

The Graduate College
University of Wisconsin – Stout
Menomonie, Wisconsin 54751

ABSTRACT

<u>Lazar</u>	<u>Kathryn</u>	<u>A.</u>
(Writer)(Last Name)	(First)	(Initial)

Current Life Engagement Factors as a Predictor of Elder Life Satisfaction
(Title)

<u>Guidance and Counseling</u>	<u>Susie Eberhard, Ph.D.</u>	<u>May, 2000</u>	<u>43</u>
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This thesis examined life satisfaction among an elder population. The purpose was to determine what aspects of life engagement in an elder person's life were most predictive of high levels of life satisfaction. The life engagement factors examined were familial social support, social support from friends, health, and meaningful daily activities. The first hypothesis was that each of these measures of life engagement were expected to contribute to the experience of life satisfaction. The second hypothesis was that friend and familial support would be the most significant predictor of life satisfaction.

The study was conducted at an apartment complex for independent senior citizens. Each participant completed the Life Satisfaction in the Elderly Scale (LSES), which gives a total score and is divided into eight subscales (Conte & Salamon, 1984). This was used as the dependent variable. A short researcher developed survey called the Current Life Engagement Scale (CLES), which consists of four subscales, was used as the independent variable. Data for analysis included the total LSES score and scores on the engagement subscales of familial support, support from friends, meaningful daily activities, and health and independence. Results

were analyzed using the enter method for multiple regression. Pearson correlations were also explored to assess the extent to which the LSES subscales were related to the CLES scores.

The findings showed that life engagement was a significant predictor of elders' satisfaction. However, only three of the four life engagement factors were found to contribute to life satisfaction for elders. In addition, the hypothesis that social support would be the most significant predictor of life satisfaction was not supported. The social support from family contributed to the regression, but not significantly. In fact, it was the other two subscales, meaningful daily activities and health and independence, which were significant predictors of life satisfaction.

Hopefully by understanding the most important factors in elders' experience of life satisfaction we can upgrade the services and programs that are already in the community to serve seniors more effectively. With the aging population, it is important to explore this information in the hopes of bettering our futures.

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Table of Contents

	Page
Abstract.....	i
Acknowledgements.....	iii
Table of Contents.....	iv
 Chapter One:	
Introduction.....	1
Theoretical Framework.....	3
Statement of the Problem.....	4
Hypotheses.....	5
Definitions of Terms.....	5
Assumptions and Limitations.....	6
Summary.....	7
 Chapter Two: Literature Review	
History.....	8
Social Supports.....	9
Daily Activities.....	10
Employment and Volunteer.....	12
Health and Independence.....	15
A Solution.....	16
Critique of Literature.....	18
Summary.....	19

Chapter Three: Methodology	Page
Specific Procedures.....	20
Hypotheses.....	20
Description of Subjects.....	20
Instrumentation.....	21
Data Collection.....	22
Data Analysis.....	23
Limitations.....	23
Summary.....	24
Chapter Four: Results	
Study and Procedures.....	25
Demographics.....	25
Quality of Life.....	26
Table I: LSES Subscale Scores.....	26
Table II: Total LSES Scores.....	27
Life Engagement.....	27
Life Engagement and Satisfaction.....	28
Table III: ANOVA.....	28
Table IV: Histogram.....	29
Table V: Meaningful Daily Activities.....	29
Table VI: Health and Independence.....	30
Table VII: Social Support from Friends.....	30
Table VIII: Social Support from Family.....	31

	Pages
Table IX: Scatter Plot of Residuals.....	31
Regression Analysis.....	32
Table X: Regression of Life Engagement and Total LSES Scores.....	32
Table XI: Plot of Regression.....	34
Summary.....	34
Chapter Five: Conclusions and Recommendations	
Conclusions.....	36
Implications.....	38
Recommendations.....	40
Summary.....	41
Reference List.....	42

CHAPTER ONE

Introduction

Our society misunderstands the aging process and the elder population. The aged are almost always portrayed negatively in our society, which often times leads to negative stereotypes and misconceptions. We possess a great deal of fear about growing old. This negativism about aging and seniors is referred to as gerontophobia or ageism (Bigner, 1994, p. 456). We consider the multiple losses that many older people encounter. We tend to focus on death instead of the person's life. However, the reality is that most senior citizens don't consider themselves as "old" (Cox, 1998, p. 41). In fact, many seniors reported to being quite content and satisfied with their lives (LeBlanc, 1987). Many common misconceptions come from the fact that for years, researchers studied elders' life satisfaction and focused on only nursing home residents, a group that only accounts for about 1.5 million seniors or about five percent of the elderly population (Bigner, 1994, p. 460). Therefore, those studies cannot be generalized to the entire senior population.

What are some of the common misconceptions our society has about the elderly? They are often viewed as lonely, poor, decrepit, sad, and unproductive (Bigner, 1994, p. 457). We associate being sick and in pain with being old. Other stereotypes are that older people are worthless to society and have nothing left to offer. Often times younger people think of old people as grumpy and mean. One reason that younger people construct such negative stereotypes is due to their lack of extensive positive experiences with people this age. Unfortunately, these stereotypes add to our mistreatment of the elderly (Bigner, 1994, p. 457). Senior citizens are often not shown as much respect as they deserve. By taking the time to learn more about aging and life satisfaction, we can start to change some of our negative elder stereotypes into positive ones. This could foster increased respect for the elderly, and happier, more involved senior citizens. Hopefully reducing ageism would help to get more people of all age groups involved

with their community's older population. People of all ages would come to realize that older people have a lot to offer and are vital resources in helping to understand the past.

Life satisfaction is a broad term that can be interpreted in many different ways. For the older population it is a measure of happiness, integrity, and a sense of comfort about how one has lived one's life. It is characterized by a sense of purpose, personal growth, and self-acceptance (Fisher, 1995). Put another way, elders who are aging successfully continue to grow and to learn as they use past experience to cope with the present and set goals for the future (Fisher, 1995). Life satisfaction thus incorporates many different meanings.

There are many factors that lead to high levels of life satisfaction. These include social support, financial stability, autonomy and independence, and health status to name a few (Cox, 1998, p. 145). Which factors will be predictive of life satisfaction? What are some of the keys to life satisfaction? This study will contribute to an understanding of life satisfaction because it replicates earlier studies done in institutional settings. This study builds on that earlier life satisfaction research but examines elders' experiences in an independent living setting. Examining such responses in a new setting is increasingly important as variation in living options for elders is becoming more prevalent.

The study will also address issues of specific factors associated with overall life satisfaction. By examining such factors we can start sending the message to society that growing old can be a great experience. Being old is not correlated with being miserable. Enhanced understanding of life satisfaction will help us all to better prepare for successful aging. It will also help us to better support elders currently in our community.

By learning what is most important to elder's satisfaction and quality of life we can change and update some of the services that are already out there for the elderly. New programs can be implemented where seniors can explore and find ways to enhance their lives, programs where people are involved in volunteer work with one another and where the community learns to help each other out. These programs will make it easier for frail elders to get out more, easier for the lonely to meet people and to develop support systems, as well as

making it easier for everyone to access resources in the community. With the elder population growing at such a fast rate, more programs and services need to be available that encourage an active and positive lifestyle (Bigner, 1994, p. 465).

Theoretical Framework

The concept of life satisfaction has been a topic of research since its introduction as the theme of the 1986 annual meetings of the Gerontological Society of America (Fisher, 1995). These studies have not produced a consensus on what specific life areas are most important to life satisfaction. However, they have allowed researchers to develop many similar theories. Whether it is referred to as social contact, social involvement, or social support, there always seems to be some kind of social factor involved. One theory is that by having a strong network of friends and family, one is less likely to feel isolated and depressed. This especially applies to seniors who are widowed (Dimond, Lund, & Caserta, 1987). Older people are no different than any other age group in the sense that they need companionship and human contact just like everybody else. The only true difference is that elders have fewer social opportunities and more losses, which often limits the availability of companionship (Hooyman & Kiyak, 1999, p.22).

Another prevalent life satisfaction factor has been the role of volunteer work and the positive effects it has on those who take part in it (Herzog & House, 1991). This draws on the last two stages of Erik Erikson's developmental tasks of life (Bigner, 1994, p. 474). The seventh stage is described as "generativity versus stagnation." The optimal outcome of this stage is being able to give back and guide the next generation. It involves efforts to apply the virtue of caring, that is, purposeful action oriented toward some meaningful goals (Fisher, 1995). This leads into Erikson's eighth stage, "integrity versus despair." Achieving a sense of integrity results from the older person reflecting back on his or her life and gaining a sense of accomplishment, acceptance of death, and a future based on a sense of continuity through sharing with younger generations (Fisher, 1995). Wisdom is the crowning achievement of this stage, but it is the passive reflection on one's life and being content with how that life has been led, that is the most important in completing this stage. Volunteer work helps seniors to successfully complete these stages

because it makes them feel good about themselves and gives them a sense of purpose and meaning.

Other theories suggest that health and independence play important roles in life satisfaction. That is because the physical body and the mental arena are so entwined. If physical health is good, mental health is more likely to be intact, and vice versa (Bianchetti, Carabellese, Inzoli, Rozzini, & Trabucchi, 1988). Independence is thought to be key in life satisfaction because older people have reported a decline in dignity when they have to depend on others to care for them (Krause, 1990). This is a very independent and individualistic society, and thus people who cannot take care of themselves are often stigmatized.

Daily activities that are meaningful are also a part of life satisfaction for many of the same reasons listed above. Meaningful activities give seniors a sense of accomplishment and purpose, as well as helping them to remain independent in many ways. The more things elders are able to complete on their own, the better the person will likely feel about themselves.

There are many factors that contribute to life satisfaction, but the question here is which ones are the most important. By improving one area of an elders' life, other areas are likely to improve as well.

Statement of the Problem

In order to grow old successfully and enjoy the twilight years of life, one must possess certain characteristics. There is a positive correlation between life satisfaction and social support and activity (Altmaier, Aquino, Cutrona, & Russell, 1996). In other words, having some sort of companionship or social outlet in later life is imperative for happiness. There are many other factors positively correlated with life satisfaction such as employment status, mental and physical health, independence, and meaningful daily activities (Herzog & House, 1991; Kuehne & Sears, 1993). The current study will help to clarify the factors most significant for older persons' satisfaction with life. Specifically, this study will look at areas of life engagement including social support from friends and from family, volunteer work, meaningful daily activities, and health and independence.

Two surveys will be used as measurement instruments. The first is The Life Satisfaction in the Elderly Scale (LSES). It incorporates items that explore eight different life areas such as satisfaction with daily activities, meaning, goals, mood, self-concept, health, finances, and social contacts. It measures the subscales along with giving an overall life satisfaction score (Conte & Salamon, 1984). The second instrument the researcher developed is a short survey called the Current Life Engagement Scale (CLES). It covers the topics of social support, both structured and unstructured, meaningful daily activities, and health. Measures of overall life satisfaction will be analyzed considering the subscale scores of the CLES, friends and family social support, meaningful daily activities, and health.

The surveys will be explained and offered to the residents of a community-based apartment building for independent senior citizens. Residents and thus participants must be 65 years old and up. The study will take place in the spring of 2000. Upon resident completion, the surveys will be collected and scores will be tallied. Results will be analyzed to determine life engagement aspects most critical for overall life satisfaction.

Hypotheses

The first hypothesis was that all four of the CSES subscales, social support from family, social support from friends, meaningful daily activities, and health, will be predictive of elders' self reported life satisfaction. The second hypothesis was that social support, both from family and from friends, will be the most predictive of high levels of life satisfaction

Definition of Terms

There are many broad terms used in this research. They can be defined as the following:

Formal social activity- participation in groups that have an established agenda. This may include church, clubs, or support groups.

Informal social activity- unstructured interactions with family and friends.

Life Satisfaction- a feeling of satisfaction with how one has lived their life up to that point, and a state of being content with one's current life. Successful aging and life satisfaction, as measured in the LSES, are synonymous terms in this study.

Quantitative Indices - self-reported satisfaction with social contacts (Altmaier et al., 1996).

Assumptions and Limitations

This study assumed that all of the participants would understand the purpose of the study. This study's limitations are based on assumptions that some elderly people communicate on a very surface level and don't talk about feelings and emotions. Therefore, they might misunderstand what the researcher is looking for. Another limitation related to communication differences is that often times, people of the older generation will not divulge any personal information. Such respondents may be reluctant to answer and this could cause the person to report false information. Another less troublesome possibility is the lack of response resulting in unusable data, in which case data from the entire sample could not be utilized. Thus could result in important variations within the findings being tested.

The potential to generalize from this population to the broader population of older persons is also limited. One assumption for this particular group of elderly people is that their levels of life satisfaction will be relatively high due to the fact that they share their home with peers who have many things in common. Because of their living environment, they may experience more social support and participate in more activities and therefore score higher on the life satisfaction scale than elders who live alone. They also have better health than their nursing home counterparts and have more resources due to the cost of the setting they live in.

Since all of these senior citizens are living independently, it is assumed that there is no organic brain disease among the sample. In other words, it is assumed that these people are cognitively intact and have no traces of dementia. The limitation is that the researcher will not have access to any medical records or any knowledge of their medical history. Therefore, no special precautions can be taken to screen for the respondents' understanding. Such participants may be frustrated with the questions and answer the question despite any confusion.

about what engagement factors are the most predictive of life satisfaction. The sensitive and personal nature of the study could completely hinder the results if respondents are untruthful, confused, or uncooperative with the self-report procedures. There are significant proportions of the sample population that are retired and have valid driver's licenses, characteristics that must be considered when attempting to apply results of the study to a general population of elders.

Summary

The goal of the study is to determine what aspects of an older person's life are most important in determining life satisfaction. The study was conducted with seniors living independently in a community based apartment complex for elders. By learning more about life satisfaction, we can increase and update services for seniors and possibly begin to change some of the negative stereotypes aimed at older people. In the future such changes could allow seniors to have greater chances of achieving life satisfaction. The next chapter describes literature used as background for this research project.

CHAPTER TWO

Literature Review

As chapter one stated, life satisfaction has been associated with many characteristics. In Chapter two, other documents and studies on life satisfaction among the elderly will be reviewed. First, social supports will be discussed to include a description of what previous research has found on the subject as it related to the elderly population and their life satisfaction levels. Next, employment and the importance of volunteer work among the elderly will be covered. Research on health status and independence will also be described. Finally, a solution to the problem will be suggested along with a critique of the literature and a summary.

History

With the older population growing at such a fast rate, there is an increasing demand for resources. Recently, more independent living facilities have been developed for older people. In the past, nursing homes were the only alternative to living at home. Assisted living facilities have been increasingly popular also, but many seniors don't need assistance (Racino & Heumann, 1992). They simply want to live in a setting among their peers for one reason or another. Rent in such settings is much lower than in assisted living facilities or nursing homes. Since independent living facilities are recently becoming so popular, more studies are being conducted on seniors who live in such settings. In other words, there isn't a long history of research on seniors from these settings, although the population is growing at a fast rate.

Social Supports

Why are social supports so essential to human beings? There are a number of different hypotheses to explain the role of social support. One study found that having positive contacts at any stage in the life cycle could meet a person's needs for personal attention and recognition. Having companionship also enhances self-esteem, which is essential for successful aging (LeBlanc, 1987).

Social contact and support can be defined in many different ways. According to one study, social support can be categorized two ways. One method is quantitative indices: the type and frequency of social contacts. The other method is qualitative: the degree to which a person views that certain types of support are available to them (Altmaier, Aquino, Cutrona, & Russell, 1996). Both of these are considered important components of social support and have both been linked to life satisfaction.

According to one study, simply having the presence of a confidant was found to be the single most important factor contributing to life satisfaction (Levitt, Clark, Rotton, & Finley, 1987). A confidant is defined as someone with whom one can confide his or her feelings and problems. It includes both familial and non-familial confidants (Park & Vandenberg, 1994). More specifically, participants who were found to be overly dependent were more satisfied with a confidant than without. On the other hand, overly self-sufficient participants tended to be more satisfied without a confidant. Those who were considered "balanced" seemed to value their confidant relationships, but could cope without that person (Park & Vandenberg, 1994).

The social aspects that increase a person's life satisfaction extend beyond just having a confidant. Taking part in social activities has also been linked with life satisfaction (Park & Vandenberg, 1994). One study identified two types of social activity as formal and informal.

Formal activity has been found to correlate highly with life satisfaction in the elderly. Participation in informal activities has also been linked to high satisfaction levels (Park & Vandenberg, 1994). However, one must consider whether the morale-boosting effect is because of general interaction with family and friends, or whether it is due to the presence of a confidant.

According to one study that measured the importance of social networks to bereaving seniors, a person's network influences their perception of stress (Dimond, Lund, & Caserta, 1987). The strength of their network, perceived closeness, and size of network were all positively correlated with health and ability to cope with loss. There was an inverse correlation between the three dimensions of network and the psychological factors that influence depression (Dimond et al., 1987). In simpler terms, life satisfaction and adjustment were found to be positively correlated with the availability of social networks, which would support the hypothesis of this paper.

Daily Activities

It is clear that as a society we are aging, but there is less evidence that we are aging well. The concept of aging well includes maintaining health and effective functioning for as long as possible. It has been argued that elders' loss of roles in work, family, and other opportunities for meaningful and productive social involvement leads to a loss of identity and self-esteem, as well as to poorer mental health (Herzog & House, 1991). That is why being able to carry out daily activities plays a very important role in aging successfully.

One author divided productive activities and age related activity changes into two categories. Obligatory activities are discontinued because of age-specific policies or age-related roles and events. Discretionary activities continue as a chosen part of the individual's lifestyle and personal preferences (Herzog & House, 1991). The two major roles that are discontinued are

paid work and childcare. For people 65-74 years of age, only 22 percent work for pay, and only 4 percent care for children. Decreases are much less noticeable in other productive activities that most elderly people continue such as housework, maintaining the house, yard, and possessions with repairs and upgrades, providing informal help to friends and relatives, and participating in volunteer work through churches, hospitals, or schools in their community (Hooyman & Kiyak, 1999, p. 93). Research suggests that having freedom of choice about work, retirement, and individual preferences does have an impact on health and well-being (Herzog & House, 1991). In other words, it is not just how productively active older adults are, but whether they are active at the level and in the form that they would like to be.

While many older people experience a loss of health and functioning, they have to make adjustments so that they can still attain a desired outcome in their daily tasks. This adjustment includes the assimilative strategy, where the person actively adjusts current behaviors to reach a desired outcome. If this is ineffective, the accommodation strategy might be taken, where the desired outcome is modified to match the current behavior. The latter of the two is seen as the more flexible adjustment to the losses of old age (Herzog & House, 1991). One researcher contends that as older people face a decline in certain abilities or characteristics, they narrow their focus, devoting their energies to a reduced set of life domains and compensate for certain losses by alternative behaviors, thereby preserving their mastery in a few select domains (Baltes & Baltes, 1990). This view portrays older individuals as actively choosing and adjusting behaviors and aspirations in order to maintain a sense of competence in a changing environment and a changing body, and suggests such choices are often made in accord with individual preference and long-standing orientation (Baltes et al., 1990).

These findings, suggest that an important key to aging well in terms of health, productive activities, and well-being may be to increase the aging individual's choice or control over the types and levels of meaningful daily activities. Institutions in our society need to recognize that the desire to productively participate exists among older adults, but the need for flexibility is important for such participation (Hooyman & Kiyak, 1999, p. 102). Organizations in the community can incorporate more elder involvement if they permit elders to tailor their participation according to their existing health limitations and their preference for a balance of work and leisure and allow for a choice among specific productive activities (Herzog & House, 1991).

Employment and Volunteer

Previous research has found a positive relationship between employment status and life satisfaction. In fact, numerous studies indicated that competitively employed women, ages 65 and older had higher levels of life satisfaction and morale than those women of the same age group who were retired. This may be due to the fact that older people who work tend to be healthier and enjoy greater financial stability than do their unemployed counterparts (Altmaier et al., 1996). However, a positive correlation was found between employment status and satisfaction even when health and financial status were controlled (Conner, Dorfman, & Thompkins, 1985).

Other findings in the study were that the younger, healthier, males living in rural areas were more likely to be getting paid for work (Altmaier et al., 1996). Participation in volunteer activities was less likely among the old-old, or people above the age of 85. Volunteering more hours per week was associated with higher levels of education, financial security, and lower levels of depression. Those who did not participate in volunteer activities reported lower levels

of social support. Along with that, the study concluded that being married, having low levels of depression, and better physical health predicted higher levels of social support, which in turn increased life satisfaction (Altmaier et al., 1996).

The same study included a section on paid work versus volunteer work among the seniors. It was found that volunteer activities were more significant to satisfaction because of the high levels of social support connected with volunteering, which in turn had a greater effect on life satisfaction (Altmaier et al., 1996). In other words, the association between employment status and life satisfaction is mediated by social support. Another interesting difference among the retired and employed elders was that quantitative support tended to be more important to retired persons (Altmaier et al., 1996). Retired persons may value the frequency of contacts with friends and neighbors more because they have more free time on their hands.

Why do so many older people become involved with volunteer work? It is not just the social support. It has to do with Erikson's seventh stage of development, "generativity versus stagnation." The optimal outcome of this stage is to be a caring person who helps guide the next generation (Fisher, 1995). Having a sense of purpose and contribution is an important part of successful aging. The characteristics of this stage are passive reflection, tolerance, acceptance, and generational continuity. In addition, generativity involves the virtue of caring and purposeful action oriented toward a meaningful goal (Fisher, 1995). Erikson's eighth stage, "integrity versus despair" will also be influenced by the outcome of the seventh stage, which is why it is so important for older people to get involved in their communities. In this stage the elder can reflect back on their lives and be happy for what they contributed (Fisher, 1995).

A study was conducted primarily focusing on the effects of volunteer work on the volunteers as opposed to the recipients. The researcher described the relationship between

volunteering and aging as "an emerging form of interdependence that both counters the view of older persons as dependent and powerless and supports the idea of older persons' desires for autonomy and independence" (Kuehne & Sears, 1993, p. 425). Other findings of the study revealed that respondents became volunteers primarily for altruistic reasons. Such motivations were found to increase feelings of self-esteem (Kuehne & Sears, 1993). Participants in the study described their volunteer experience as contributing to their life purpose, social involvement, and a sense of personal competence primarily as a result of the development of mutually beneficial relationships between themselves and the people they helped. In this study, they also discovered that in terms of different types of volunteer work, older adults preferred experiences that were interpersonal as opposed to physical or mechanical (Kuehne & Sears, 1993). Generalizability is somewhat limited in the study since the volunteer activities available involved mentoring and supporting families, thus the possibility exists that only people who value social contact and helping others chose this avenue for volunteerism and thus were sampled for the study. Nevertheless the robustness of the findings across individual respondents seems to support the hypothesis that social networking is the bridge between volunteering and life satisfaction.

In the same study, they determined what some of the common characteristics were among older volunteers. Those who remained in the program for the full nine months and didn't drop out were found to be more educated, had a higher annual income, were more likely to volunteer at other organizations, and had higher life satisfaction levels (Kuehne & Sears, 1993). People who were active volunteers were more satisfied overall with their lives than were nonvolunteers, homemakers, or retirees. For retirees who volunteer it was found that such activities helped fill a void created by the sudden removal of an occupation identification for older adults. Volunteering helped elders meet their needs for communication, social contact, and recognized status. It also

eased the impact of postretirement stress, losses associated with aging, and difficult life events. The altruistic desire discussed above is more common with older adults than with younger volunteers. Such desires were described as reflecting an important need for older adults to participate in activities that contribute to self-worth (Kuehne & Sears, 1993).

Health and Independence

It is difficult to determine whether health limitations affect well-being or whether well-being produces changes in the perceived health problems of the elders (Krause, 1990). Just as employment is related to social support, so is health status, but in a different way. For instance, depression is the most common psychological disorder found among seniors (Cox, 1998). One study that compared gender differences in older depressed people found that both men and women reported feeling lonely. There was a negative correlation among depression and the number of friends seen per week. Depressed respondents also reported low levels of social involvement. The results of this study support the hypothesis that social support and activity are positively correlated with life satisfaction. Since mental and psychological well-being affect each other, it is safe to assume that good social networking is connected to physical health (Hale, 1982).

Having a sense of control and freedom over one's life is another important characteristic of life satisfaction. Studies show that control and freedom are critical to both psychological and physical health (Searle, Mahon, Iso-Ahola, Sdrolias, & Dyck, 1995). When people give up personal control, as many elders do, they become helpless and lose the sense of purpose in life. Often times they completely lose their will to live (Searle et al., 1995). In other words, having a sense of independence is helpful in successful aging.

A Solution

As you can see, most of the research supports the hypothesis of this study and backs it up with similar findings. How can we apply this research to help elders enrich their lives? The programs that are out there now are small and limited in the services they can offer (Racino & Heumann, 1992). Plus, the older population is growing at such a fast rate that we will have to find more resources for them to flourish. A study on intergenerational neighborhood networks stressed the development of volunteer and support groups because such programs will reduce dependence on social services (Pynoos, Hade-Kaplan, & Fleisher, 1984). The expansion of formal community-based long-term care services may also lead to rising costs. By implementing programs that strengthen natural support systems we are promoting mutual help among older persons (Pynoos et al., 1984).

Project LINC (Living Independently through Neighborhood Cooperation) was designed to help older people have access to more resources with the help of their neighborhood. It was a three-year project that organized residents of all ages into neighborhood-based helping networks. The networks were linked to community agencies that would help participants access additional resources (Pynoos et al., 1984). Because older people tend to become more neighborhood bound as they lose mobility, the neighborhood becomes a potential service and friendship base. LINC had co-sponsorship with the senior center, neighborhood-based intergenerational helping networks, an exchange bank of services and skills, and a focus on involvement of community-based volunteers (Pynoos et al., 1984). Once the system was set up throughout the neighborhood, it started rolling on its own. By the end of the three years, several support groups had been formed among the elders. The older people were finding volunteer jobs that were

tailored to their abilities. Training was even provided to help some of the volunteers overcome their reluctance to complete tasks for which they had little previous experience (Pynoos et al., 1984). Most of the tasks given to the volunteers involved working with others, which was helpful in combating loneliness. Older persons who volunteered were considered prestigious in their neighborhoods.

According to the participants the evaluation of the project was good (Pynoos et al., 1984). For the most part, the project really strengthened their sense of community. They met a lot of new people and increased their support system. A consistent theme reflected by one of the participants was, "People are friendlier. Neighbors now speak to one another on the street and visit in one another's home" (Pynoos et al., 1984, p. 236). Another person stated, "People feel closer to one another; they share more and are more willing to help out." The benefits of increased interaction are apparent in the following comments made by participants after the project, "I get out of the house more"; "I can express my opinions and people will listen"; "I belong; I'm part of a group"; "I have no family locally, so it's good to know that my neighbors care" (Pynoos et al., 1984, p. 236).

By using a pretest and a posttest, the researchers were able to measure the participant's life satisfaction levels before and after the project. Just as they had hypothesized, life satisfaction levels were significantly increased after the involvement (Pynoos et al., 1984). This was probably due to a number of things. There was increased interaction, increased social support, and increased social activity, which have all been correlated with life satisfaction. Plus, this increase and development of volunteer work opportunities most likely aided in the senior's development of generativity and integrity, which also boosted their self-esteem. Besides that, volunteering increased a sense of independence for the frail elderly who previously had little

control over their lives. Overall, the program was very successful in accomplishing its primary goal, which was to enrich the lives of the elders (Pynoos et al., 1984).

Critique of Literature

The data that already exists on life satisfaction and seniors really supports the hypothesis for this study. Hopefully, by conducting this study we will be able to add further support to existing theories about the importance of social support and community involvement in an elder person's life. What was interesting about the literature was that most of the areas that were thought to be important to life satisfaction could really apply to people of any age. Everyone needs some kind of social contact to grow and to be healthy. Social contact needs are a part of human nature. People are also more likely to be satisfied with their lives if they are productive, contributing people. Such engagement helps people to feel good about themselves and what they are accomplishing. The same goes for health and independence. Being sick and dependent can prevent people from enjoying life to the fullest. Being physically healthy increases the chances of being mentally healthy, at any age (Cox, 1998, p. 189).

There are numerous similarities in the research. The most obvious is the fact that there are certain factors that contribute to life satisfaction and by improving those areas, life satisfaction levels can be increased. It is also quite apparent that people are becoming more aware of the aging society and are more concerned about their own futures. A common goal seems to be improving the quality of life in old age.

One of the gaps in the research is that nobody is able to pin point exactly what variables have the most control for a satisfied life. Of course, that is because everyone is different and what makes one person satisfied might make another person bored or unsatisfied. Since the topic of elder life satisfaction research is relatively new within the last twenty years,

there have been a lot of surprises in the results. Many researchers found that their hypothesis were completely off for one reason or another. This demonstrates the need for further research to examine the variables most predictive of elder life satisfaction.

Summary

Much has been discovered about elder's life satisfaction, but there is still a lot to be learned. Each time a new study is conducted, it will add to the body of knowledge that is already out there. New research also makes the theories that already exist more concrete. Other areas to be further developed include learning more about the specific aspects of social contact that make it so imperative for successful aging. Another area that requires further explanation is the effect of individual characteristics on life satisfaction.

In summation, there are many different characteristics predictive of life satisfaction among the aged. According to the research that already exists, social roles are a consistent factor across life satisfaction studies. By applying everything we have learned about social contact, employment and volunteer work, health and independence, and meaningful daily activities we can incorporate more engagement opportunities into our programs for the seniors and thus hopefully improve their quality of life.

CHAPTER THREE

Methodology

In this chapter, the methodology used in the study will be discussed. It will include specific procedures, hypothesis, description of subjects, instrumentation, data collection and analysis, and limitations. The next section will describe specific procedures.

Specific Procedures

The researcher first obtained approval for study procedures and the use of human subjects from the University of Wisconsin-Stout's Institutional Research Review Board. Then, permission to conduct the research was obtained from the manager at the apartment complex. Finally, the researcher explained the purpose of the study and explained the surveys in person to the residents, during their lunch meal. Everyone received the surveys and it was up to them to return them if they chose to participate. They were told that it would take ten to twenty minutes to fill them out. The surveys were returned over the course of the next three weeks. The results of the surveys were then taken to the Stout Testing Center to be analyzed using the enter method of multiple regression analysis and a Pearson correlation matrix.

Hypotheses

The first hypothesis is that the four aspects of life engagement, support from family, support from friends, meaningful daily activities, and health will be predictive of life satisfaction among the elderly population. The second hypothesis is that the social support aspects will be the most important in determining life satisfaction.

Description of Subjects

The people who participated in the study were all residents at an independent apartment complex for seniors. They ranged in age from 66 to 90 years old. Twenty-eight of the 33 residents agreed to participate. Five of the participants were men, however, six did not respond

to the age question. Nine people reported being widowed, eight people were married, one was divorced, and one person was single. Nine respondents didn't answer the question at all. All but one person was retired, and 20 of the 28 respondents had a valid driver's license.

Instrumentation

The Life Satisfaction Scale for the Elderly (LSES) (Conte & Salamon, 1984) was used along with a short researcher developed questionnaire referred to as The Current Life Engagement Scale (CLES). The CLES asks people to respond with specific information about aspects of their life engagements such as participation in volunteer work, exercise, their network of friends and their network of family. Demographic information was also obtained, such as retirement status and whether or not the person had a valid driver's license.

The Life Satisfaction in the Elderly Scale (LSES) can be broken down into eight subscales: daily activities, meaning, goals, mood, self-concept, health, finances, and social contacts. Cronbach's Coefficient Alpha were selected as the most useful measure of reliability. This procedure provides an estimate of the measure's internal consistency. Coefficient Alpha was computed both for all 40 items as a complete test, and for each of the eight subscales separately (Conte & Salamon, 1984, p. 4). The average reliability of the LSES total score is $r = .91$. The reliability coefficients for each of the eight subscales was also provided and ranged from .60 to .79.

The validity of the LSES was tested with several approaches. A principal components analysis was performed on the 40 variables of the LSES. Cattell's (1978) Scree test indicated that eight factors appear to adequately summarize the data. These eight factors account for more than 60 percent of the total variance in a principal components factor analysis (Conte & Salamon, 1984, p. 6).

A procrustes confirmatory factor analysis was applied to the same data using an eight-factor solution. Two factors show complete congruence with the variables related to the health and finance subscales of the LSES. The other six factors produce a number of significant loadings. In some instances, variables loaded significantly on more than one factor (Conte & Salamon, 1984, p. 7).

An average linkage cluster analysis, a statistical technique used to separate data into consistent groups, was also used. This analysis was performed to determine if the questions from each subscale would cluster together, providing further validation for the distinctiveness of each subscale. There are five questions for every subscale on the survey. The results indicate that in all subscales except self-concept, four of the five questions cluster together. In the case of the goals subscale, questions 23 and 36 form a cluster, and questions 3 and 14 form a separate cluster.

The CLES was developed by the researcher. Items included characteristics identified as relevant in the literature were approved by the University of Wisconsin-Stout Institutional Research Review Board. It is broken down into four categories: demographic information such as driver's license and retirement status, social support which is broken down into recent contact with friends and family, meaningful daily activities, and health. Some of the ideas were taken from a family pressures scale, family distress index, and community support index which are all subscales to a larger instrument called Stress and Resiliency: Its Impact on Health and Wellness. Many of the topics sampled in this instrument were similar to the topics in the LSES.

Data Collection

First, permission for conducting the study was obtained from the manager at the apartment complex. The design of the study and both instruments used to collect data were

reviewed for protection of human subjects by the Institutional Research Review Board. Next, an overview of the research project was explained to the residents at the apartment complex. They were informed of their freedom of choice in becoming involved in the study. Written consent forms, the LSES survey, and the CLES questionnaire were all handed out. All questions and concerns were brought up and answered at this time. Over the course of the next three weeks, 28 of the 33 surveys and questionnaires were completed and returned.

Data Analysis

The data was analyzed using a scatter plot. The data was found to have a normal distribution. A multiple regression analysis was performed on the responses, examining total score on life satisfaction and a raw score on each of the four factors of the CLES. A multiple regression analysis is helpful in determining relationships between dependent and independent variables (Blanchetti et al., 1988). In this study, the scores of the CLES are the independent variables and the total LSES score is the dependent variable. Distribution means and variance were also determined. A Pearson correlation matrix was used to examine the overlap in correlations between similar measures of LSES and CLES.

Limitations

One limitation of the LSES scale may be respondents failing to fill out the demographic information on the front, such as age, gender, and marital status. This could be complicated by directions to leave the person's name off, and that is where the demographic information was asked. Some questions may also be considered too personal (e.g. financial or health matters) and thus go unanswered.

Another limit might be because of the self-report surveys, with no other corollary information. Research however has shown the self-report method to be a valid reflection of

experience for elders (Guamaccia & Jacob, 1997). It should be mentioned that the researcher has been working at this particular apartment complex since June of 1999 and has gotten to know some of the residents. This might increase participation and the validity of responses.

The small sample size will also limit the researcher from generalizing the information beyond this population. The homogeneity of the people may do so as well. Most everyone who lives in this apartment building is Lutheran and from small communities in Wisconsin. For the most part, the sample appears in good health and most of the seniors still drive. Because this particular complex is a unique setting where older adults have more access to resources and peers their own age, they may report higher levels of satisfaction and engagement, issues that must be considered when generalizing beyond the current population.

There is an overlap in content in the LSES and CLES, which may be confusing to the participants. Basically, the topics from both instruments measured quality of life aspects and so were similar. This could alter the responses and possibly influence the results of the study.

Summary

The research is looking for which factors will correlate highest with life satisfaction. The two variables are the LSES and the CLES. The sample population was taken from an apartment complex designed for independent seniors. Methods used to analyze the findings include the enter method of a multiple regression analysis and a Pearson correlation matrix. The results are stated in chapter four.

CHAPTER FOUR

Results

Chapter four will describe the results of the current study on life satisfaction and older people. The life engagement factors that were found to be the most predictive of life satisfaction will be stated and the findings will be discussed. Tables will also be used to report the results of the research.

Study and Procedures

This study was developed to determine which elements of life engagement are most important in having high levels of life satisfaction in later life. The aspects of life engagement that were tested were social support, meaningful daily activities, health and independence, and volunteer work and employment. The Life Satisfaction in the Elderly Scale (LSES) was used as an instrument to measure life satisfaction. The Current Life Engagement Scale (CLES) was used to measure functioning in the various areas of life engagement. The sample population was 28 people ranging in age from 66 to 90 who all lived in an independent apartment complex for seniors. Descriptive data was compiled and resulting means, standard deviation, and scatter plots were used to explore the data. The data was analyzed on a computer using the statistical program SPSS for Windows. To determine whether the computer was calculating accurately, the first scores were hand-checked. An enter method of multiple regression analysis and a Pearson correlation matrix were utilized to examine data. The following results will help to explain the findings of that analysis related to the hypotheses.

Demographics

The sample population consisted of 28 people. Seventeen were women, five were men, and six did not respond to the gender question. The participants ranged in age from 66 to 90 years old. Eight people were married, nine were widowed, one was single, one was divorced, and nine did not report. Twenty out of 28 have a valid driver's license, 27 of 28 were retired.

Quality of Life

The sample scored above average on most of the LSES subscales. Although scores were consistently high, variation was noted in the sample. As shown in table one, among the respondents there was the most variation in satisfaction with daily activities, which had a standard deviation of 4.3161. Satisfaction with meaning had a standard deviation of 3.2225 and health had a standard deviation of 3.5687, thus there was more variety in elder's responses about satisfaction in these areas. The most agreement among sample respondents was about satisfaction with goals. This subscale had a standard deviation of 1.4305.

Overall, elders reported considerable satisfaction with life. There were five questions for each LSES subscale. Twenty-five is the highest possible score for each of the LSES subscales. Each question was given a rating from one through five, five being the most satisfied. There were however some differences between reported satisfaction in specific areas of life. Respondents reported the greatest satisfaction with social contact with a mean of 20.2857 and the least satisfaction with health with a mean of 15.9286. Daily activities, self-concept, and goals also had means below the score of 19.

Table I: LSES Subscale Scores

	LSES score: Daily Activities	LSES score: Meaning	LSES score: Goals	LSES score: Mood
N Valid	28	27	28	28
Missing	0	1	0	0
Mean	17.9643	19.6667	18.7500	19.6071
Median	19.0000	20.0000	18.5000	20.0000
Std. Deviation	4.3161	3.2225	1.4305	2.6153

	LSES score: Self-concept	LSES score: Health	LSES score: Finances	LSES score: Social Contact
N Valid	28	28	26	28
Missing	0	0	2	0
Mean	18.2143	15.9286	19.5000	20.2857
Median	18.0000	16.5000	20.0000	20.0000
Std. Deviation	2.9859	3.5687	2.7459	2.4774

In the current study, the life satisfaction health score was lowest. It is important to note that 13 of the 28 respondents reported regularly seeing their doctor and that only two reported that they never felt pain. These responses may help to explain lower satisfaction with health. Group results were also examined to look at total LSES scores. Group results related to overall satisfaction with life are explained in table II.

Table II: Total LSES Scores

N Valid	26
Missing	2
Mean	149.5769
Median	150.5000
Std. Deviation	19.7609

The sample population had a mean of 149.58 out of a possible 200, which puts them at approximately 75 percent of the total possible score. This means that the majority of respondents reported at four on most of the items. A response of four is described as “satisfied.” In comparison to the LSES instruction manual’s sample, the current sample scored at approximately 150, which is at the upper limits compared to the norm. The normative sample reported overall life satisfaction in the range of 140-150. They current sample also scored higher than the normative group on all of the subscales except for health and daily activities.

Results showed that elders in this sample were quite satisfied with their lives. There was considerable agreement within the sample although specific subscales had greater variance in satisfaction as previously described.

Life Engagement

The respondents reported high levels of life engagement. Twenty-one reported to being active members at their church. Twenty-two of the respondents reported volunteering in the

community on a regular basis. The overall mean score for family engagement was 4.5 out of five. The mean for friends was 4.1. For meaningful daily activities the mean was 3.8 and for health the mean was 3.7. These results show a relatively high level of reported life engagement.

Life Engagement and Satisfaction

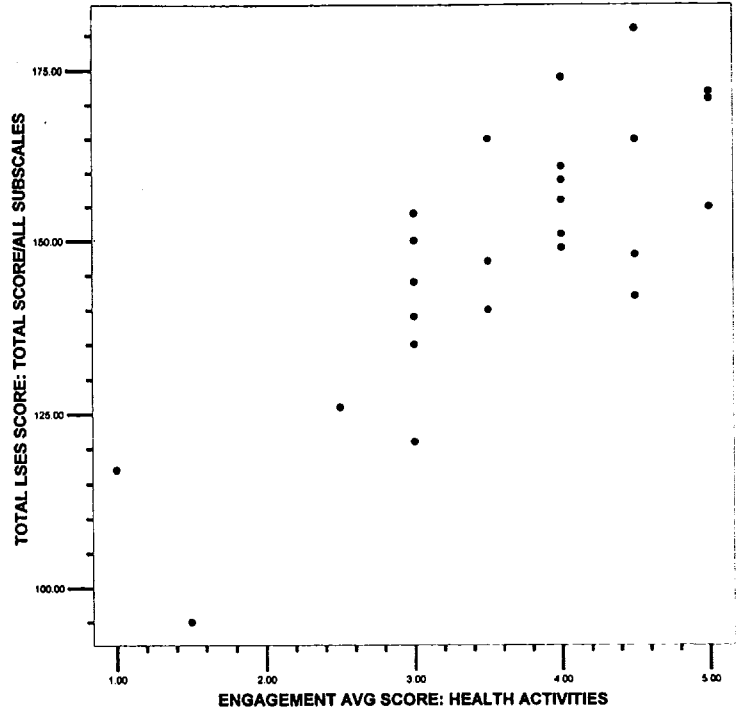
The first research hypothesis was that life engagement would be predictive of elders satisfaction with life. The second research hypothesis was that social supports, specifically from family and from friends, would predict satisfaction with life. Life engagement (CLES) and satisfaction (LSES) scores were examined to ensure that assumptions were met and thus a multiple regression was the most appropriate way of analyzing the data. As expected, results of ANOVA showed a strong linear trend within the data. The result was calculated at 15.669 and was significant at the .000 level. Table number three charts the ANOVA and level of significance.

Table III: AVOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7312.255	4	1828.064	15.669	.000 ^a
	Residual	2450.092	21	116.671		
	Total	9762.346	25			

This suggests that as elders reported greater life engagement they also reported greater satisfaction with life. In table four, the histogram shows that responses followed a normal curve.

Table VI: Health and Independence



The plots showed that as scores in health and meaningful daily activities increased so did life satisfaction. The data related to friends and familial social supports was clustered and did not follow a steady progression (tables seven and eight).

Table VII: Social Support from Friends

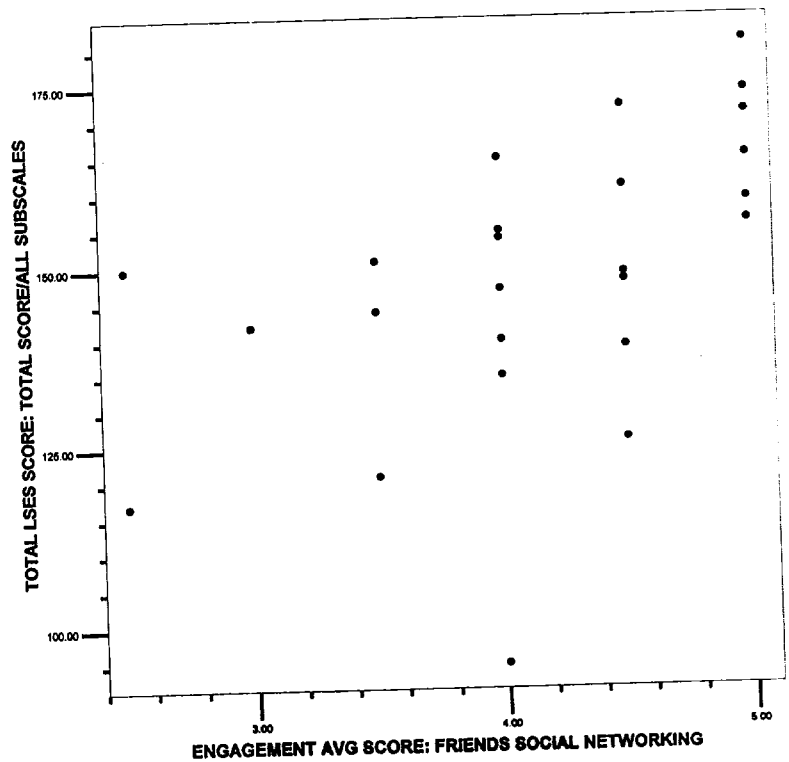
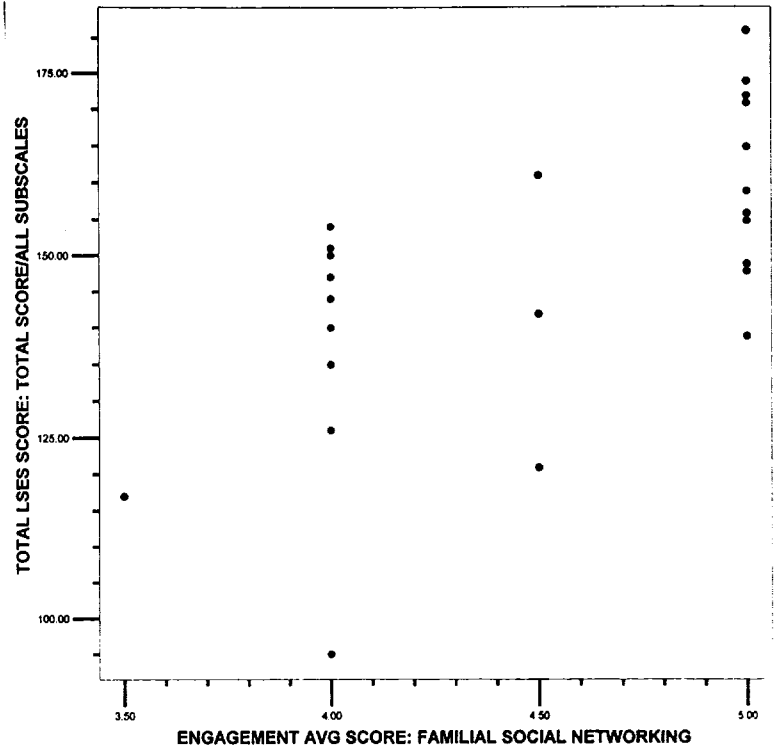


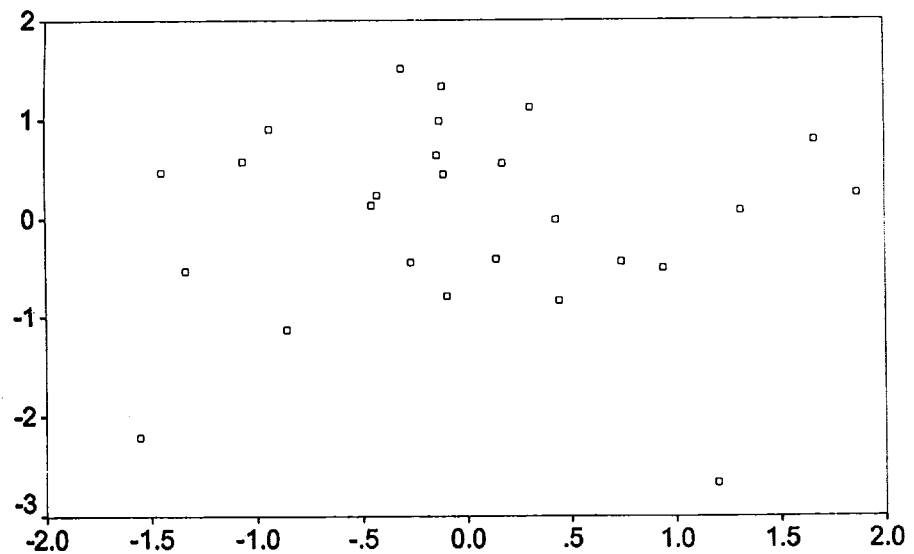
Table VIII: Social Support from Family



An analysis of residuals suggested that the four measures of engagement captured the bulk of the relationships that existed and that little covariance between the measures was left unexplained (table nine).

Table IX: Scatter plot of Residuals

Dependent Variable: TOTAL LSES SCORE:



Thus results of the regression were used with greater confidence.

Regression Analysis

An enter multiple regression was performed with the total LSES score as the dependent variable and the four subscales from the CLES as the independent variables. Table 10 displays the t-scores, level of significance and both the standardized and unstandardized coefficients. The prediction formula used was:

$$\text{Total LSES} = (2.275)(x1) + (-6.193)(x2) + (10.007)(x3) + (11.727)(x4) + 83.158$$

x1 = familial, x2 = friends, x3 = meaningful daily activities, x4 = health

The following table illustrates the results of the life engagement and satisfaction regression.

Table X: Regression of Life Engagement and Total LSES Scores

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	83.158	22.094		3.764	.001
Familial Engagement	2.275	7.837	.059	.290	.774
Friends Engagement	-6.193	5.785	-.229	-1.071	.297
Meaningful Activity Engagement	10.007	4.013	.489	2.494	.021
Health Engagement	11.727	3.318	.611	3.534	.002

Dependent Variable: Total LSES Score: Total Score/All subscales

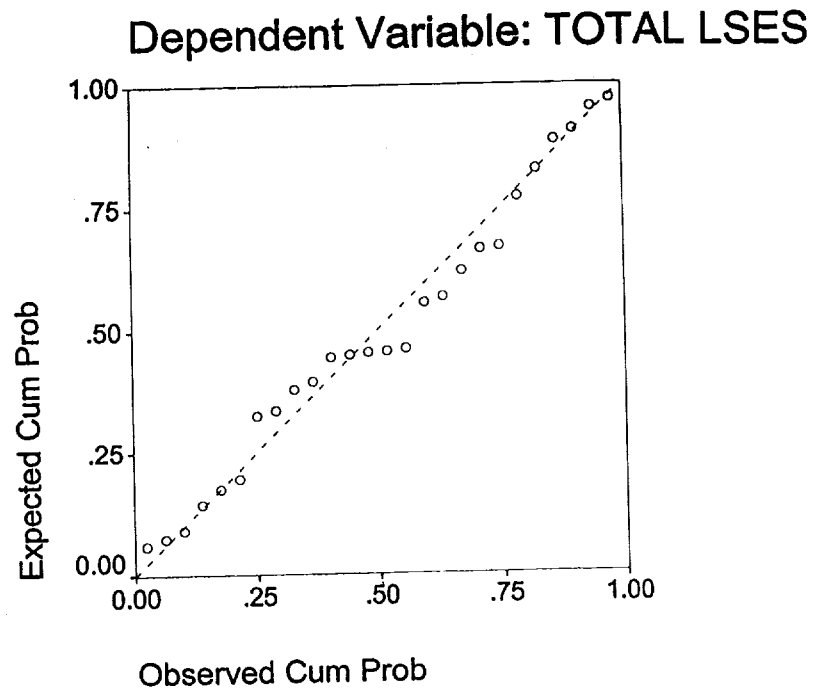
Table ten shows that the health and independence life engagement subscales contributed most to reported life satisfaction. Three of the four life engagement measures contributed somewhat to the regression formula. The fourth measure, which was social support from friends, was associated with lower life satisfaction, although results were not statistically significant. The friends engagement measure actually detracted from the overall prediction capacity of life

engagement. However, the strength of the effect of life engagement was so pronounced that overall life engagement was still found to be significantly predictive of life satisfaction. The results of the regression demonstrated that life engagement was predictive of satisfaction with life for elders. The strength of the overall regression had a t value of 3.764, which was significant at the .001 level. Thus, the first null hypothesis that states life engagement does not influence satisfaction with life was rejected. Engagement was found to be a significant predictor of elders' self-reported satisfaction with life. Thus, the overall life engagement measure was found to be an important explanatory predictor of the variation in elders' report of satisfaction in life.

The second null hypothesis, that family and friends support does not influence life satisfaction failed to be rejected. Social contact was not a significant predictor of satisfaction with life. In fact, those who scored lower on the subscale of contact with friends actually reported higher levels of life satisfaction. The t value for friends engagement was -1.171 . Familial engagement was found to contribute very little to the regression with a t value of $.290$. Neither of these measures was found to be statistically significant. What was somewhat surprising was the predictive capacity of meaningful daily activities and health. Both of these were found to be significant, with a t value of 2.494 for meaningful activities and 3.534 for health.

As expected due to the regression results, the Pearson correlation matrix showed significant findings. Subscale scores for both measures had strong correlations with each other. This suggests that self-reports on both measures were in fairly close agreement. Those who reported more satisfaction with social contact were also more likely to report more engagement with friends and family. Table eleven shows the plot of regression.

Table XI: Plot of Regression



Summary

For the most part, the responses on life satisfaction and engagement weren't terribly shocking. Only three people reported having a boring daily routine. Only three people reported not being satisfied with their life situation. All but one mentioned wanting to accomplish more in life and only two reported being in a bad mood most of the time. Eighteen people reported to being healthy, and only one reported being unhealthy. Twenty-three out of the 27 people that responded to the financial question reported having an adequate or above adequate income. A total of 27 people reported their financial situation to be fair, good, or excellent. One person did not report. Only one person reported to having few friends, six had some friends, and 21 reported having a great many friends. This information is consistent with the expectation that elders in the sample would score relatively high on the subscales since as a group they are more educated, healthier, and active than many of their elder counterparts.

The findings for this research project were unanticipated. All four factors of the CLES were expected to show some significance, however, it wasn't hypothesized that health and meaningful activities would stand out. It also was unexpected that the support from friends subscale would have a negative effect on life satisfaction. Otherwise, there weren't that many surprises in the findings.

In conclusion, life engagement was found to be predictive of life satisfaction. The most life satisfaction variance was explained by health and independence status, with meaningful daily activities second. Thus, the study findings supported the hypothesis that engagement would be an important predictor of elder's life satisfaction. The hypothesis that social support would be the most important predictor of life satisfaction was not supported by the data.

CHAPTER FIVE

Conclusions and Recommendations

In review, this study has looked at the senior population to determine what factors contribute to life satisfaction. Instrumentation included the Life Satisfaction for the Elderly Scale (LSES) and the Current Life Engagement Scale (CLES). The sample population was made up of 28 seniors living at an independent apartment complex specifically designed for elders. The results were analyzed using the enter method of multiple regression analysis and a Pearson correlation matrix. Results supported the hypothesis that engagement would predict satisfaction with life. Additionally, this hypothesis was supported by the analysis that showed that three of the four life engagement measures were predictive of satisfaction with life. The findings indicated that health and meaningful daily activities were factors that contributed most to satisfaction with life. This was contrary to the hypothesis that it would be social supports that would be the greatest predictor of life satisfaction.

Conclusions

The hypothesis that overall life engagement would positively contribute to life satisfaction was supported by the results. It was also hypothesized that a contribution of social supports, both from family and friends, would be the most significant predictor of self-reported life satisfaction. This hypothesis was not supported by the data. In fact, it was health and meaningful daily activities that explained a greater proportion of the variance in life satisfaction for elders than did the social support measures. In fact, one measure of social support was found to detract from the regression. Social support from friends had a t value of -1.071 . This suggests that people who reported less social contact with friends actually reported greater life satisfaction.

One explanation for the findings is that being in good health, maintaining independence, and still being able to participate in meaningful daily activities had greater influence on life satisfaction because without them it would be more difficult to reach out for social support.

Another possible explanation might be found in the setting where the participants resided. They live in close quarters and thus may not feel as isolated as elders who live alone in a house or in a nursing home away from their family. Thus it is possible that social support within the setting was an uncontrolled confounding variable that detracted from measure of the relationships between satisfaction and social contact that may actually have existed.

A third observation is that 20 of the 28 respondents had a valid drivers license. This would contribute to their level in independence and thus increase their life satisfaction. Another explanation for the results observed here is that the overlap in survey content was so great in the area of social supports, the participants may have overlooked social support on one instrument and thus underreported on the other instrument.

Other possible explanations involve the status of the participants. For instance, the people who live at the apartment complex are generally well educated, retired, and mostly healthy. Therefore, they were more likely to participate in volunteer work, go to church, and lead a very active busy life. Research cited in chapter two suggested that such orientation patterns like personality stay consistent throughout life. Such elements that are important to life satisfaction tend to endure over the lifetime. This could explain the reason that health and independence and meaningful daily activities were so important to the respondent's satisfaction with life.

The findings were impressive in the sense that subsequent research may be aimed in a new direction because of this project. In the future, all avenues of life engagement can be explored individually and with a more general population. Additionally, the areas of health, independence, and daily activities can be examined more closely to determine ways to help seniors maintain these aspects of life engagement for a longer period of time. Findings also demonstrate the importance of helping people of all ages in the hopes that they will experience greater satisfaction in later life.

These findings are important because they showed that elders in this sample were very satisfied with their lives. As noted in chapter two, this finding is contrary to the negative views

of aging and the stereotypes about elders so prevalent in our society. Findings for this study suggested a much more positive experience for people in later life.

Measures of life engagement in this sample were also noteworthy. Respondents reported significant involvement with others, fairly good health, and regular participation in meaningful daily activities. The findings related to life engagement provide a picture of elders as involved, engaged, participating members of the community. As noted elsewhere, this sample may not be indicative of the experience of elders as a whole. However, active engagement was prevalent for this group of elders who lived in a community setting. Such engagement predicted greater satisfaction and thus quality of life. It is thus important to help people of all ages care for themselves and incorporate these findings in the hopes that they will experience greater satisfaction with life.

Implications

This research project adds to the body of knowledge that exists for aging people and for life satisfaction. The results imply that being physically healthy will add to being mentally healthy and vice versa. The healthier an elder is, the most likely they are to be independent as well. Being in good health also means being able to participate and continue with most daily activities. In other words, health, as demonstrated in this study, is possibly the most important factor in life satisfaction because it allows one to enjoy all the other aspects of life. This knowledge will hopefully encourage people to start taking care of themselves early in life and to pay closer attention to their health status as they age.

This research can also help professionals to help their clients. Since health plays such an important role, professionals can spread awareness and better prevent the onset of disease or illness. There is already a huge body of knowledge on health including information on nutrition, exercise, and disease prevention. Physicians and mental health workers should make a conscious effort to educate their patients on maintaining health and the future benefits they will experience if they take care of themselves throughout the life span. Prevention is always more efficient and

effective than treatment. This study did find that social support from family was somewhat predictive of life satisfaction, but possibly secondary to health and daily activities.

The theories described in chapter two are all supported to some degree. The hypothesized relationship between high levels of social support and greater life satisfaction was not supported by the data. In fact, in the area of friends, those who reported high social support were actually less satisfied with life. This was consistent with earlier study findings cited in chapter two that self-sufficient people tended to be more satisfied without a confidant. Elders who were “balanced” valued their friends, but could cope without them. Although measures of emotional “balance” were not included in the present study it is possible that there were similar characteristics affecting the results reported in chapter four. In the sample for this study respondents scored relatively high on meaningful daily activities. This may explain the reason that social supports were so imperative for life satisfaction. Respondents may have been busy enough and had sufficient other stimulation so that involvement with friends was less important to them.

The theory about health affecting the other areas of life satisfaction was supported by this data. Physical health cannot be damaged without damage to mental health. Impaired mental health can have very detrimental effects on physical health status. The current theories on life satisfaction suggest that many factors are relevant to elder life satisfaction. This study showed that having health and being independent were predictors of higher levels of life satisfaction. Being able to carry out meaningful daily activities was also a significant predictor of greater life satisfaction. Such a relationship between activities and life satisfaction was in agreement with the literature review used in preparation for this study.

Future research might explore the impact of health more closely. For example, studies could be conducted to determine which aspects of health are most important to life satisfaction. Another important research topic is to determine how health impacts meaningful daily activities, because it seems that without health, involvement in daily activities would also diminish.

Studies on life satisfaction should also be conducted on a more general population. The setting for this study was in a small town in Wisconsin. The results may be totally different if the study were to be conducted on seniors who live in urban or rural settings. It would also be interesting to replicate this study using samples drawn from the diverse range of elders in residential settings. Past research has examined life satisfaction in nursing homes, but current living options are far more varied. It would be very worthwhile to explore the impact of engagement on elders' life satisfaction in some of these other settings.

Recommendations

One recommendation for future research is to conduct such a study differently. First, the use of a structured questionnaire format may not have fully reflected the range of elder experiences of life satisfaction or of engagement. To really get a sense of what older people think and feel, an interview may be more effective than surveys. This would eliminate any misunderstandings the elder might have with a written questionnaire. However, an interview would take a lot more time. Depending on the topic of research, a more general population should be chosen in order to apply the results of the study to a broader population. Future samples should include elders from a number of different settings. Finally, if two instruments are going to be used, researchers are urged to examine instruments carefully. There is often considerable similarity between quality of life instruments. It is important to eliminate any overlap in content to increase the chance of accurately reflecting existing relationships between elements important to quality of life.

The researcher recommends that gerontologists and other professionals who work with seniors implement practices to enhance and support the health and independence of the people they serve. These life engagement findings should be emphasized with families who are caring for their elders as well as with younger seniors who are preparing for retirement. Possibly, in preparation for retirement, businesses should try to start their employees out on the right foot by distributing literature on life engagement and similar factors important for elders' life

satisfaction. Hopefully, this knowledge will help seniors enjoy retired life more, especially since the population is living so much longer than they ever did in the past.

The hypotheses that were accepted in doing this research may have been affected by characteristics in the sample. The fact that the sample population was highly educated, enjoyed fairly good health, and were mostly financially comfortable might account for the high self-reported satisfaction with life that was found. In the future, examining such participant characteristics may be very helpful in further understanding the impact of life engagement on satisfaction for elders.

Summary

In summation, this research project hypothesized that engagement would be predictive of life satisfaction. Life engagement was found to be a significant predictor of satisfaction for elders. Additionally, social supports were predicted to be most important in determining high levels of life satisfaction for older people. The results suggested that health and independence, and meaningful daily activities played the biggest role in life satisfaction. This information will not only spark further research, but will also help to update and improve services and understanding that is already out there for elders.

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