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Residential satisfaction, sense of belonging and loneliness among older adults living in the community and in care facilities [☆]

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ABSTRACT

The aim of this study was to analyze the influence of residential satisfaction and sense of belonging on loneliness in old age in two different contexts: the community and the residential care facility. We used two surveys of 1106 non-institutionalized and 234 institutionalized older adults, aged 60 years or more in Spain. Results from structural equation modeling and path analysis suggest that residential satisfaction would positively affect sense of belonging and would be negatively associated with loneliness in both residential environments, thus playing a protective role against the experience of loneliness.

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1. Introduction

A sense of place results from the relationship that individuals form with places, comprising feelings of rootedness, belonging, place identity, meaningfulness, place satisfaction and emotional attachment, which in turn play an important role in wellbeing (Eyles and Williams, 2008). In particular, the relationship of residential environment with health and wellbeing has received special attention in aging research (Fernández-Ballesteros et al., 1998; Fernández-Mayoralas et al., 2004; Oswald and Wahl, 2004; Rojo-Pérez et al., 2007; Wilson et al., 2004; Windle et al., 2006). Likewise, the ability for older adults to age in place, in their own

homes and neighborhoods, has been widely studied in connection with health and care (Andrews et al., 2007).

Aging in place seems to favor a sense of control over life among older adults, even if they may need help for activities of daily living (Nair, 2005). It is also valued since it facilitates social relationships with family, neighbors and friends (Rojo-Pérez et al., 2007; Wiles, 2005). These characteristics contribute to define the meaning of home in old age, which comprises different categories (Oswald and Wahl, 2004): physical (experience of the housing conditions, access and furnishing), behavioral (everyday behavior at home), cognitive (biographical attachment to the home), emotional (experience of intimacy, safety, etc.) and social (relationships with neighbors, visitors, etc.).

Place, as a socially constructed phenomenon, has been an essential point of reference for the new health geography (Kearns and Moon, 2002). Correspondingly, from the perspective of geographical gerontologists, places are concurrently physical, social and symbolic, and there are diverse experiences and expectations related to the particular place of home and also of the institution (Wiles, 2005). In this sense, in the residential care setting, as in the home, the physical and social environments are central to the residents' experience of place and to their wellbeing (Cheng et al., 2011).

Measures of satisfaction have been widely applied to assess the personal experience about the residential environment, including satisfaction with housing, neighborhood and neighbors,

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as well as with residential care facilities, and other residents. Satisfaction indicators represent judgments that individuals make considering aspects of their life and standards in different terms such as their ideals, their past and other people (Diener, 1994). In particular, residential satisfaction is a global representation of the affective response of the individuals to their social and physical environment (Weidemann and Anderson, 1985). According to (Bonaiuto et al., 1999), residential satisfaction would be more related to cognitive evaluations, whilst residential attachment would refer to the affective bonds with the residential environment. In connection with this, the concept of sense of belonging is of great interest as it refers to the experience of personal involvement in a system or environment (Hagerty et al., 1992).

Researchers from different disciplines, i.e. geography, psychology, gerontology and sociology, have added to the knowledge of the factors associated with residential satisfaction. We already know about the influence of residential environment conditions on residential satisfaction (Braubach, 2007; Rojo Pérez et al., 2001; Zaff and Devlin, 1998). We also know about the positive association of residential satisfaction with health (Fernández-Mayoralas et al., 2004; Wilson et al., 2004), and with subjective wellbeing (Prieto-Flores et al., in press; Sirgy and Cornwell, 2002).

Most of the research on residential satisfaction has focused solely on community dwelling people (Pinquart and Burmedi, 2004), despite the existing evidence that institutionalization impacts greatly on the social world of older adults when leaving the familiar environment of the home and the neighborhood (Antonelli et al., 2000; Grenade and Boldy, 2008; Prieto-Flores et al., 2011). Given that contexts help shape the experience of social relationships in aging, in the present work we consider that the place of residence, as a multidimensional experience, would help to explain loneliness, defined as the absence of a close emotional attachment and an engaging social network (Weiss, 1973).

Several research findings have demonstrated the important role of sociodemographic, social and health characteristics in loneliness in old age (De Jong Gierveld and Dykstra, 2008; Paúl and Ribeiro, 2009; Pinquart and Sorensen, 2001; Prieto-Flores et al., 2011; Savikko et al., 2005), reflecting significant differences according to sex, age, marital status, social contacts, depression, functional dependence and institutionalization, among other factors. However, the influence of residential satisfaction on the experience of loneliness has received little attention.

To fill this gap, we aimed at analyzing the effect of residential satisfaction and sense of belonging on loneliness in two different settings: the home for those aging in place and the residential care facility for institutionalized older adults. To this end, we hypothesized the following relations. Firstly, residential satisfaction positively contributes to the sense of belonging to the place of residence. Secondly, residential satisfaction is negatively associated with loneliness, and sense of belonging plays an important role as a mediating factor in this relationship. Finally, residential satisfaction may have a protective effect against loneliness in non-institutionalized and institutionalized older adults.

As Bonaiuto et al. (1999) indicate, it is difficult to determine causal relationships between residential satisfaction and residential attachment, as there are theoretical reasons that favor both causal directions. In the present work, we assume that a higher level of residential satisfaction would result in a stronger sense of belonging to the local place of residence. We also aim at assessing the influence of residential satisfaction and sense of belonging on loneliness, although the relationships of these aspects may not be unidirectional (Prezza et al., 2001), assuming that the residential environment affects the quality of the social relationships.

To test the hypotheses, we applied structural equation modeling (SEM) and path analysis, which allow simultaneous evaluation of

more than one dependent variable, and both direct and indirect effects of one variable on another (Hays et al., 2005).

2. Methods

2.1. Participants of the study

To analyze the relationship between residential satisfaction and loneliness in two different residential environments (the community and the residential care facility) we used two surveys on quality of life among older adults in Spain, collected in 2008. The first one was conducted on people aged 60 years old or more, living in the community, comprising a nationally-representative sample of 1106 people selected from a total population of 9,812,307, in relation to the Municipal Census of December 2007 (INE, 2007). The allowable error was $\pm 3.5\%$ for a confidence level of 95%. To improve representativeness, a proportionate stratified sampling was used based on 14 of the 17 autonomous regions of Spain (14 groups), population size of municipalities (7 groups), age (3 groups) and sex.

The second survey was conducted on a sample of 234 people aged 60 years old or more living in residential care facilities placed in 14 municipalities of 7 autonomous regions of Spain. The facilities included in this study were 14 centers that provided housing services (individual and shared rooms, meals, housekeeping), help with personal care, health related services and social activities for older adults with different levels of dependence in activities of daily living. Half of the settings were public-owned managed by private entities, and the rest were private or mix. The mean number of beds was 86.4, with a minimum of 24 and a maximum of 150 beds. All the facilities offered nursing care, and the majority provided medical, psychological, physiotherapeutic, occupational therapeutic, social work services and sociocultural activities. Half of the facilities were especially dedicated to older adults who needed assistance with all activities of daily living (44.2% of the participants lived in this type of facility). A proportion of 9 out of 14 settings had green areas (corresponding to 75.7% of the interviewed residents); seven had library and four had café (equivalent to 65.5% and 15.5% of the interviewed older adults, respectively).

To exclude those participants with cognitive decline that could affect their ability to answer to the questions, the Pfeiffer's Short Portable Mental Status Questionnaire was applied (Pfeiffer, 1975). Participants whose scores exceeded 4 points were excluded from both data sources (community and residential care facilities surveys).

The questionnaires for the two different samples were designed to permit highly comparable information between non-institutionalized and institutionalized older adults. The study was approved by the Ethics Committee of the Carlos III Institute of Health, and participants of both groups gave informed consent. The data collection of the non-institutionalized group was carried out by a consulting company, and the data of the institutionalized participants were obtained by social and health care professionals working in residential care facilities. The fieldwork was supervised by the researchers.

2.2. Measures

The key measures to analyze the effect of residential satisfaction and sense of belonging on the feeling of loneliness, also referred to as focal variables, were as follows. For the group of non-institutionalized people, we used three 11-point Likert-type scale variables to assess the latent construct of residential satisfaction: satisfaction with housing, neighborhood, and neighbors. Respondents were

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