FAMILY EMOTIONAL SUPPORT AND ALIENATION OF NURSING HOME RESIDENTS

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Alienation is not, an easy concept to deal with because, in part, of its varying definitions, For example, Fromm (1955) explains that alienation is a mode of experience in which a person feels he is alien to himself. Levinson (1964) indicates that the alienative orientation can be thought of as a global negative involvement wherein the person feels alienated from *all* interpersonal relationships and social institutions. Blauner asserts that alienation is a quality of personal existence which "results from specific kinds of social arrangements" (1964). Srole (1956) focuses on the individual's reaction to social conditions, i.e., anomia. These are few of the many ways alienation is viewed conceptually. Empirically, alienation has been approached in two general ways, concerning essentially different states of reality: (a) as a social process dictated by societal influences; and (b) as a psychological state based on individual reactions to social influences, this research assumes the latter approach to alienation.

Of continuing concern among those who study the aging process is the impact that family relationships have on the emotional condition of the elderly (Spiegel and Bell, 1959; Hansen and Hill, 1964; Myers and Bean, 1968). Though family contacts may be beneficial to the psychosocial conditions of the elderly, it should not be presumed that these contacts always have a positive benefit. As Maddox has so aptly stated: "A family does not always provide a benign environment for its members . . . Families are thus sometimes the source of problems for their (elderly) members . . ." (1975:317).

Family as a source of emotional support is especially important in times of illness, especially chronic illness which may necessitate care in a long-term care facility. At a time when family support should increase, it more typically declines. As Kardner and Linden (1974) have stressed, society condones removal of the elderly from the family unit by use of the "sick role." If the elderly relative is thus viewed and reacted to in a manner which reinforces many of the stereotypic notions attributed to the aged, such as *senile, unproductive, resistant, sick,* then the effect on the elderly patient's emotional state could be traumatic.

DATA SOURCE

The data for this research came from interviews of one to two hours each held with 125 residents in six skilled nursing facilities in Connecticut. The nursing homes were randomly selected from the skilled nursing facilities approved for patient placement by a large New England hospital. The residents were randomly selected from among those patients in each nursing home who did not have such organic or functional impairments that would preclude their reliable and valid responses to the interview. "Adequate" physical and mental states were specified by a joint determination of consulting physicians of the nursing homes and/or the patient's private physician, and the professional nursing staff of the nursing home.

MEASURES

1. *Alienation.* The dependent variable in the study, was measured using a scale of 33 items (Five response category "Likert" items), which included each of the five dimensions discussed by Seeman (1959)—powerlessness, meaninglessness, normlessness, self-estrangement, and isolation (cultural estrangement). These items came from a number of well-known and frequently used measures of alienation and related constructs (Dean, 1961; Crumbaugh, 1968; 1972; Rotter, 1966; Rosenberg, 1957; 1965; and Perkins and Bell, 1975). The intercorrelation between scales and between items, as well as first and second order factor analyses necessitated only one index of alienation. The alpha coefficient of .72 indicates moderate reliability.

2. *Family Emotional Support.* The resident's perception of "family solicitude" was derived from an index of six items: (a) How often do you see some of your family or close relatives?; (b) How long do they stay when they come?; (c) Do you feel they visit you enough?; (d) Do you enjoy their visits?; (e) Do you feel your family or close relatives neglect you?; (f)

Do you feel your family tries to interfere in your affairs? Response totals ranged from the minimum 6 to a high of 23 (the maximum possible was 26). Higher scores indicate more negative evaluations of family concern.

3. *Socioeconomic Status.* Residents' socioeconomic status was obtained using Hollinshead's Two Factor Index (Hollinshead and Redlich, 1958). Higher scores reflected higher socioeconomic status.

4. *Age.* Chronological age of the resident at the time of the interview.

5. *Sex.* The gender of the respondents.

6. *Subjective Health Assessment.* This was measured using a summated rating index of four terms. These items were: (a) Compared to others you age, how would you rate your physical health at the present time? (Range: Excellent =1 to Very Poor = 8); (b) Is your health better or worse then it was two months ago? (Range: Better = 1 to Worse = 3); (c) To what extent are you concerned about your health? (Range: Not Concerned at All = 1 to Greatly Concerned = 4); (d) How much of your time, because of your health, have you spent in bed in the past month or so? Range: Very Little or None = to Most All of the Time = 5). Scores on the index ranged from the minimum of 4 to the maximum of 20 with higher scores reflecting an assessment of "poorer" health.

7. *Functional Ability.* The patient's functional capacity was measured using the well-known Langley-Porter Self-Maintenance Scale. The information was independently obtained on each patient in the study from the R.N.'s of the 7 a.m. - 3 p.m. - 11 p.m. shifts who were in charge of that section of the nursing home on which the patient resided. For each of the six areas of concern—toilet, feeding, dressing, grooming, physical ambulation, and bathing—the five response categories were coded from "most active" (1) to "most inactive" (5). The two highly similar evaluations were averaged.

8. *Length of Stay.* The number of months spent in the nursing home was determined from the month of admission as recorded in the patient's records.

9. *Contacts with Other Residents.* This was measured by summing two items ($r = .657$, $p < .001$): (a) How much would you say you talk with the other residents here, i.e., those with whom you are friendly, but are not closest friends? (Range: A Great Deal = 1 to Practically None = 3); and (b) How often do you get together with these other residents? (Range: Several Times a Day = 1 to Less Often than Several Times a Month or None = 6). Combined residents' scores ranged from the minimum of two to the maximum of nine. A high score indicates *low contacts* with the other nursing home residents.

THE RESULTS

The zero-order correlational results, shown in Table 1, indicate that resident alienation is significantly associated with only three of the included eight variables—poorer subjectively assessed health, fewer contacts with other nursing home residents, and less family emotional support. Since the concern of the present paper centers on the relationship between family emotional support and alienation, it is appropriate to look at whether that relationship is spurious or not in relation to the influence of the other variables.

That is, is the association between family emotional support and alienation a reflection of their associations with the other variables? As seen in Table 2, the associations between family emotional support and alienation is not greatly affected when the other variables are separately controlled. Indeed, the zero-order association ($r_3 = .25$, $p < .01$) is not in any instance reduced to nonsignificance when other variables are controlled. Thus, the association is not spurious.

Table 3 represents a summary of the multiple regression results of the effects on alienation of the eight antecedent variables. The coefficient of multiple determination is moderately high in that 39% of the variance in alienation is explained by the included factors. Inspection of the beta coefficients reveals that only decreasingly good subjective health, decreasing contact with other nursing home residents, and decreasing family emotional support have direct effects on the residents' alienation.

Because beta weights are standardized values it is possible to compare them directly. It is obvious that subjective health has the greatest impact on alienation. Roughly, the impact on alienation of subjective health is 1.3 times greater than the impact of contacts with other residents, and 1.6 times greater than the impact of family emotional support.

TABLE 1: CORRELATIONS BETWEEN PAIRS OF VARIABLES
($n = 125$; $r_{05} = .20$; $r_{01} = .25$)

Variable	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1. Age								
2. Sex	.13							
3. Socio-economic status	-.04	.01						
4. Subjective health	.01	.13	.00					
5. Functional ability	-.20	-14.	.24	.08				
6. Length of stay	.07	-.01	.16	.06	-.15			
7. Contacts with residents	.07	.00	-.10	.23	.07	.02		
8. Family support	.13	-.23	,03	.07	-.08	.21	.06	
9. Alienation	.09	.13	.15	.47	.13	.17	.36	.25

TABLE 2: PARTIAL CORRELATIONS OF FAMILY SUPPORT AND ALIENATION
($r_0 = .25$; $n = 125$)

Controlled Variable	*Family support by alienation*
Age	.24
Sex	.29
Socio-economic status	.25
Subjective health	.25
Functional ability	.27
Length of stay	.27
Contacts with residents	.25

TABLE 3: MULTIPLE REGRESSION ANALYSIS FOR ALIENATION
($n = 125$)

Variable	r_0	*beta*
Age	.09	.03
Sex	.13	.14
Socioeconomic status	-.15	-.13
Subjective health	.47	.35
Functional ability	.13	.11
Length of stay	.17	.09
Contacts with residents	.36	.27
Family support	.25	.22

DISCUSSION

The results show that family emotional support is indeed a determinant of the alienation experienced by the elderly who reside in long-term care facilities. Among this population, as family emotional support declines the estrangement experienced increases. However, family support is not the only determinant, nor the most important determinant of alienation. Having greater impact on their alienation are poorer-assessed health and decreasing contacts with other residents within the nursing facility.

Theoretically, these results lend support to Blauner's (1964) contention that alienation is a guality of personal existence resulting from specific social arrangements, as well as, Srole's (1956) focus on the individual's reaction to social conditions. It is evident that the resident's alienation is not influenced by all the antecedent variables, but only those which affect their personal social and psychological conditions.

Subjective health, contacts with other residents, and family emotional support all concern in different ways the resident's state of social being. Self-health definition is contingent on the individual's actual health in addition to his comparison of his present physical condition with that of others, or of his assessed physical condition at an earlier time. In any case, the health definition is colored by sociocultural influences. Contacts with other residents concern the extent of social contact with peers within the nursing facility. These contacts serve as a means of providing emotional support from others who are in the same situation—a sense of community. Family emotional support identifies for the resident the extent to which they are socially valued by those to whom they are most closely related.

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