

Abstracts

Older Women

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Mary Ann Ruffing-Rahal and Judy Anderson, Factors associated with qualitative well-being in older women, *Journal of Women and Aging*, 6, 3 (1994), 3–18.

The research reported here has dual purposes. At an academic level, it seeks to identify key factors associated with the well-being of older women living in the community through the development of a regression model. At a practical level, the authors wish to use the findings to improve community health-promotion services. Their starting point is a desire to understand the ‘gendered experience of aging’, given that in American society older women when compared to older men live longer, are less advantaged being more likely to suffer disabling health conditions, and are more likely to live alone, suffer multiple losses and live on a low income. As a consequence, older women are seen as important targets for health-promotion and preventative strategies.

The research builds upon earlier work in which Ruffing-Rahal developed her own ‘Ecological well-being model’ based on three core themes by which individuals pursue meaning in everyday life: *activity, affirmation and synthesis* (see Ruffing-Rahal 1989). The model led to the development of a measurement instrument, ‘The Integration Inventory II’, a 37-item Likert scale (Ruffing-Rahal 1991). Construct validity of this measure has been undertaken in relation to the revised Philadelphia Geriatric Center Morale Scale, the Spiritual Well-Being Scale, and self-ratings on four well-being dimensions: health, comparison with others, life satisfaction, and happiness. The uniqueness of ‘The Integration Inventory II’ is said to lie with its ‘incorporation of psychological and spiritual dimensions of qualitative experience’. As such it forms the dependent well-being variable for this study.

The identification of the key factors of well-being was undertaken through secondary analysis of interview data collected in 1990 during the development of the measurement instrument. The interviews were undertaken with a purposive sample of ‘older adults living within 200 miles of a major Midwestern city’. The secondary analysis was carried out using data for the 161 older women from the original study. These

women had a mean age of 77 years (range 65–98), were Euro-American, widowed, divorced or never-married, living alone in rental or subsidised housing, and the dominant religious preference was Protestant. To build their multivariate regression model, the authors first carried out univariate analysis of ten selected independent variables in relation to total 'Integration Inventory II' scores. This process indicated that the following variables were significant: number of health concerns, active practise of religion, chronological age; length of time at current residence, and years of formal education. These variables remained significant when subjected to step-wise multiple regression, jointly explaining 34 % of the total variation in well-being. The final model showed that increased well-being amongst these older women was associated with being younger, being able to practise their religious preferences, and having some high-school education. In addition, a significant interaction existed between the number of health concerns and length of residence. Here the highest well-being scores were experienced by the longest duration residents (15+ years) with fewest health concerns; indicating perhaps the importance of familiar home territory. However, the lowest well-being occurred amongst those with the highest number of health concerns who had either been resident fewer than 5 years or more than 15 years, indicating changes in person-environment fit.

The authors stress the importance of considering both community and personal factors with regard to personal well-being. They call for 'renewed attention to the assessment of personal factors in specific ecological context'. In terms of the implications for health-promotion, the authors consider the need for collaboration between community health providers and religious institutions, and they identify a vulnerability profile to facilitate case-finding of older women at potential risk of reduced well-being.

Mary Ann Ruffing-Rahal, Ecological well-being: a study of community dwelling older adults, *Health Values*, **13** (1989) 10–19.

Mary Ann Ruffing-Rahal, Initial psychometric evaluation of a qualitative well-being measure: The Integration Inventory, *Health Values*, **15** (1991), 10–20.

Lawrence K. Hong and Robert W. Duff, Widows in retirement communities: the social context of subjective well-being, *The Gerontologist*, **34**, 3 (1994), 347–352.

The setting for this research into life satisfaction was seven retirement communities in Oregon and California, defined by the authors as 'safe,

leisure-oriented, socially active, and age-homogeneous habitats for older adults'. Such accommodation is most popular amongst the middle- and upper-classes and houses less than five per cent of the older population in the United States. Studies within retirement communities have shown that marriage is a strong predictor of life satisfaction, more so than interaction with friends or activity in the community which are also important predictors. The authors of this paper confirmed these findings in a study reported in 1993. Married respondents scored higher on a life satisfaction scale than singles, and in this case most singles were widows living alone. However, the widows were not homogeneous in their low life satisfaction patterns. There appeared to be two distinct groups, one with low scores and the other with scores closer to the married sample. The present paper seeks to account for this anomaly and suggests alternative explanations. First, that the difference is associated with patterns of social interaction, and second, that the difference is due to the contextual effects of different social climates within individual communities.

As in the paper abstracted above, the authors carry out secondary analysis of data collected previously. Here the original data set consisted of personal interviews with a systematic random sample of 934 residents in seven retirement communities in Oregon and California with ranges from 320 to 7,800 residents. The present research is based on a sub-sample of 223 widows from the original sample who were in good health and living alone. The analysis is undertaken by multiple regression based on responses to a number of questions. The dependent variable, life satisfaction, in this case was measured using Liang's 11-item scale (1984) which has a simple agree—not sure—disagree scoring system. The independent variables considered were: frequency of inside participation (based on a typical weekly rate), frequency of outside participation, frequency of seeing friends, and frequency of seeing children. Thus measures express quantity rather than quality.

There is evidence from retirement communities that for those in good health, socialising and visiting children and activities outside the community are less important in terms of life satisfaction than other forms of social interaction. Indeed these results show that widows who were more active in interacting with friends and in participating in activities inside the community were more satisfied than those who were less active. However this does not explain why some participate and interact more than others. For the authors, the answer lies partly within the social context of the individual retirement community and the age of the community. In considering the seven communities, they identify those where married residents are a majority and those where widowed residents are a majority. By examining the evidence by

community, they find that there is no significant difference in the social interaction patterns of widows in either type, but that life satisfaction for widows is higher where widows form a majority. Further, when they compare the social interaction of widows compared to married respondents within individual communities, they find that where widows are in a majority, then widows interact with their friends more frequently than those who are married, and where married respondents are in a majority, widows participate in group activities less frequently than married women. Thus the social climate within the community has an effect, and the authors talk of the *relative deprivation* of the minority in relation to the majority. Of course the population of a community is dynamic and changes over time; if the population ages *in situ*, then a minority may become a majority and the characteristics of social interaction patterns may also change. The authors conclude that 'widows planning a move to age-segregated living arrangements may want to consider the impact of the married to widow ratio on their quality of life'.

Janet Lee and Marylea Benware Carr, Coming together for change: workshops for women in the nursing home, *The Gerontologist*, **34**, 2 (1994), 261–266.

This article comes from the 'Practice Concepts' section of *The Gerontologist* and reports on a series of workshops held with women who are nursing home residents and members of nursing home staff in Minnesota. This was a one-off project in terms of funding and no formal evaluation of the effectiveness of the workshops was undertaken. Minnesota has a history of active resident councils as well as family councils within nursing homes. The rationale given for the workshops centres on several important issues: the comparative neglect of older women within institutional setting, the importance of autonomy and self-esteem for mental health, the lack of concern for friendship patterns within institutions, and the critical role of staff in facilitating change within settings. Given this rationale, a number of goals were set for the workshops which were held over two days at five different sites throughout a nine-county region of South-Central Minnesota. The goals were as follows:

- * to enhance resident women's self-esteem, self-assertion, and morale through the sharing of experiences,
- * to develop networking among women, aiming to foster community and peer advocacy,
- * to stimulate staff education, training and networking.

The two-day programme is given in detail. The first day was devoted to the residents and centred on group-work around self-esteem, ageing and ageism. Reminiscence with specific themes was used as a way of encouraging participants to recognise, articulate and value their own skills. This also proved to be a way of revealing hidden links between people. The workshops also provided an opportunity for resident women to express their feelings about their current living environments and to suggest ideas for change. This was achieved by focusing on positive and negative aspects of home life and 'the ideal home'. The residents met first without staff present, and worked in small groups. Their ideas were later shared with staff. The staff-training session began by focussing on ageism and attitudes towards ageing, the aim being to 'foster an empathy and understanding toward residents, their "choices", and the need for change in society generally'. They then considered the experiences of the residents' workshops and how staff could help to facilitate change, looking in particular at how institutional structures prevent change from taking place. Without any form of evaluation it is difficult to comment on the effectiveness of this programme, other than to hope, along with the authors, that any future developments have a longer-term commitment and become part of an enduring cycle of resident/staff participation, development and feedback.

COMMENT

I was initially drawn to these three papers because they all have something to say about the importance of environmental context for the personal well-being of older women. However while I have learnt something from each about the relationship between well-being and contextual issues, what I have failed to learn is anything specific about the importance of gender within that context. Older women form a majority within each of the 'communities' studied here, and in particular within age-segregated communities, but this should not be the sole reason to focus on them. The questions I would like answered include: when does a familiar environment fail to compensate for multiple health problems, and which problems? Do widowers within retirement communities suffer from *relative deprivation* or does their scarcity value compensate? Can women residents and women staff share their common life experiences and is this a way of bringing about greater understanding between them? I suspect that most of these questions demand more in-depth qualitative research than these studies employed. They point in interesting directions but leave the reader wanting more.

Reference

Liang, J. (1984). Dimensions of the life satisfaction index: a structural formation, *Journal of Gerontology*, **39**, 613–622.

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Grandparents Who Parent

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M. P. Jendrek, Grandparents who parent their grandchildren: circumstances and decisions, *The Gerontologist*, **34**, 2 (1994), 206–216.

Grandparents who parent a grandchild in the United States have grown at a phenomenal rate over the last decade. The Census Bureau estimated that in 1991 about 3.3 million children resided with their grandparents, an increase of 44 per cent since the 1980 census. This number only includes grandchildren who actually lived in the grandparents' home, not those where the grandparent lived in their son or daughter's home and assumed care of the grandchild (Saluter, 1992).

The theoretical context of grandparenting is examined regarding the appropriateness of the role based on life role expectations. Time-disordered roles emerge when expected family, age-set, or work roles are out of harmony with each other. Two types have been identified, 'age-stage violation' and 'fluid-cycle violation'. Several researchers have described 'age-stage violation' as a departure from the association of given life events and behaviour with specific age ranges, which some see as part of the cultural fabric of a people. To grandparent grandchildren is not an appropriate role from this perspective. In contrast, 'fluid-cycle violation' is put forward as a more plausible description by other researchers who see a blurring of the associations between certain periods of life and chronological age.

Three types of grandparent role were defined. Legal grandparents have legal custody of a grandchild, the right to make decisions regarding the child's discipline, education, and medical care, and also physical custody, the right to have the child live with them, including the responsibility of daily care. The second type is day-care grandparents: they provide care for the grandchild for extended periods, assuming the parenting role between daycare and custody, but do not have legal custody. The third type is live-with grandparents: