

## **“It Keeps Me Busy”: Social Engagement among Women in a Nursing Home**

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### **Abstract**

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This paper explored the personal and environmental factors of activity involvement among women, living in a nursing facility in the United State. Facility and individual characteristics were assessed through informal interviews with staff and residents. A thematic analysis of the data was performed. Three themes emerged from the data are: Promoters and inhibitors of activity involvement, resident and facility driven activities and improved quality of life. Passion for life and nursing facility as a place to live came across as strong motivating factors to stay involved in different activities. Consideration of lifestyles and individual preferences along with supportive environment is desired to enhance social engagement among residents of a nursing home.

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**Keywords:** personal factors, environmental factors, social engagement, activity involvement, nursing homes, quality of life, individual preferences

### **1. Introduction**

In the emergent century, an aging population presents global community with social and health policy challenges (Takamura, 2002). According to the Centers for Medicare & Medicaid Services (2003), each year, more than 3 million people are cared for in nursing homes. However, societies, including older adults, have a negative perception about nursing home placement even when it becomes absolutely necessary (Hardina & Holosko, 1991). Nevertheless, nursing homes are an essential component of the health care continuum and an important arena for activity involvement in later life. More people are moving to long-term care facilities; therefore it is important to explore the personal and facility factors influencing active engagement (Lemke & Moss, 1989). Assumptions regarding the benefits of continuous participation and engagement result in organizing and facilitation of many activities for residents in various types of senior residential facilities (Lemke & Moss, 1989). Little research has been done to assess the effects of personal and facility environment on engagement among older women living in nursing homes. A small number of researches have focused only on the personal disparities like gender, education and socio-economic status, in predicting engagement (Hinterlong, 2006; Mjelde-Mossey & Chi, 2004; Van der Meer, 2006). Furthermore, only a few researchers have examined the personal and environmental determinants of activity involvement among elderly residents of congregate facilities (Lawton, Nahemow & Teaff, 1975; Lemke & Moss, 1989; Sherman, 1974). Researchers have focused on the outcomes of involvement in various productive activities (Bambrick & Bonder, 2005; Bukov, Mass & Lampert, 2002; Menec, 2003; Rozario, Morrow-Howell & Hinterlong, 2004; Stevens-Ratchford & Cebulak, 2004; Wahrendorf, Von demKneesebeck & Siegrist, 2006). However, it is also important to understand the factors associated with activity engagement. This study addresses an urgent need to explore the antecedents and consequences of activity involvement among older women in a long-term care setting.

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## 2. Literature Review

For people living in long-term care facilities it is important to notice the differences between facility-organized and resident-initiated activities because they may be related to differential participation (Lemke & Moss, 1989). Few studies have looked at the personal and environmental factors in determining the level of activity involvement among older adults (e.g. Lawton, 1985; Lawton et al., 1975; Sherman, 1974). Lawton (1985) found that high-functioning individuals could gain from a high level of demand from the environment. However, that is not optimal for low-functioning elders. Sherman (1974) argued that for individuals who are inclined towards activity involvement, but are partially impaired, the availability of environmental resources is very important. It was further stated that people who have the capacity to overcome these environmental constraints, these resources have little impact on activity involvement. Personal characteristics like health, mobility, mental health status, race, gender, marital status, educational qualifications, and economic status along with facilities characteristics like supra personal factors (aggregate characteristics of resident group, etc), physical features of the facility (proximity of community resources, room size, etc), policies and services (privacy to individuals, social activity program, structured recreational activities, etc.) and last but not the least the social climate (support to residents, independence, openness, spontaneity and resident autonomy) might affect the level of participation among residents with different personal and facility characteristics. Personal factors like health status, functional mobility and cognitive status, gender, educational level and age may also influence the level of involvement (Brent, Brent & Mauksch, 1984; George, 1978; Lawton, 1985; Lemke & Moss, 1989; Robertson, 1978). Further, the level of involvement in productive activities, engagement in social occupations, performing everyday activities, extent of social participation and volunteering in old age have beneficial effects on the health and overall well-being of older adults (Bambrick & Bonder, 2005; Bukov et al., 2002; Menec, 2003; Rozario et al., 2004; Stevens-Ratchford & Cebulak, 2004; Wahrendorf et al., 2006). Therefore, the proposed study aims to explore the antecedents in terms of personal and environmental factors on the level of involvement and the consequences of these levels of involvement on the quality of life of older women.

### 2.1 Conceptual Model

This study relies on the model of environmental docility-proactivity hypothesis by Lawton (Lawton, 1990). The docility hypothesis suggests that the environment's potential in determining behavior increases, when the personal competence on environment decreases (Lawton, 1990). The main premise of this hypothesis is to compensate for personal loss through environmental support. Wheelchair access, accommodating preferences, privacy and opportunities to engage in the environment are examples of applications of the basic idea that environmental interventions can foster positive behavioral outcomes. Therefore, the mission of an environmental design should be to increase the ability of the elderly to adapt to changes in the environment through minimizing the negative affects of aging-related deficits. Another hypothesis of Lawton is the environmental proactivity hypothesis. It proposes that if the elderly have increased competency, then they have greater control over the environmental resources. This increases their personal resources to deal with the environmental demands (Lawton, 1990). Therefore, the elderly may seek, choose or create an environment in order to satisfy their needs and preferences. This model emphasizes that there is a dynamic and reciprocal relation between the elderly as an individual and the environment.

The environmental docility hypothesis provides a basis for enhancing the functioning of the less competent and the environmental proactivity hypothesis provides a basis for broadening the behavioral experience of the more competent (Lawton, 1990). The underlying premise is that living environment is not a pure entity; rather, it is a culmination of different aspects, such as physical, social, organizational and cultural (Wahl, & Weisman, 2003). Architectural, policy, and resident and staff factors influence the social environment of a particular institutional setting. They achieve their impact on resident behavior in part through the mediating effects of the social environment they help to create (Moss & Igra, 1980). Therefore, this model holds that a relationship exists between behavior and the environment. For the purpose of this study, activity involvement can be defined as participation in social or solitary activities inside the nursing home. Personal factors encompass age, educational background, financial resources, personal preferences, family ties and health and ability levels. Environmental factors consist of physical, social and facility policies. The questions underlying this study are: 1) What determines the level of activity involvement among women residents of a nursing home, and 2) What is the relationship between facility characteristics, personal preferences, type of activity, and benefits of involvement among older women.

### 3. Methodology

This exploratory research used a convenient sample of nine participants from a not-for-profit nursing home in the Mid-west USA. All data were collected in the individuals' natural setting, their nursing home room. Although studies have used quantitative research design (Bambrick & Bonder, 2005; Bukov et al., 2002; Lemke & Moss, 1989; Rozario et al., 2004; Wahrendorf et al., 2006), due to lack of sufficient literature, this study used the qualitative methodology to explore the factors associated with activity involvement.

#### 3.1 Participants

The participants consisted of five women residents and four staff members. Residents living in a mid-western nursing home, who were not cognitively impaired and were 65 years or older qualified to participate in the study. Additionally, the administrator, a nurse, a social worker and the activity director of the facility were interviewed. All residents were Caucasian females aged 83-99 with a mean age of 89.6 years. Three of the residents were widowed, one was divorced and one was married and is living with her husband in the nursing home. All participants graduated from high school but only three worked in the past. At the time of interviews, all participants were unemployed and retired. Four residents reported that they had at least one child, grandchild and sibling, but one participant only reported having a sibling. All participants reported that they were in good health considering their age and were satisfied with their lives. The participants reported that staying busy and being involving in different activities was important to them. One participant performed volunteer work 1-2 hours weekly. One resident reported not being satisfied with the nursing home; all others were highly satisfied living in the nursing home.

#### 3.2 Instrument

Data were gathered using an interview guide designed for this study. The items of the guide consisted of open-ended questions that were used to solicit demographic information; personal preferences; health and ability levels; participation in different types of activity, hobbies; environmental aspects such as physical, social and facility policies; and perceived benefits of involvement in activities. In addition to the interviews, structured observations of the environment were made and documented through field notes and activity calendars. These documents provided the necessary information to assess various facility characteristics like resident and staff characteristics, physical features, policies, services and the social climate.

#### 3.3 Data Collection

Data were collected over a four-week period through a single session. During the interview, informed consent was obtained, rapport was developed and participants were oriented to the purpose and procedures of the study. The interview data was recorded and transcribed immediately after the interview to assure accurate recollection (Creswell, 1998).

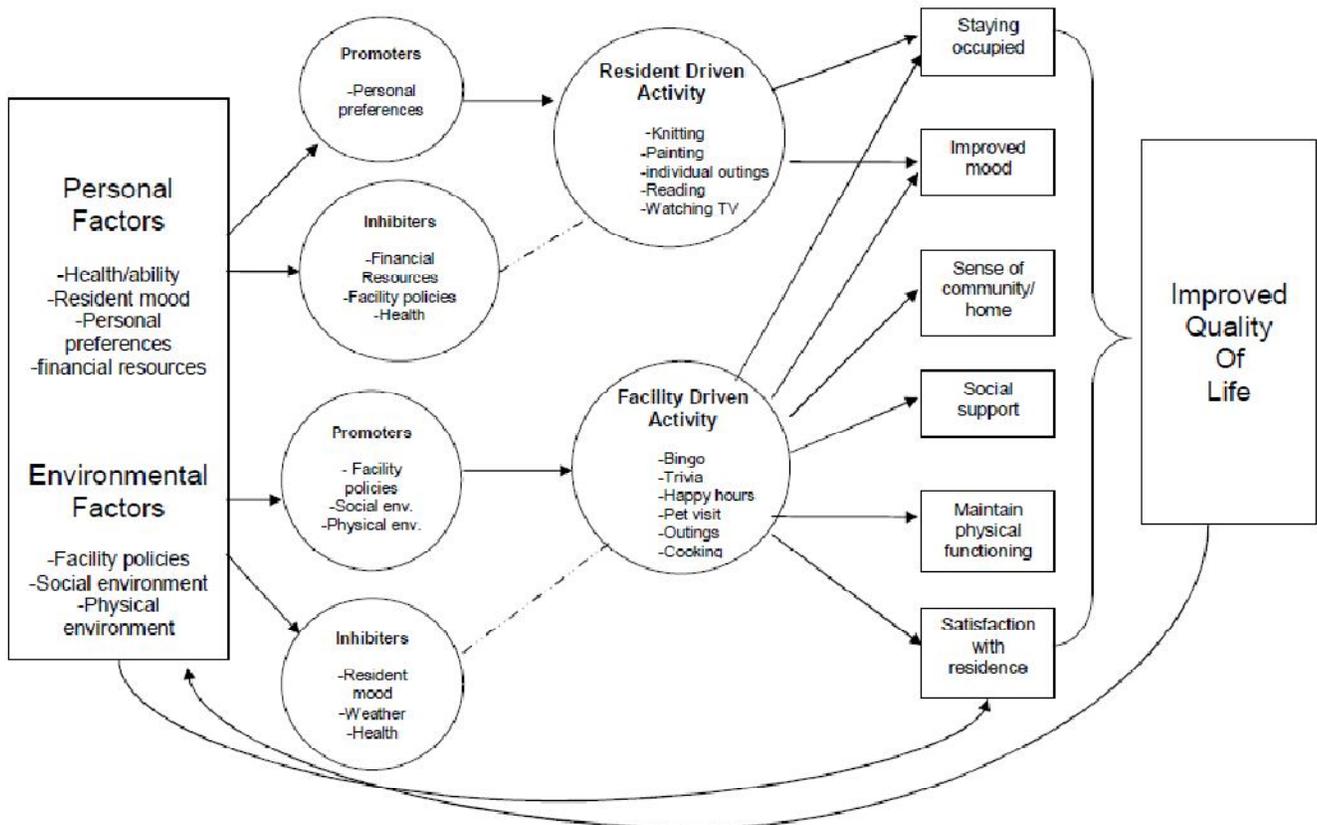
#### 3.4 Data Analysis

Line by line review of transcripts was performed to determine themes related to factors associated with activity involvement among seniors. All transcriptions were read through using open coding to identify general categories. Systematic analyses were used to determine repeated content and identify themes of factors associated with activity involvement (Creswell, 1998). The researcher reviewed the transcribed data as it became available. Analysis proceeded simultaneously and continuously with data collection (Gubrium & Sankar, 1994). The next step involved pattern identification and thematic analysis of the data. The search for repeated patterns was important in understanding the data. Pattern identification built on labeling and defining segments of the data by grouping the codes into a smaller number of themes. The themes and patterns were further explored to identify and explain relationships. Before finalizing the thematic analysis, a reread of the entirety of the transcripts was done to confirm that the themes are representative and to make additional notes about the themes' contextual connection. Memos were used to record early thoughts about relationships that emerged from the data and to illustrate ideas, identify variations and develop propositions in the analysis (Miles & Huberman, 1994).

**4. Results**

Analysis revealed categories of activities, associated factors and perceived benefits of activity involvement. Open coding analysis resulted in five categories for personal environment: resident’s mood, personal preference for type of activity, health and ability level, financial resources and family ties. Three categories emerged related to social climate of the nursing home: facility policies, social and physical environment of the nursing home. This analysis process also resulted in two categories of activity: resident driven activity and facility driven activity. Further, six categories were identified for benefits of activity involvement. Reiterative analysis of the categories resulted in three themes: Promoters and inhibitors of activity involvement, resident or facility driven activity and improved quality of life. The results for these themes will be discussed separately.

**Figure 1: Factors Associated with Activity Involvement**



**4.1 Promoters and Inhibitors of Activity Involvement**

Promoters and inhibitors of activity involvement is a theme that relates to the personal attributes, the perceived value and meaning of nursing home environment by the residents and staff participants. The participants of this study revealed that a nursing home is not just a physical dwelling where they reside, but also rather their home. It was further revealed that the staff of the facility is very friendly and attentive to resident needs. The following passages illustrate this notion of the nursing home being a home.

**A resident says:** O honey, this is my home. I am happy here. I have no other place to go. I have been living here for more than 5 years. I love the activity director and pray that her mother gets well soon.

**The activity director says:** I like it, it's big. I don't think its institutional feeling. We try not to make it that. I like the facility and like being able to get them to big courtyards and get outside.

**A resident says:** O I love it, off course I don't have any choice but to live here, but I still like it. I have my radio and I got my TV. I enjoy the view from all the windows.

In actuality, the nursing home is a place that provides the residents with the opportunity to interact and socialize with fellow residents and staff members. The participants revealed that the social environment of the nursing home provides the residents' with a sense of community and comfort. This notion is illustrated below:

**The social worker says:** You do learn the personalities of the residents. And that's kind of how the staff and the residents socialize. For instance I have a resident that has been here for 5 years, when she first came in, she is one who likes to get around and joke. O when I see her, it's like what do you do, what's going on, you kind of joke with them and they feel part of the family and they don't feel like O I am the resident, you are the staff, we can't talk. You are here to do a job but they feel comfortable communicating with the staff because they know that the staff really cares about them.

**The activity director says:** We have a lot of staff that's been here for long time. It's kind of family atmosphere. Also, it is a big social thing when they [residents'] all meet. But yes they [residents'] care among themselves in the evenings and form their own friendships.

*The social worker says:* We try to, when we do admissions; we try to put individuals in specific area of the facility for their environment. If you (resident) are a lot oriented and are walking, we try to put you in the environment where majority of the residents are of your ability. We try to put roommates that are comfortable with roommates. And individuals on the units that best meet their needs. So that they get the best socialization. The analysis revealed that the physical environment consists of physical features that add convenience and comfort for the elderly. The participants reported that residents have autonomy in decorating the room and doing things they like doing. This sense of convenience and comfort is illustrated in the following passages:

**The administrator says:** We are a one level, 132 bed facility; everything is easily accessible, you don't have to climb stairs; you don't have to take an elevator. The courtyard is accessible from the entrance, and each wing of the facility. The bathrooms are structured well, if you are on a wheel chair, you can get in and out without any assistance. Everything here is good for the handicapped individual. The rooms are set up to give privacy and easy access in and out. So everything is pretty much accessible for anyone in any condition. The rooms are set up in a way that whoever is taking care of you can easily get around in your room to meet your needs and get around your bed to lift you. Cleanliness is a very big focus here; most of these residents come from homes that are clean. I don't want to go to a place that's got 132 people in the building and the odor is offensive...So appearance is very important here, it's very important for residents to be dressed properly...And it sounds like a small thing, but in all the rooms, the resident has the opportunity to put the heat on, have the air conditioning to meet their personal needs and that sounds you know nominal, but lot of places can't afford that. [If you don't provide that, it is another part of their independence that you are taking away from them]. We focus on all that a lot here.

**The activity director says:** We have music in the room, we have a video player where we can take them (residents) to watch a movie, right in your bed and these kind of things are important to focus. Whatever the reason, if they (residents) can't get out of the room or chose not to go out of the room, we honor that and if you (resident) do not want to go out of your room, you are certainly not compelled to do that. If you (resident) don't want to get out, we bring the activity to you.

The policies and services of the organization influence the degree of behavioral expectations imposed on the residents. The degree to which policies permitted residents to select their own patterns of daily routine (personal choice) was important. Although, the facility policies were friendly and encouraged residents participation in activity, the policy of not letting the residents go on individual outings without a hired aid, interfered with the personal choice of some. This is illustrated in the following passages:

**The social worker says:** O yes we bring the residents out who cannot participate themselves. We assign a worker that is her job throughout the whole building, she transport residents back& forth and assist in any way that she can, that is a big thing, we really want to help them (residents) engage. We supply all the supplies for the activities organized by the activity staff.

**A resident says:** I am happy here, happy you know. But I have a kind of disappointment here, back home I had a thing going on with an organization called Services for Independent Living and it was wonderful. They allowed me to go out whenever I wanted to go and I could call them and they would take me up and take me there [wherever I want to go] and drop me off and if I want to go shopping, they let me there and let me do my own thing. You don't know, you will never understand until you feel. To have to have somebody with you all the time, just to be able to be by yourself and do whatever you want, well that was taken away from me. They [the current nursing facility] said no, that I have to have someone with me all the time. I was quite upset about that. But so far there is not much I can do about it. My friend is getting ready to organize his car. So that way he could take me out but they are still insisting that I have somebody with me, I don't feel I need that... I cannot understand why it was taken away from me. So it was a big loss to me. Since I came here I really lost a lot of interest in lot of things.

The association between the resources held by residents and activity involvement became evident from data analysis. The personal factors of the residents such as their health status and levels of functioning, mood, financial resources, family ties and preferences indicated the level of involvement in activities. The residents revealed that they get tired and are not able to read as much as they would like because of their age and physical health status. These constructs are illustrated in the following passages

**A resident says:** No I can't go shopping...but I don't go because it's too hard for me to get around in a grocery store. I just don't go for outings.

**The activity director says:** Participation basically depends on their (residents) health, how they are feeling and I think also on if their friends are in the group and connections. The weather is interesting; sometimes in cloudy days we don't have as big turn out and also if it's raining, so the weather does play a role. And if they (residents) like that activity and some may not like to participate [individual activity preference does count for participation]. If they (residents) can't physically participate than they just like to be there and sit, to have a coffee or just sit with their friends. So it just depends. I have some residents, they are very social, and I have some little loners. So, it's a variety and it reflects what they want to do and when... If I have a particular resident who is shy in coming, if I know their friends I ask them to encourage their friend to come and it sometimes helps to hear from someone else. We have a good community, and they (residents) enjoy been together, there is a lot of close friendships here like you find outside. People play dominos every day. Call each other. Or some go outside for a coffee, like people do in their normal life.

**A resident says:** If you go out here you have to have a help with you, it's quite expensive because we (residents) have to have somebody with us all the time and we have to pay them \$ 13.88 per hour, that's quite a lot of money. If we go out for a treat, it's usually about 3 hours... So it costs me \$35 or \$40 besides our meal, so going out for lunch would may be \$50, who has got that kind of money. This place cost a lot of money too...

O honey that's the whole thing and to be on my own, not kind of following me around. I go out [going out in the courtyard] quite a bit. Since it got so cold now I have not maintained going out from the last couple of days. I have been going out every evening, you know before I went to bed... I like to be by myself. I love people but to be myself once in a while is heaven. I am very lucky see, I do have my mind working and the only thing is I can't walk. But I still can, if there is a provision for handicap like the bathroom, I can take care of myself. And O I love fishing, that was really fun but now I can't do it here anymore. But I like more outings. Where they would take me out to see different things in (place). See I am not from (place), I don't know anything about (place) and the parks and there are so many places they could take me to see but they don't do that. I like all the activities here but all this is terminal stuff and see I don't really enjoy that...but I am not happy about the activities here. I go, you see, all the time but I go because it's just what they got to do and it would be nice if they have something else.

#### 4. 2 Resident and Facility Driven Activities

This theme refers to the residents' involvement in activities organized by the facility and the resident themselves. The participants revealed that they like staying busy and spend their day reading, knitting, painting, watching TV, visiting with friends and family and last but not the least taking naps. These concepts are illustrated in following passages

**A resident says:** I am distributing all the newspapers of the day. They call me speedy on the wheelchair. O I love that thing, they do here. I do, I love all the activities. I distribute the newspapers every morning...

**A resident says:** When I was younger I danced and I took dancing lessons and kept dancing and I really love to, and I still love to dance and I like swimming, I am not a very good swimmer, but I can manage. And I love the outdoors, I really love the outdoors. I always played outside in the summer times. O and I love reading, I love to read and I love the movies and I love to do stuff like that. I manage to keep busy all the time.

**A resident says:** O my hobby is reading, I have a lot of books over here. I love to read. When I was 12 years old at the time of World War I, everybody reads about the soldiers, we were in World War I and my grandmother taught me how to read and I have been reading ever since. In terms of the participation among facility driven activities, the residents expressed their love for the nursing home facility and the activities organized for them. They disclosed participating in activities like, bingo, trivia, cooking, happy hour, exercising three times a week and positive pet visit. Out of these, three activities that generated maximum participation among the nursing home residents were: happy hour, exercise groups, and cooking. These constructs are illustrated in the following passages.

**The activity director says:** O they love all the crafts...They love doing big posters and making greeting cards. We have a couple of them working on different posters. And then we have a men's group, we are doing little more emphasis with getting the guys together...So we have several men who enjoy crafts also...

Well we have been working on some simple puzzles of fitting together animals. So we have been working on those for the children of (name)...We made cards for people before Like if there is a special event, a music group, a happy hour we can have up to 60% sometimes on big parties and things. Medium groups are usually 30 or 35 for church and things and then in the activity room usually 12 to 20. And we do have small groups that are really important; there are 4 or 5 residents in these groups. We sit with them and do things...So that we give more attention to those. I would say the largest group we have is up to 60 and that is for holidays, parties and all that.

**The nurse says:** They enjoy dancing and singing, and they love cooking, the main choice is exercise. But they also enjoy getting out. We have happy hours and we have bingo, every weekend we have a musical group come in, we have lot of participation with that, they like things from the outside.

**A resident says:** We like the exercises, the happy hour, the cooking classes and definitely the outings. I keep telling them that we need more outings, whether shopping to the store, driving to the country. I like change and to go on driving trips.

#### 4. 3 Improved Quality of Life

This theme refers to the anticipation of perceived benefits of activity involvement among participants. The residents revealed that they keep themselves busy by engaging in different activities. The participants expressed that participation in activities improved residents' mood. Dining in and meeting others through activities provided the residents' with a sense of social support, a community living and helped them make new friends. Further, it was mentioned that the exercise routine helped them maintain their physical functioning. The following passages describe these constructs:

**A resident says:** The activities keeps me busy, and the exercise groups keeps me moving and keeps my muscle moving.

**A resident says:** I love the cooking classes and enjoy participating in other activities because I get to meet people and chat. I made good friends through these activities and now I go to eat my meals with them. We all sit on the same dining table. I also like happy hour as it gives me the opportunity to talk and meet other people and have a beer. The drink makes me feel good.

**The activity director says:** If we didn't have these activities I see depression, a lot of depression. All the time sitting in the room, looking at the window. Here they (resident) get community, get support. And something to look forward too, a new friend...Their (residents') peers here provide that family for them, it is all rapped up in one. So it's very important to their everyday life. O yes, exercise is kind of therapy, it helps them (residents) keep moving and keeps their joints good. They like the big group atmosphere, they enjoy that and I think it's very beneficial for them; it keeps them going during the day.

**The nursing home administrator says:** I think activities are important because it keeps their (residents) mind active, it keeps them engaged with things they did when they lived in their home. And our activity staff tries to gear the activities towards stuff they (residents) did when they lived on there own, when they were younger, and things they liked to do. So it keeps some, as some elder said "activities keep me young". So it's important to get them out of the room and get socialize with other residents, with the staff. So it's beneficial... We also play music and it elevates their mood, so these activities are beneficial.

## 5. Discussion

The study findings support the notion that activities are embedded in the lives of the elderly and serve as a means for structuring their life and provide a balance for continued involvement with life (Jackson, 1996). In this sample of participants, the nursing home was a place that allowed a variety of activities ranging from solitary activities such as painting, volunteering, knitting, cooking, to cognitively stimulating activities like playing bingo, trivia and physical activities like exercises three time a week. The nursing home also set the stage for activities promoting community living and enhancing social support. The nursing home environment, resident-staff interactions and social relationships together were the essence of participation. The policies and services of the organization inform us as to what degree of behavioral expectations are imposed on the residents. This helps us to assess the balance between individual freedom and institutional order and stability, including the degree to which policies permit residents to select their own patterns of daily routine (policy choice), and the amount of privacy for residents (resident privacy) (Scheidt, 1998). The nursing home provided the residents with opportunities to structure their daily routine, but the facility policy did limit satisfaction with these activities. For example, the participants expressed their satisfaction with the residence but it was conditional to their personal preferences. A resident mentioned involving in all the facility driven activities but was disappointed with the facility policy and felt that her freedom was taken away. Secondly, the physical and social structure of the environment is a determining factor in residents' levels of autonomy, self-direction and feeling of togetherness (Lemke& Moss, 1989). The results of this study supports Lemke's finding regarding the importance of physical and social environment in activity involvement. The physical structure of the nursing home added convenience and comfort for the elderly and the provision of physical amenities and social recreational aids enhanced the accessibility to facility features.

This study also support the findings of Moos & Igra (1980) that the environmental dimensions does influence the social climate in specialized living arrangements for the elderly. This study supports that the level of care, facility policies and personal factors such as activity preference, financial resources of the residents, their health and ability levels, mood and family ties have considerable effect on the residents' independence, organization and physical comfort, hence influencing their level of functioning and relationships with others. Further, the resources held by residents become crucial factors in their functioning. Their preferences for specific activities indicated the degree of involvement in various activities. For example, one participant shared that she participates in the activities organized by the nursing home but thinks that they are worthless and do not benefit her. Rather, she preferred more outings and going to parks, etc. This interacted with the level of satisfaction with the residence and a strong feeling of loosing independence. Therefore, consideration of lifestyles and individual preferences along with supportive environment is desired to enhance engagement in later life. Passion for life and satisfaction with the residence came across as strong motivating factors to stay involved in different activities. It was often mentioned that the participants had come to the nursing home to live, not to die. The participants described the nursing home as their home and hence, perception of the nursing facility as a place to live also came across as strong motivating factor.

### 5. 1 Implications for Social Work Practice

The findings of this study support expansion of social work practice into the nursing home facilities. As more elderly are moving to long-term care, the demand for social workers to help older adults adjust to the challenges of new environment increases.

### 5. 2 Implications for Activity Professionals

The study findings indicate that nursing home and the relationships within the nursing home community are very important to older adults. This study findings echo with Stevens-Ratchford & Diaz (2003), who suggested that while planning institutional activities, activity professionals should consider activities that were performed by older adults in their home environment. Activity professionals should also consider organizing more outdoor activities and consider lifestyles and individual preferences while planning facility driven activities.

### 5. 3 Limitations

The methodology used in this study brings merit to this area but we cannot ignore some of the limitations of carrying out qualitative study design. The data gathered was very rich but was based on a small sample population of a total of five nursing home residents and four staff members. Therefore, the sample is not representative of the whole population and there is an issue of generalizability with this research. There may have been researcher's bias in the selection of the sample of the participants and it may have affected the way the questions were asked during the interviews.

### 5. 4 Recommendations for Future Research

It is recommended that this research should be replicated with nursing homes with differing characteristics. Further, there is a dearth of research focusing on environmental and personal factors that could determine or enhance active engagement among older adults living in different environments. Therefore, future studies are desired to explore the factors associated with activity involvement in the home environment, and also after leaving the home place to reside in other environments.

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