to the WLP group starting their training sessions. All participants completed the same questionnaires minus the demographics form once the WLP group completed their eleven training sessions. Participants were read the first three of the research measures while a student research assistant recorded their responses. Residents completed the remaining research questionnaires independently and turned them in to the research assistant when they were completed.

Participants were then randomly selected for the WLP Group or the Non-WLP Group. The participants in the WLP group then completed a 60-minute long WLP training session monthly for twelve months. The non-WLP participants were encouraged to participate in the normal activities associated with their facility, but did not receive the WLP training. All participants were encouraged to ask questions at any time.

All participants then completed ten of the original research measures (excluding the demographics information form) approximately 4-5 months after the WLP group began training sessions and again after the completion of the WLP trainings by the WLP group (approximately 12-13 months after the original questionnaires were completed). Researchers originally planned to do a six-month follow-up data collection, but the participants were no longer available.

Questionnaires

2.2.1 The research questionnaires were completed in the order they are listed.

Demographic Information Sheet. This form included basic data regarding the participant's name, age, and gender.

Instrumental Activities of Daily Living (IADLS). This is a 20-item questionnaire that examines functional abilities in everyday living (Lawton, 1971).

Mini Mental Status Exam (MMSE). This is a 30-item questionnaire used to screen cognitive impairment (dementia). This is a fairly routine screening device used in many assisted living settings for potential dementia patients (Folstein, Folstein, & McHugh, 1975).

Rosenberg Self-Esteem Scale. This is a 10-item questionnaire designed to measure global feelings of self-worth or self-acceptance (Rosenberg, 1965).

Measure of Life Satisfaction. This is a 12-item questionnaire specifically designed for an older population to assess current life satisfaction (Rahtz, Sirgy, & Meadow, 1988).

Geriatric Depression Scale (GDS). This is a 15-item questionnaire that can use with normal and moderately cognitively impaired elderly patients and is used to assess depression (Sheikh & Yesavage, 1986).

3.0 Results

Because the number of participants was relatively small, the analyses focused on the main independent variables which were whether or not residents participated in the WLP program (WLP and Non-WLP) and the Pre- and Post-test measures. 2 X 2 Repeated Measures MANOVAs were performed on each of the dependent measures (IADLS, MMSE, SE, LS, and GDS). For the IADLS, a significant interaction was found [$F(1, 28)=4.30, p<.05$]. Simple effects analyses revealed that there was no significant difference between Pre- and Post-test in WLP Group, but there was a significant difference between Pre- and Post-test measures for the Non-WLP Group (See Table 1). No other Interactions or Main Effects were found.

4.0 Discussion

Consistent with our hypothesis, the WLP positive psychology program had a significant effect on individuals' activities of daily living (ADLs) as measured by the Instrumental Activities of Daily Living. Specifically, residents who participated in the WLP training showed no significant decline in ADLs, while residents who did not participate in the WLP training demonstrated a decline in ADLs.

The training program appears to preserve or decrease the decline of daily activities such as phone use, shopping, food preparation, laundry, medication, transportation, and finances when compared to residents who did not receive the WLP training.

Obviously, this finding is very important regarding elders' quality of life, independence, and potential medical needs/costs. It is expected that a natural decline in various physical, mental, and social issues will occur as individuals age; however, when interventions can minimize or slow down individuals' decline in areas of daily functioning, it can make a significant impact for their lives, their families' lives, the community, and society costs related to aging.

Although our other hypotheses were not statistically supported, some interesting trends were evident. Specifically, though not statistically significant, participants in the WLP's Life Satisfaction scores improved while Non-WLP residents' scores showed a decline. This suggests that, at minimum, the WLP may have impacted those residents' life satisfaction or minimized decline in it since the Non-WLP residents showed a decrease in life satisfaction scores.

A similar trend was found related to the Geriatric Depression Scale (GDS). The WLP residents' GDS scores showed a decline following the Wonderful Life Program, while the Non-WLP residents' GDS scores showed an increase. Again, this suggests the positive psychology information through the WLP may have slowed or minimized depression for those residents since the non-WLP residents' depression increased in the same time frame.

In summary, our study suggests that positive psychology interventions may have a positive effect on the elderly population, especially those in independent living environments. Programs may be effective in assisting such populations by slowing down loss of skills for adaptive living. Additionally, programs may minimize depression that seems to naturally increase and may assist individuals in experiencing greater life satisfaction.

References

- Bernard, M., Bartlam, B., Sim, J., & Biggs, S. (2007). Housing and care for older people: Life in an English purpose-built retirement village. *Ageing & Society*, 27, 555-578.
- Fessman, N., & Lester, D. (2000). Loneliness and depression among elderly nursing home patients. *International Journal of Aging and Human Development*, 51, 137-141.
- Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). "Mini-mental state": A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research* 12, 189-98.
- Hong, S. & Chen, L. (2009). Contributions of residential relocation and lifestyle to the structure of health trajectories. *Journal of Aging and Health*, 21, 244-265.
- Lawton, M. P. (1971). The functional assessment of elderly people. *Journal of the American Geriatric Society*, 19, 465-481.
- O'Connor, B. P., & Vallerand, R. J. (1998). Psychological adjustment variables as predictors of mortality among nursing home residents. *Psychology and Aging*, 13, 368-374.
- Park, N. S. (2009). The relationship of social engagement to psychological well-being of older adults in assisted living facilities. *Journal of Applied Gerontology*, 28, 461-481.
- Rahatz, D. R., Sirgy, M. J., Meadow, H. L. (1988). Elderly life satisfaction and television viewing: An exploratory study, in M. J. Houston (Ed.). *Advances in Consumer Research*, Vol 15, Association for Consumer Research: Provo, UT, 141-145.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sheikh, J. I., Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontology*, June;5(1/2):165-173.
- Street, D., Burge, S., Quadagno, J., & Barrett, A. (2007). The salience of social relationships for residents' well-being in assisted living. *Journal of Gerontology: Social Science*, 62B, S129-S134.
- Yaffee, K., Edwards, E., Covinsky, K. E., Lui, L., & Eng, C. (2003). Depressive symptoms and risk of mortality in frail, community-living elderly persons. *American Journal of Geriatric Psychiatry*, 11, 561-567.
- Young, H. M. (1998). Moving to congregate housing: The last chosen home. *Journal of Aging Studies*, 12, 149-165.

Table 1
Means of Scale Scores

	WLP	WLP	Non-WLP	Non-WLP	
	PRE	POST	PRE	POST	
IADL	18.59	18.53	19.08	17.08	<i>p</i> <.05
MMSE	27.65	27.24	27.69	27.46	<i>n.s.</i>
SE	19.06	18.94	17.31	17.46	<i>n.s.</i>
LS	34.94	35.41	33.69	33.23	<i>n.s.</i>
GDS	2.29	2.18	1.62	2.23	<i>n.s.</i>

Note. WLP: Wonderful Life Program; IADL=Instrumental Activities of Daily Living; MMSE=Mini Mental Status Exam; SE=Self-Esteem; LS=Life Satisfaction; GDS=Geriatric Depression Scale