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LIFE SATISFACTION AND THE RETIRED MAN

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LIFE SATISFACTION AND THE RETIRED MAN

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DEDICATION

This study is dedicated to my parents, Carla and Paul Peperzak, and my husband, Michael Blake.

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ABSTRACT

A descriptive/correlational study was conducted to investigate whether retired men were satisfied with life and to describe the reasons why retired men were satisfied and/or dissatisfied with life. Relationships between life satisfaction, health, lifestyle activities and selected demographic variables were also investigated. In addition, three hypotheses were tested to examine the relationships between the following concepts: (1) health and life satisfaction, (2) lifestyle activity and life satisfaction and (3) health and lifestyle activity.

A convenience sample of 41 retired, anglo men who resided in the community participated in the study. An interview was conducted using a tool which included questions on sample characteristics, reasons for satisfactions and dissatisfactions with life and the Life Satisfaction Index.

Findings revealed that the majority (92.7%) of participants appeared to be satisfied with life. Only two variables were found to be significantly related to life satisfaction, self-reported health and income. The data supported only one of the three hypotheses tested.

CHAPTER 1

INTRODUCTION

> As for old age, embrace it and love it. It abounds with pleasure if you know how to use it. The gradually declining years are amongst the sweetest in a person's life; and I maintain that even where they have reached the extreme limit, they have their pleasure still (Seneca in Arnold, 1976).

The life cycle is composed of many transitions that an individual encounters as he moves through life. Examples of transitions are: birth, infancy, childhood, adolescence, young adulthood, middle age and old age. Of all life's transitions, old age is the most difficult to imagine. People behave as if they will never grow old; they live as if they will never die. Old age is an abstraction of the future, difficult to grasp, and a mystery of other people's lives. For many people, it is easier to imagine being dead than to imagine being old (de Beauvoir 1973). Being an old person to many means conceiving of one's self as a different person, a markedly changed being. Old age means a mutation of the self, changes forced upon the healthy adult by the decay of body and mind (Dangott and Kalish 1979, p. 12).

In this view, the average person grows older within an emotional atmosphere riddled with myths and stereotypes about aging (Saul 1974, p. 20). Older persons are generally thought of as useless people. Old age is looked upon as a period characterized by poor health,

loneliness, resistance to change, failing mental powers, physical decay, economic insecurity and dependency (Dangott and Kalish 1979, p. 12).

Unfortunately, there is a scarcity of research studying the positive aspects of aging. Most research on older persons was based on studies of the sick and infirm (Butler and Lewis 1982). Today, only a limited amount of research focuses on healthy, active older persons in the community, particularly on retired men. There is, therefore, little published information available to health professionals and the public on the positive aspects of growing old.

In the United States, at the end of 1981, there were an estimated 25.6 million people who were 65 years of age or older, just over 11 percent of the population, up from 4 percent at the turn of the century. By present projections, between the years 2020 and 2030, approximately 20 percent, or one of five Americans will be over 65. With new medical discoveries and improved health care, the percentage of older persons may increase even more dramatically (Butler and Lewis 1982, p. 66). There is a growing need to expand and modify the quantity and quality of health care to the ever-increasing number of older persons in the United States.

In response to the needs of older persons, national concern has been directed to their socioeconomic problems. The nursing profession, meanwhile, has planned to meet the needs of older persons through the provision of educational programs in order to produce professionals who will provide health care. Unfortunately, caring for the aged is unpopular with nurses (Meyer et al. 1980, p. 62). While there is an

increasing need for gerontological health care providers, there is general agreement that nurses have not shown an increasing interest in working with older persons (Campbell 1971, Gunter 1971, Putnam 1974).

Gillis (1973) and Bevan (1972) attributed the inadequacies in the quantity and quality of care to negative attitudes of health care professionals and the public. These negative attitudes toward older persons have been described as "ageism," the prejudices and stereotypes that are applied to older people merely on the basis of their age (Butler 1980, p. 42). Prejudice toward older people begins early in childhood and is an attempt by younger generations to shield themselves from the fact of their own eventual aging and death and to avoid having to deal with the social and economic problems of increasing numbers of older persons (Butler and Lewis 1982, p. 176).

As long as health professionals and the public believe that older persons are poor, sick, rigid, unhappy and incapable of learning, the prospect of old age is definitely unattractive and repelling. In reaction to these stereotypes, health professionals and the public will continue to dissociate themselves from old people and relegate them to an inferior status in society (Dangott and Kalish 1979, p. 14).

Statement of the Problem

The problem statements under investigation in this study were:

1. Are retired men who reside in the community satisfied with life?
2. Why are the retired men in the community satisfied and/or dissatisfied with life?

3. What are the relationships between life satisfaction, health status, lifestyle activity and selected demographic variables for this population?

Significance of the Problem

Early research findings on older persons suggested that old age was a period of life marked by failing physical and mental powers, resistance to change and rigidity of personality. This negativity was attributed to research based on experience with the sick and the institutionalized, although only 15 percent of all older persons were confined to institutions (Butler and Lewis 1982, p. 25). These conclusions supported stereotypes of old age and few people thought of old age as a time of health and growth. Researchers mirrored this attitude by focusing on instruments and scales to measure the deficiencies, losses and declines that come with age (Dangott and Kalish 1979).

Nurses, likewise, often find themselves perceiving and reacting to older persons in ways that are inappropriate and reminiscent of previous childhood patterns of relating to older people (Butler and Lewis 1982). In addition to their own personal feelings, nurses are also subject to a multitude of negative cultural attitudes toward older persons which pervade American society.

It is hoped that research directed at investigating the sentiments of older persons toward aging will contribute accurate and practical information about growing old to health care professionals and the public. Nurses, as the largest group of health care professionals in the United States, equipped with this practical knowledge,

may attempt to change the negative attitudes toward older persons and provide quality nursing care to older people.

It is time, then, for nurses, particularly those who work within the community, to take responsibility in describing and exploring the meaning of old age to the older person who resides in the community. This information will provide the nurse with the knowledge to disseminate the information and to implement appropriate nursing skills of assessment, planning, intervention and evaluation with the older persons within the community as well as the general population.

Purpose and Hypotheses of the Study

The purpose of the study is to investigate whether retired men were satisfied with life and to describe the reasons why retired men were satisfied and/or dissatisfied with life. Relationships between life satisfaction, health status, lifestyle activity and selected demographic variables will also be investigated along with the testing of the following hypotheses:

1. Retired men in good to excellent health will have a higher level of life satisfaction than retired men in poor to fair health.
2. Retired men who spend more time in lifestyle activities will have a higher level of life satisfaction than retired men who spend less time in lifestyle activities.
3. Retired men in good to excellent health will spend more time in lifestyle activities than retired men in poor to fair health.

Conceptual Framework

There are three concepts fundamental to this study of life satisfaction for the retired man. They are: (1) Life satisfaction, (2) Health, and (3) Lifestyle activity.

Life Satisfaction

Life satisfaction is the degree to which one is "presently content or pleased with his general life situation" (Lemon et al. 1972, p. 513). The concept applies to the whole man and is related to many components of the individual's biological, social and psychological environment. Examples of these components are: health, income, occupation, social class, education, age, sex, marital status, personality and lifestyle activities. Life satisfaction in retirement involves a complex interchange between these biological, social and psychological factors and the individual. It is assumed that among the numerous goals an individual strives for in life, the ultimate goal is life satisfaction. To achieve life satisfaction, each individual is dependent on successful interchange of the factors above (Kimmel 1974).

Health

Health is defined as the state of being free of any debilitating illness(es) that significantly interferes with personal and social functioning. This definition does not assume the individual is free of morbid conditions. Illness and subsequent poor health are biological factors of crucial importance to the retired person. Health may affect life satisfaction, the roles one plays, and the status one receives in

retirement. Poor health may also have an impact on the way the retired person perceives himself. For example, if the individual requires constant care or is physically dependent on prescribed medications and remedies, his feelings of independence, competence, meaningfulness and self-esteem are likely to be difficult to maintain (Kimmel 1974). One concern of this study is the association of health and life satisfaction. Past research indicates that while assessing their own health, older people have and maintain a strong reality orientation (Maddox and Douglass 1973). Other research has found that self-assessed health has a consistent effect on life satisfaction (Edwards and Klemmack 1973, Palmore and Luikart 1972, Toseland and Rasch 1979-1980).

Lifestyle Activity

Lifestyle activity relates to the individual as a whole. A life style is an accumulation of role activities where a man's time, energy and ego involvement is distributed among the various interests and concerns of life to achieve his goals and objectives in life (Havighurst and DeVries 1969, p. 36). Lifestyle activity is defined "as any regularized or patterned action or pursuit which is regarded as beyond routine physical or personal maintenance" (Lemon et al. 1972, p. 513). An individual's personality and his past life experiences have an affect on the development of his lifestyle activity. The lifestyle activity may be active or passive. The present study involves four separate types of lifestyle activities: (1) informal activity includes social interaction with family and friends, (2) formal activity

includes social participation in formal voluntary organizations, church and clubs, (3) solitary activity includes such pursuits as watching television, reading, housework and hobbies of a solitary nature, and (4) health activity includes routine exercise and visits to the doctor, clinic or hospital (Desroches and Kaiman 1964, George 1978, Lemon et al. 1972). Past research indicates that lifestyle activity has a direct affect on life satisfaction (Havighurst, Neugarten and Tobin 1968, Kutner et al. 1956, Maddox 1963, Markides and Martin 1979, Walker et al 1980-1981).

In summary, to achieve life satisfaction, the individual is dependent on many factors, two of which were identified to be health and lifestyle activity. Without good health the individual may experience loss of independence, loss of meaningful roles and the inability to maintain previous lifestyle activity. Lifestyle activity, in turn, is often dictated by the individual's health along with other social, cultural and psychological factors. The lifestyle activity each individual adopts enables the individual to achieve his goals in life. The individual who is unable to maintain his chosen lifestyle activity may also experience loss of status, loss of meaningful roles, loss of self-respect and feelings of disappointment, frustration and anger. It is naive to believe health and lifestyle activity are the only variables associated with life satisfaction, nor is it certain what relationship health and the lifestyle activities of retired men have with life satisfaction. The literature does not contain data on the relationships

between these variables and the specific population of retired men. This study is, in part, directed toward investigating the relationships between health, lifestyle activity and life satisfaction of retired men.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter reviews the literature related to concepts of life satisfaction, health and lifestyle activity followed by a short section on retirement and life satisfaction. This is a general review not specific to the population of retired men. Selected demographic variables and life satisfaction are also discussed.

Life Satisfaction

Gerontologists have spent considerable effort attempting to define life satisfaction and identifying correlates of life satisfaction. Bortner and Hultsch (1970, p. 41) defined life satisfaction as the "rating of individuals in terms of a general appraisal of their life." The goal of this study of life satisfaction was to obtain knowledge about the human life cycle, and ultimately to use this knowledge to enhance the life satisfaction of older persons.

In recent years a voluminous amount of literature has appeared concerning life satisfaction among older Americans (Beckman, Williams and Fisher 1958, Bengston et al. 1977, Bishof 1976, Bortner and Hultsch 1970, Cutler 1973, Edwards and Klemmack 1973, Hoyt et al. 1980, Knapp 1976, Larson 1978, Lemon, Bengston and Peterson 1972, Maddox and Douglass 1973, Markides and Martin 1979, Medley 1976, Neugarten,

Havighurst and Tobin 1961, Palmore and Luikart 1972, Peck and Berkowitz 1980, Spreitzer and Snyder 1974, Toseland and Rasch 1979/1980). Much of the current research involved relating some aspect(s) of the individual's biological, social and psychological environment to some measure of morale, satisfaction with life, or some facet of life satisfaction. Many of these studies utilized different conceptualizations and measures of life satisfaction. This body of research established a few conclusive relationships between measures of life satisfaction and exigencies of people's life situations. Of all the factors studied, self-assessed health status was consistently shown to be significantly related to life satisfaction. Other important correlates of life satisfaction were socio-economic status and income. Activity level and the extent of social interactions were also correlated consistently with life satisfaction (Larson 1978, Toseland and Rasch 1979/1980).

Although there was a considerable amount of data, Edwards and Klemmack (1973), Medley (1976) and Toseland and Rasch (1979/1980) pointed out that what was lacking was an explicit attempt to determine which, if any, of the many variables related to life satisfaction were the most efficient predictors of it. Furthermore, there was insufficient data on what combination of factors were most successful in explaining the variance in experienced life satisfaction. In addition to the absence of conclusive information as to which variable or combination of variables explained life satisfaction, there was a notable lack of research focusing on variables associated with life satisfaction of the older man.

The literature cited two theories, the Developmental Theory and the Personality Theory, which were of great significance to the study of life satisfaction. The association of these two theories to life satisfaction were not measured because of the more restricted focus of this study. Despite the lack of empirical investigation, the potency of these theories should not be overlooked and shall be reviewed herein.

Developmental Theories of Life Satisfaction

Developmental psychology by definition is concerned with issues of continuity and change. The term developmental refers not only to processes that are biologically inherent in the older person, but also to those in which the older person is changed over time by interaction with the environment. Examples of biological processes inherent in the older person are the decline of: physical strength, vision, and hearing ability. Examples of social events that change the older person are: retirement, children moving away from home, death of a loved one and a war between countries. Because of the cumulative record of adaptation and adjustment to both biological and social events, there is a continually changing basis within the older person for perceiving and responding to new events. "Developmental" usually implies movement toward a higher or more differentiated end point, for example, life satisfaction (Neugarten 1968b).

One of developmental psychology's most recognized contributions was the contention that all individuals evolved through a series of unfolding stages. Regardless of disagreements about the number of

stages or the rate of change, most developmental models asserted that for individuals to achieve their goal of satisfaction over the years, they must change in relation to themselves and their environments (Hendricks and Hendricks 1981). Erikson (1963, p. 268) maintained that there were eight distinct periods in life, each marked by a crisis or task which must be resolved if the individual was to move successfully to the next plateau. Erikson described the last stage as one of consummation, a time of integrity versus despair. Successful resolution resulted in life satisfaction and an acceptance of life for what it was, without any sense of having lost anything along the way. The alternative, for those who had not reached successful resolutions along the way, was a sense of despair over what might have been and foreboding about prospects for tomorrow.

Viewing Erikson's last stages as insufficiently detailed, Peck (1968) subdivided the latter half of life into an additional number of phases. Peck focused on developmental tasks and achievement of a perspective in which intellectual pursuits, sociability without sexual connotations and emotional flexibility were desirable attributes. Peck, like Erikson, viewed retirement as a time when new sources of gratification must be elaborated along with an ability to transcend physical states if a person was to maximize personal adjustment and life satisfaction.

Havighurst (1952) elaborated further on the concept of developmental tasks as markers of change along the life span. Some of the

tasks were precipitated mainly by biological maturation, others by social role change, but each task was seen as encompassing biological, psychological and sociological components.

In addition to Havighurst, Lowenthal (1975) and Neugarten (1968b) asserted that the three factors of race, sex and social class, plus related subcultural variables, exerted an inexorable influence over the life course and may have moderated or even altered the way in which developmental stages occurred. According to the theorists who placed a greater stress on environmental factors, how an older person interacted with the world at any period of life could not be anticipated without giving attention to social, cultural and historical factors (Lacy and Hendricks 1980).

In sum, life satisfaction was dependent to some degree on the successful resolution of each of life's developmental tasks and/or stages. Achievement of life satisfaction was also dependent on the ability to change and adapt to the dictates of life's components, which may have been one or more of the following: historical, biological, psychological, social or cultural factors.

Personality Theory of Life Satisfaction: Continuity and Style

The unique pattern of traits and behaviors that characterize a person as satisfied with life and unique, manifests a great deal of continuity throughout life. One such manifestation is seen in the fact that people who have been most active and interested during their earlier years tend to remain so in the later years of life (Aiken 1978).

Despite this assertion, past empirical studies of personality changes in adulthood have provided evidence both for and against stability of the personality (Costa and McCrae 1980).

Recent longitudinal studies using objective tests have shown little or no maturational change in personality. Havighurst and Albrecht (1953) reported that the older persons in their sample who were happy and well adjusted had also been that way in middle age. Cavan, Burgess, Havighurst and Goldhammer (1949) demonstrated a low positive relationship between present (measured) adjustment and earlier (recalled) history of adjustment. Curtin (1972) concluded that those older persons who were maladjusted had usually been uninvolved, passive or unhappy when they were younger. They did not become radically different personalities on the day that they turned 65; rather, they had much the same temperament as when they were 30, 40 or 50. Curtin also observed that aging does not solve but rather compounds one's personal problems. People who have difficulty coping with life at 30 will most likely have similar problems at 65.

Despite the fact that personal adjustment and life satisfaction is a highly individualized process, gerontologists have been able to identify a limited number of personality types associated with adjustment and life satisfaction. An early study of adaptive patterns among middle aged and older men by Reichard et al. (1962) delineated five main types of character structures. These ranged from the healthy mature types who were well-balanced and realistic to the self-haters

whose animosity was directed mostly toward themselves. In between were the passive rocking chair types, willing to leave everything to others as well as the armored personalities who were highly defensive and the angry men who were bitter and aggressive about almost everything. The angry and self-hating individuals were seen as being maladjusted and unsatisfied with life.

In a second study, Neugarten, Havighurst and Tobin (1968) went a step further. They not only categorized personality types, but they related these types to role activities and life satisfaction. Of their four major personality types, the integrated and the armored were high on life satisfaction; the passive-dependent were either high or low; and the unintegrated were low.

In sum, whether or not an individual was satisfied with life and adapted successfully to later life was determined to a large extent by how well adjusted he already was upon reaching old age. Nevertheless, personality is not static; it is modified by, in addition to social, biological and psychological processes, the very process of growing older and the success of one's reactions to the challenges it presents (Neugarten 1968). Despite the lack of research as to which variable or combination of variables are associated with life satisfaction, the literature indicated that life satisfaction was related in some degree to the successful resolution of life's developmental tasks and stages. Life satisfaction was also related to the unique pattern of traits and behaviors the individual brought to later life.

Health and Life Satisfaction

Among all the elements of an older person's life situation, health was the most strongly related to life satisfaction. People who were sick or physically disabled were much less likely to express contentment about their lives (Larson 1978). For most people, self-sufficiency and independence were extremely important qualities of life. Both men and women said that what they feared most about old age was "the possibility of being helpless, poor, sick, dependent and unable to care for themselves" (Dangott and Kalish 1979, p. 6).

No period of life is free from illness or disability, though the types of health problems people face do change. In youth and middle age acute conditions are the most prevalent, only to be replaced in later years by chronic conditions. (It is frequently overlooked that chronic conditions often evolve over many years.) Of the more than 23 million people over the age of 65 in the United States, 85 percent reported the presence of at least one chronic condition. Approximately 50 percent of these people experienced limitations in their daily activity because of poor health (U.S. Bureau of the Census 1979).

The literature reflected little data on the psychological impact of deteriorating health with advancing age. The failure to incorporate health status as a variable in the analysis of data posed serious limitations in generalizing the theory to community based populations. This was particularly true when given the fact that health concerns were so common in this age group, and that health status was

found to be one of the more significant variables affecting life satisfaction of older persons (Bultena and Oyler 1971, Kutner et al. 1956).

Much of the literature indicated that self-rated health was by far the strongest variable related to life satisfaction (Edwards and Klemmack 1973, Maddox and Douglass 1973, Markides and Martin 1979, Palmore and Luikart 1972, Spreitzer and Snyder 1974, Toseland and Rasch 1979/1980). This association of health with satisfaction was similar to the findings of other studies of life satisfaction in old age (Maddox and Eisdorfer 1962, Kutner et al. 1956). These studies, however, did not show that health was the predominant variable affecting life satisfaction.

A number of studies have examined the relationship of the measures of health to life satisfaction. Physicians' ratings provided the most objective measures of health, though they were unable to accurately assess the extent to which a person's condition was painful and debilitating. Three studies utilizing assessments of health made by physicians found low but significant associations of health to well-being (Jeffers and Nichols 1961, Maddox and Eisdorfer 1962, Palmore and Luikart 1972). The person's own assessment of his health (as shown by the self-rated health) was found to be more important than the physician's rating of health (Palmore and Luikart 1972). This implies that a person with poor objective health may still have high life satisfaction if he believes his health is relatively good, and similarly a person with good objective health may have low life satisfaction if he is convinced his health is relatively poor (Palmore and Luikart 1972). It

had been suggested that a person's perception of his health was mainly a function of his overall optimistic or pessimistic view of life. This would explain self-rated health's high association with life satisfaction. While there was probably some effect of the overall view of life on self-rated health, there was also evidence that about 75 percent of respondent's ratings of their own health were in fairly close agreement with the ratings of physicians (Maddox 1964).

The literature identified that while most older persons in Western countries assessed their own health as quite good, there were significant ethnic differences. Overall, only about 12 percent said their health was only fair to poor, whereas, among Hispanics and Blacks up to 20 percent complained of poor health (National Center for Health Statistics 1980).

Research focusing on older people revealed an apparent intrinsic relationship between diminished health and such social factors as marital status, socioeconomic status, education, activity level and general life satisfaction. Two studies suggested that poor health did have a negative affect on the well-being of older persons of lower socioeconomic status (Kutner et al. 1956, Medley 1976). Health was thought to be associated with socioeconomic status and employment, which were also correlated to well-being. In the instances where socioeconomic status and employment were controlled or considered simultaneously, however, the association of health and well-being remained strong (Cutler 1973, Edwards and Klemmack 1973, Spreitzer and Snyder 1974). Kutner et al.

(1956) found that employed people complained less frequently than the retired, unemployed and those who are widowed.

Among a complex range of social conditions that seemed to provide a stable health picture for the older person were: an intact marriage, adequate financial resources, stress-free lives, and a cohesive psychological profile (Pfeiffer 1974). While health status tended to decline following major crises, as with the death of a loved one, one must exercise caution before making generalizations. According to popular conceptions, retirement frequently results in more illnesses. Despite these statements, the best indications were that retirement had little direct affect on health. Whatever changes seemed to occur among retirees also happened among those who had been able to continue working (Hendricks and Hendricks 1981). It may be that claims of impaired health were really rationalizations for not seeking new employment and offsetting displaced status which often accompanies retirement. The sick role may also serve as a replacement for the loss of primary roles that could not be resumed (Hendricks and Hendricks 1981).

In sum, health was a social as well as physical phenomenon and the existence or non-existence of a morbid chronic condition did not predetermine whether an individual would be satisfied with life. A number of interactive factors were considered. One of these factors of particular importance was the person's perception of his health and his overall view of life. Research generally found relationships between life satisfaction and the following variables in addition to self-rated health: socioeconomic status, employment, ethnicity, marital status, and sex.

Lifestyle Activity Theories of Life Satisfaction

In gerontological literature there are two contrasting theories of successful aging. Both are based on empirical research that as people grow older their behavior and life style changes, the lifestyle activities that characterized them in middle age are lessened, and the extent of their social interaction decreased. The two theories then diverged (Havighurst, Neugarten and Tobin 1968, p. 161).

Activity and Disengagement Theories

The first theory, the activity theory, implied that, older people were the same as they were in middle age, except for the inevitable changes in biology and in health, with essentially the same psychological and social needs. In this theory, the decreased social interaction that characterized old age resulted from the withdrawal by society from the older person; and the decrease in interaction continued against the wishes of most older men and women. The older person who was satisfied with life was the person who stayed active and who managed to resist the reduction of his social world. He maintained the activities of middle age as long as possible, and then found substitutes for work when he was forced to retire and substitutes for friends and loved ones whom he lost by death (Havighurst 1968, p. 20).

The disengagement theory, originally developed by Cumming and Henry (1961), interpreted the decreased social interaction as a process characterized by mutuality; one in which both society and the older person withdraw. The older person accepted the withdrawal and, even,

may have desired the decreased interaction. The theory suggested that the individual's withdrawal had intrinsic, or developmental qualities as well as responsive ones. Social withdrawal was accompanied by, or preceded by, increased preoccupation with one's self and decreased emotional investment in persons and objects in the community. Therefore, disengagement was a natural, rather than an imposed process. In this view, the older person who experienced life satisfaction and was, therefore, considered successful in aging would usually be the person who had reached a new stability characterized by: (1) a greater psychological distance, (2) altered types of relationships, and (3) decreased social interaction with the persons around him (Havighurst, Neugarten and Tobin 1968).

On the basis of past investigations one was led to conclude that activity in general, seemed to be consistently important for predicting life satisfaction for the older person. There was one study, however, that found enough evidence to support the disengagement theory. Parsons (1963, p. 54) accepted the theory of disengagement, while adding to it the idea that old age was the "consummatory phase of life, a period of harvest, when the fruits of the older person's previous commitments are primarily gathered in."

On the other hand, literature providing empirical support for the activity theory was extensive. Activity was defined as any regularized or patterned action or pursuit which was regarded as beyond routine physical or personal maintenance (Lemon et al. 1972). There were three separate types of activity: (1) informal activity included social

interaction with relatives, friends and neighbors, (2) formal activity included social participation in formal voluntary organizations, and (3) solitary activity included such pursuits as watching television, reading and personal hobbies (Lemon et al. 1972).

There was a clear positive relationship for general indices of social activity and life satisfaction, yet results were inconsistent for more specific measures. Studies across heterogeneous populations found associations of life satisfaction with general measures of activity (Havighurst, Neugarten and Tobin 1968, Kutner et al. 1956, Maddox 1963, Markides and Martin 1979). For specific tabulations of the frequency of informal activities, a positive association to life satisfaction was noted in four studies (Edwards and Klemmack 1973, Lemon et al. 1972, Medley 1976, Toseland and Rasch 1979/80). For formal activity, differences appeared to exist between urban and nonurban populations. For nonurban samples, formal activity was consistently associated with life satisfaction (Beckman et al. 1958, Edwards and Klemmack 1973, Palmore and Luikart 1972). For urban populations this relationship did not appear to hold (Lemon et al. 1972).

The data indicated that a number of these relationships were not as notable for persons with higher status and good health. Cutler (1973) and Edwards and Klemmack (1973) demonstrated that participation in voluntary associations had a much weaker relationship to well-being when health and socioeconomic variables were controlled. Lemon et al. (1972) found that only social activity with friends was in any way related to life satisfaction for middle and upper middle class

respondents. No significant relationship was found between activity with neighbors, relatives, formal organizations or solitary activity. Bultena and Oyler (1971) found that equal proportions of respondents in good and poor physical health evidenced high levels of social contact.

Tobin and Neugarten (1961) found that with advancing age, activity became increasingly important for predicting life satisfaction. Lowenthal and Haven (1968) found relationships with a close confidant to be positively associated with mental health and morale.

Certain demographic variables and social conditions were identified by a number of researchers as factors which supported an increase or decrease in the general relationship between activity and life satisfaction. These conditions were usually referred to as role losses or role changes; they included phenomena such as widowhood, retirement, and failing health (Edwards and Klemmack 1973, George 1978, Hoyt, Kaiser, Peters and Babchuk 1980, Rosow 1967). In a cross-cultural study, Havighurst, Neugarten, Munnichs and Thomae (1969) reported a substantial positive correlation between total activity in twelve social roles and general life satisfaction.

Finally, Bull and Aucoin (1975), Cutler (1973) and George (1978) questioned the presence of a significant and predictable relationship between the levels of activity and well-being. The data by George (1978) indicated a weak correlation between levels of activity and psychological well-being and further suggested that these two phenomena were best predicted by different variables. Personality factors were better predictors of psychological well-being than were social status

factors. Activity levels were better predicted by social status variables. Lastly, psychological well-being and activity were best predicted by different personality and social status factors.

In sum, the literature offered little support for the disengagement theory. There was greater support for the activity theory which implied an individual remained active as he progressed through life. Lifestyle activity referred to that level of activity the individual adopted to correspond with his lifestyle. The activity and disengagement theories provided a general background for the study of the relationship between lifestyle activity and life satisfaction. It was here that one was reminded of the complexity of the study of the older person; the variability of older persons in terms of their physical, social and psychological condition; and the dilemma of stereotyping of older persons.

Retirement and Life Satisfaction

Understanding retirement as it relates to life satisfaction involved examining retirement as an event, status and process. Retirement as an event marked a transition point, a rite of passage from one social position to another. Following the event of retirement, the individual achieved a retired status, a new social position with its own unique roles, expectations and responsibilities. The process of anticipating the new status as one approached retirement and the conscious and unconscious working through of the conflicts and resocializations involved in the change in status is the process of retiring (Kimmel

1974). This approach to retirement suggested the importance of biological, social and psychological factors that interact with the retirement process.

Analyses of retirement resulted in a variety of models assumed to lead to life satisfaction and successful adjustment. One of the early models of retirement adjustment was originated by Friedmann and Havighurst (1954). Maximum adjustment to retirement was assumed to be characterized by a tendency toward substitution. It was hypothesized that the loss of the work role portended the loss of nearly all satisfactions once derived from work-related activities. To adequately adjust to the new status of a retired person, the individual must replace or find substitutes for those satisfactions relinquished with the job. Another model developed to explain adjustment, viewed retirement as a process. Adjustment was made by accomodation or adaptation made by the individual to changes in roles, activities and meanings that accompanied the prospect, occurrence and continual unfolding of retirement. It was assumed that accomodation occurred throughout the life span, therefore, adjustment to retirement was a continuous process of accomodation (Shanas 1972). Despite the attempt to develop models of adjustment to retirement, research indicated that there were numerous and controversial factors which affected the relationship between retirement and life satisfaction.

Hypothesizing that work was the primary source of a man's social status and self identity, and that, as a result, retirement had

negative consequences for psychological adjustment, Thompson (1973) found that controlling for health, physical disability, age and income, there was no difference between life satisfaction for employed and retired men. In the Cornell Study of Occupational Retirement, Streib and Schneider (1971) emphasized the absence of negative effects of retirement on their respondents. For example, although there was a drop in income of nearly 50 percent, most respondents felt that their income was adequate. They found no evidence of increased feelings of uselessness, no increased awareness of aging, and no marked decline in health as a result of retirement per se.

Barfield and Morgan (1969) found that satisfaction with retirement was greater when: (1) there was preretirement planning, (2) the retiree's health was good, (3) his standard of living was as good or better than before retirement, (4) his income had been relatively high, (5) his education was more extensive, and (6) the company he worked for had a preretirement program. Bishof (1976) described adjustment in retirement as a developmental process which involved many factors such as self image, personality, goal success, preretirement plans, attitudes of spouses, wanting to retire (voluntary) as opposed to having to retire (compulsary), and financial status.

A review of the research on particular factors associated with life satisfaction and retirement follows. Kimmel, Price and Walker (1978) found that specifically, post-retirement health status was the most important predictor of retirement attitudes and life satisfaction.

Despite this finding the data clearly showed that the health complaints of most retired men were not the results of their retirement. Shanas (1970) inferred from her findings that the order of events was that poor health was a major cause of retirement. Health complaints apparently existed before men chose to retire. Thompson and Streib (1958, p. 33) agreed, "the correlation between retirement and poor health is largely explained by the fact that people in poor health tend to retire, and not that retirement affects health."

Life satisfaction in retirement stemmed to a significant degree from a worker's prior attitudes toward the event or process of retirement. If the individual perceived retirement negatively, feared the loss of the work role or friends from the job, or was uncertain for any reason about the future, adjustment may have been difficult (Hendricks and Hendricks 1981). Kimmel et al. (1978) found positive preretirement feelings about retiring to be highly predictive of retirement income; were also predictive of retirement satisfaction, but less important in predicting retirement attitudes. In general, voluntary retirement, that is, retirement selected by choice, was as significant a predictor of retirement attitudes as income, and more significant than education or occupational status. Voluntary retirement, however, predicted retirement satisfaction only when health and preretirement feelings about retiring were not known (Kimmel et al. 1978, p. 585).

Educational and occupational background appeared to be strongly associated with life satisfaction and successful transition in retirement. Hendricks and Hendricks (1981) speculated that professional or

white-collar workers viewed retirement positively, partially because they exercised a greater degree of control over their life situation; also they were able to anticipate relatively fewer financial constraints. Both Bishof (1976) and Bengston et al. (1977) findings found middle-level, white-collar and skilled workers welcomed retirement and seemed to have relatively good experiences in retirement. Lower level, semiskilled, unskilled and service workers were much more passive in anticipation of retirement, did not enjoy it as much, and responded more negatively than higher status workers. Streib and Schneider (1971) reported that satisfaction in retirement was nearly always higher among professionals or among those workers who manifested a positive preretirement attitude, although more professionals continued working than other workers.

In summary, there were a number of different patterns of adjustment leading to life satisfaction in retirement. Life satisfaction in retirement may have been affected by such factors as health, income, age, sex, attitudes, education, occupational status, family and marital relationships, lifestyle activity level, and personality.

Demographics and Life Satisfaction

The following demographic variables will be discussed based on their relationship with life satisfaction in the literature for the general older population: (1) socioeconomic status, (2) age, (3) sex, and (4) marital status.

Socioeconomic Status

Income, occupational status, social class and education were all considered components of socioeconomic status (SES). A number of studies established that older persons of lower SES tended to have lower subjective well-being. This association was maintained when the relationship was evaluated simultaneously with control variables such as health, employment and marital status (Larson 1978).

Depending on the measure of well-being the results were different. There was less of a relationship between SES and life satisfaction for those studies dealing with an immediate time frame, such as morale measures and single item measures. There was a greater relationship for those studies dealing with SES and long-term life satisfaction (Clark and Anderson 1967, Kutner et al. 1956, Palmore and Luikart 1972, Neugarten, Havighurst and Tobin 1961). These studies suggested that while SES is associated with a person's present morale, it had a greater association with long-term sense of well-being.

While many of the socioeconomic characteristics showed relationships to well-being, Beckman et al. (1958), Edwards and Klemmack (1973) and Palmore and Luikart (1972) noted that income was consistently an important determinant of life satisfaction. Further, they found that when SES was held constant many independent variables (e.g., age, sex, marital status and family size) frequently found to be statistically correlated with life satisfaction became statistically insignificant or were eliminated altogether.

An independent association of occupational status with well-being was identified by Beckman et al. (1958), Edwards and Klemmack (1973) and Spreitzer and Snyder (1974). Education had surprisingly little relationship to life satisfaction (Edwards and Klemmack 1973, Markides and Martin 1979, Palmore and Luikart (1972). Finally, it was difficult to identify the processes by which life satisfaction and SES were related because there were major differences between study populations, the contribution of component variables and there was an absence of longitudinal research.

Age

There were studies which showed a slight decline in well-being with age for cross-sectional samples of older persons (Edwards and Klemmack 1973, Palmore and Luikart 1972). When controls were introduced for factors such as decreased health, decreased financial resources, widowhood, loss of friends, and decreased activity, which often accompany aging, however, the association between increased age and decline in well-being disappeared (Larson 1978). Bortner and Hultsch (1970) and Palmore and Luikart (1972) in their data found the correlations between life satisfaction and age to be very low indicating that the older subjects tended to be slightly less satisfied than the younger subjects.

Sex

Occasional studies have shown slight associations between sex and well-being (Kutner et al. 1956, Markides and Martin 1979, Medley

1976). However, there appeared to be no consistent sex differences in well-being for older persons (Bishof 1976, Cavan et al. 1949, Peck and Berkowitz 1980). Palmore and Luikart (1972) noted the main differences between men and women were that, after self-rated health and organizational activity had been accounted for, internal control was the only other significant variable for women, while having a confidant, high performance status, amount of employment and social activity were significant for men. It appeared that life satisfaction for men was more dependent on a variety of active roles.

Marital Status

Research indicated a slight positive relationship between marital status and life satisfaction. For the general population of older people, studies indicated persons who were married had higher average well-being scores (Larson 1978). When SES and other variables were controlled, a low positive association was maintained (Edwards and Klemmack 1973, Spreitzer and Snyder 1974). Kutner et al. (1956) suggested that well-being of single people tended to be relatively similar to that of married persons, while widowed, divorced, and separated persons tended to report lower well-being. There was some suggestion that widowhood had more impact on the well-being of men than women (Larson 1978).

In summary, due to the multiplicity of study populations and measures of life satisfaction, it was difficult to isolate which variables had a strong universal correlation to life satisfaction. No one variable or combination of variables appeared to have an undisputable, strong correlation to life satisfaction.

CHAPTER 3

RESEARCH METHODOLOGY

The research methodology chapter includes: (1) the design of the study, (2) the sample and setting, (3) a description of the pilot study, (4) the procedure for data collection, (5) a description of the interview, and (6) the method of data analysis.

Design of the Study

This was a descriptive/correlational study. "Descriptive research is primarily concerned with obtaining accurate and meaningful descriptions of the phenomena under study" (Abdellah and Levine 1979, p. 703). The primary purpose of the study was to investigate whether retired men were satisfied with life, and to describe the reasons why retired men were satisfied and/or dissatisfied with life. The relationships between life satisfaction, health status, lifestyle activity and selected demographic variables were also investigated.

Sample and Setting

The study was conducted in Gallup, New Mexico, a town of approximately 18,000 situated on the high plateau of northwest New Mexico (elevation 6800 feet above sea level). The climate is, in general, rugged; very cold in the winter, windy in the spring, very dry in the summer and the autumn is magnificent. Trade with the Indians; primarily

silver and turquoise; (the Navajo, Hopi and Zuni Indians) is the largest contributor to Gallup's economy followed by mining; coal and uranium; and the tourist industry. Gallup is known for its tri-cultural population of Native Americans, Hispanics and Anglos, a diverse group of cultures, incomes and life styles.

The sample was a convenience sample consisting of 41 men, all Anglo, aged 65 or older who had retired from their work and/or main lifetime occupation and who resided in the community. Retired was defined as working no more than 24 hours per week for pay. All the participants denied working for pay at the time of the interview.

The setting for the interview was arranged at the participant's convenience via telephone contact. All interviews took place in the private residence of the participant except for one interview, which took place at the senior citizen center in Gallup. A number of the interviews were conducted with the spouse of the participant present. This did not appear to affect data collection. The interviews took between 30 to 60 minutes to complete.

Pilot Study

A pilot study of a three-part standardized interview was implemented with seven participants to detect any unforeseen problems in the research methodology. The sample was all male, aged 55 through 68, retired and resided within the community. Four of the participants were Anglo, two were Hispanic and one was Oriental.

The interview consisted of both open-ended and closed questions. Closed questions are questions in which the responses of the subject are limited to stated alternatives and open-ended questions are designed to permit a free response from the subject (Selltiz et al. 1976). The length of time for the interviews ranged from between 20 to 60 minutes. The pilot test took four weeks to complete.

Reliability

The stability of responses, one measure of reliability, refers to consistency in obtaining similar results on repeated administration of the same questions (Polit and Hungler 1978). Reliability was tested by repeating the interview with each of the seven participants not less than two weeks after the initial interview. The responses of each of the seven participants were found to produce consistent results.

Validity

The content and face validity of the questions were addressed by the investigator and a panel of experts. The experts included two doctorally prepared nurse scientists and administrators and a masters prepared nurse administrator. Validity was also addressed through determining whether or not the participants understood the questions and gave appropriate responses. There appeared to be no difficulty in this area with the exception of the two Hispanic subjects who experienced a language barrier. It was determined, then, that the final sample of participants would be fluent in the English language, therefore, the final sample consisted of all Anglo individuals.

Data Collection Procedure

Each prospective participant was invited to participate in a study entitled "Life Satisfaction and the Retired Man." He was given an explanation of the nature and intent of the study. The Oral Disclaimer Statement (Appendix B) was read to the participant prior to data collection.

The questions from Part One and Two of the interview were also read to the participants. The responses were then recorded by the investigator on the printed questionnaires (Appendices C and D).

The third and last part of the interview was the Life Satisfaction Index (Appendix E). The scale, a Likert-type scale, consisted of 13 statements scored to measure the degree of satisfaction with past and present life phenomena. Each of the 13 statements were printed on individual index cards with a 6-point Likert-type scale presented to the participant. The statements were printed in large letters to provide for effortless reading. The participant was requested to read the statement aloud to the investigator. The investigator recorded the participant's response to each statement on a separate form (see Appendix E).

Data collection was completed in five weeks. All interviews, with the permission of the participants were tape recorded. In observance of one participant's wishes, his interview was not tape recorded. Forty-four participants were interviewed. The data from three of the interviews were discarded. Two of the participants did not meet all the established criteria (age and race) to participate in the study.

One participant's wife responded to all the questions not permitting the participant to respond to the questions.

Description of the Interview

The interview consisted of three parts. Part One of the interview was designed to obtain information about the sample's characteristics (Appendix C). The variables were: age, marital status, education, occupation, length of time since retirement, reason for retirement and retirement location, income, health, health conditions restricting activity and the amount of time engaged in specific lifestyle activities. These variables were compiled from many research studies done in the past and had not been used previously in its present format to the knowledge of the investigator. Of considerable interest was Question No. 9, the question of self-rated health. Palmore and Luikart (1972) correlated life satisfaction with the estimate of self-rated health. They studied the responses to the question, "In general, how is your health right now: excellent, good, fair or poor?" When this was coded on a four-point scale it had a correlation of .26 with satisfaction, higher than any other correlation with satisfaction. They concluded that self-rated health would be the strongest variable related to life satisfaction.

Part Two of the interview was designed to elicit information from the participant about satisfactions and dissatisfactions of his life. Four questions were asked in Part Two of the interview (Appendix D):

1. Can you tell me why you are satisfied with your life?
2. Now, can you tell me why you are not satisfied with your life?
3. Can you tell me what you enjoy about your life? (What do you enjoy doing?)
4. Can you tell me what you dislike about your life?

Questions 3 and 4 were developed to supplement Questions 1 and 2, respectively.

Part One and Two of the Interview were subjected to validity and reliability tests in the pilot study as described above. Validity was tested by pre-testing the interview on seven individuals who met all or most of the criteria for the study. Reliability was tested by repeating the interview on these same individuals approximately two weeks after the first test. The responses were found to be consistent. The content and face validity of the questions were addressed by the investigator and a panel of experts.

Part Three, the final part of the interview, was the Life Satisfaction Index (Appendix E). The instrument chosen was developed by Neugarten, Havighurst and Tobin (1961) with the modifications recommended by Wood et al. (1969). The instrument was selected because of its simplicity, its specific construction for use with a general older population sample and its extensive previous examination and acceptance in gerontological literature.

In the original index of the Life Satisfaction Index (LSIA) by Neugarten, Havighurst and Tobin (1961), five components of life satisfaction were identified: (1) zest versus apathy, (2) resolution and

fortitude, (3) congruence between desired and achieved goals, (4) positive self concept, and mood tone. An individual is regarded as being at the positive end of the continuum of psychological well-being to the extent that he:

> (a) takes pleasure from whatever the round of activities that constitutes his everyday life, (b) regards his life as meaningful and accepts resolutely that which life has been, (c) feels he has succeeded in achieving his major goals, (d) holds a positive image of self, and (e) maintains happy and optimistic attitudes and mood (Neugarten, Havighurst and Tobin 1961, p. 137).

Although conceptually distinct, each component was assumed to have a common link to life satisfaction. Through factor analysis of responses to the LSIA, Adams (1969) provided firm support for this interpretation.

The scaling type utilized for the Life Satisfaction Index was a 13-item, 6-point Likert-type summated rating scale (Appendix E), with both positive and negatively scored items. For each item, the higher the rating (with 6 being the highest), the higher the index of life satisfaction. The participants were asked to indicate the degree to which they agreed or disagreed with the attitude expressed in the statement. A total score was computed for each participant. The total scores were analyzed to determine the number of participants who had favorable attitudes toward life and those who had unfavorable attitudes toward life. Responses to each statement were analyzed to select for the final checklist those items which correlated most highly with the total score, as well as those that consistently discriminated between participants whose total scores were high (strongly agree) or

low (strongly disagree). This final step determined the internal consistency reliability of the scale (Abdellah and Levine 1979).

Wood et al. (1969) examined the relationship between two measures of life satisfaction: (1) the Life Satisfaction Ratings (LSR) based on ratings made by trained judges, and (2) the LSIA, a direct self-report instrument. These instruments were developed in the Kansas City Study of Adult Life (Neugarten, Havighurst and Tobin 1961). The relationship between the two measures on a rural aged population was examined and the correlation was found to be similar as in the original study based on an urban older population. Wood et al. (1969) did an item analysis of the LSIA, dropping seven items as a result. The validity and reliability coefficients of correlation were, .57 and .79, respectively, between the resulting 13 item instrument and the LSR ratings (Wood et al. 1969). These correlations, which are not exceedingly high, show a moderate to high correlation (Rezler and Stevens 1978). Based on the data obtained in this study, the reliability coefficient of correlation was .62 for the 13 item instrument (Appendix E). This shows a moderate correlation which is a substantial relationship (Rezler and Stevens 1978, p. 275).

Analysis of the Data

The data from the Sample Characteristics (Appendix C) were compiled, coded, a frequency distribution was constructed and a content analysis was performed to determine if any patterns existed.

Selltiz et al. (1976, p. 460) proposes that all data of social science can in principle be measured or classified; therefore, "investigators have the responsibility to refine nonquantified data through analysis so that they are subject to quantification or categorization." The responses to Part Two of the interview (Appendix D) on satisfactions and dissatisfactions of life for the retired person did yield nonquantified data. The satisfactions and dissatisfactions identified by the participants were, therefore, analyzed and classified into categories.

The responses from the Life Satisfaction Index (Appendix E) were also compiled, coded and a frequency distribution was constructed. The Pearson r correlation coefficient was used to determine the relationships between health and sample characteristics and life satisfaction. As a descriptive statistic, "the correlation coefficient summarizes the magnitude and direction of a relationship between two variables" (Polit and Hungler 1978, p. 561).

In summary, this was a descriptive/correlational study on life satisfaction and retired men, conducted in Gallup, New Mexico. The interview was pre-tested with seven participants to detect any unforeseen problems in the research methodology. Following the pilot study, minor revisions were made and the interview was implemented with 44 participants. Data from three of the participants were discarded. The data of the remaining 41 participants were compiled, coded, and frequency distributions were made using the SPSS (Statistical Package for the Social Sciences) program. The Pearson r correlation coefficient was also

used to determine the relationships between health and the sample characteristics to life satisfaction.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE DATA

The analysis and interpretation of the data includes a review of: (1) the characteristics of the sample, (2) satisfactions with life, (3) what participants enjoyed doing, (4) dissatisfactions with life, (5) what participants disliked about life, (6) the Life Satisfaction Index, (7) correlates of life satisfaction, (8) intercorrelations among all the variables, and (9) support for the hypotheses.

Demographic Profile of the Sample

All forty-one participants were retired, anglo men. They were noninstitutionalized residents of Gallup, New Mexico.

Age

The mean age of the sample was 73.3. As shown in Table 1, the age range of the sample was 65 to 86 years. The largest number of participants was between 75 and 79 years of age.

Marital Status

All the participants were married at one time. Table 1 shows the participants' marital status. The largest percent of the sample was married (85.4%), followed by those who were widowed (9.8%) and those who were divorced (4.9%).

Table 1. Frequency Distribution of Subjects by Age, Marital Status, Education, Income and Occupation (N = 41).

	Frequency	Percent*
Age		
65-69	11	26.8
70-74	12	29.3
75-79	13	31.7
80-86	5	12.2
Total	41	100.0
Marital Status		
Married	35	85.4
Widowed	4	9.8
Divorced	2	4.9
Total	41	100.0
Education		
Elementary	9	22.0
Secondary	17	41.5
College	10	24.4
Post Graduate	5	12.2
Total	41	100.0
Occupation		
Public Service	11	26.8
Railroad	9	22.0
Business	7	17.1
Agribusiness and Natural Resources	6	14.6
Other	8	19.5
Total	41	100.0
Income (per annum)		
Less than $7,000	4	9.8
$7,000-$15,000	16	39.0
More than $15,000	41	51.2
Total	41	100.0

* Not all percentages total up to 100.00 because of rounding errors.

The distribution of the sample by marital status resembles that of the general population of married men over 65 years of age in the United States. The data for the general population of men over 65 in 1978 was: 75 percent were married, 14 percent were widowed, 6 percent were divorced and 5 percent had never been married (Butler and Lewis 1982, p. 11).

Education

The mean number of years of education completed by the participants was 12.3. Distribution of the participants' formal education appears in Table 1. Nine (22.0%) participants had received some elementary education. The remainder of the participants had completed high school and a number had continued on for further education. The percentage of high school graduates in the sample was 75.6 percent. Of the 31 high school graduates in the sample, 15 (36.6%) had received further education. Ten (24.4%) had completed 4 years of college and 5 of the 10 (12.2%) had continued on to post graduate education.

Compared to the national figures for 1980 (Hendricks and Hendricks 1981), the sample's educational attainment far exceeds that of the general population over the age of 65. The average educational level among Americans 65 and over in 1980, was 9.7 years of school and only 40 percent of the general population over 65 were high school graduates (Hendricks and Hendricks 1981, p. 77).

Occupation

Table 1 shows the distribution of the participants' occupations. The largest number of participants, 11 (26.8%) had retired from public service. The next largest employer was the railroad, which employed 9 (22.0%) of the participants. Seven (17.1%) of the participants had owned their own business. Six (14.6%) had worked in agribusiness and natural resources. Eight (19.5%) participants were employed in occupations which were categorized under the heading, Other.

Below is a description of each of the occupational categories. Public service included those who worked for: the Bureau of Indian Affairs in management, highway construction, engineering, education and law; the Public Health Service in nursing; the army depot in management; and the U.S. Postal Service. The railroad included positions as: conductors, brakemen, locomotive engineers, station agents and maintenance personnel. The various business concerns included: store merchants, insurance, real estate, finance, stenography and painting contract work. The agribusiness and natural resources category included: mining, refinery work and agriculture which included farming and ranching. The Other category included: automobile mechanics, protective service, the police force, car sales, cooking and carpentry.

Income

The ranges of participants' incomes appear in Table 1. The majority of participants, 21 (51.2%) received an income above $15,000 per annum. Sixteen (39.0%) participants' income fell between $7,000 and

$15,000 per annum. Only four (9.8%) received an income of less than $7,000.

The income ranges for the participants and their spouses appear to be generally above the national average. The 1977 median income of families 65 and over was $9,110 (Samuelson 1980), which falls within the income range of 39.0%) of the sample (between $7,000 and $15,000).

Length of Retirement and Reason for Retirement

The mean number of years of retirement was 8.6 for the sample. Table 2 shows the length of retirement in years. The range of years of retirement was 1 to 24 years. The majority of participants, 16 (39.0%) had been retired for 5 to 10 years.

Table 2 also shows the distribution of participants' reasons for retirement. Thirty-four (82.9%) of the participants retired voluntarily. The reasons stated for voluntary retirement ranged from: tired of working, 9 participants (22.0%); to the timing was right, 7 (17.1%); came of age, also 7 (17.1%); and dissatisfaction with the job, 3 (7.3%). Eight participants (19.5%) stated that poor health was the reason why they had retired. Seven of the participants (17.1%) stated that they were forced to retire because they had reached the compulsory retirement age.

Self-Reported Health and Health Conditions Restricting Activity

Table 3 shows the results of participants' self-reported health. Twenty-seven (65.9%) of the participants reported good or excellent

Table 2. Frequency Distribution of Subjects by Length of Retirement (In Years) and Reasons for Retirement (N = 41).

	Frequency	Percent*
Length of Retirement In Years		
1-4	10	24.4
5-10	16	39.0
11-14	11	26.8
15-20	3	7.3
21-24	1	2.4
Total	41	100.00
Reasons for Retirement		
Tired of Working	9	22.0
Poor Health	8	19.5
Timing was Right	7	17.1
Came of Age	7	17.1
Dissatisfied with Job	3	7.3
Forced	7	17.1
Total	41	100.0

* Not all percentages total up to 100.00 because of a rounding error.

Table 3. Frequency Distribution of Subjects by Self-Reported Health and Health Conditions Restricting Activity (N = 41).

	Frequency		Percent*
Self-Reported Health			
Excellent	9		22.0
Good	18		43.9
Fair	10		24.4
Poor	4		9.8
Total	41		100.0
Health Conditions Restricting Activity			
Cardiovascular Disease	6		14.6
Arthritis	6		14.6
Malignant Neoplasm	2		4.9
Post Traumatic Injury	2		4.9
Emphysema	1		2.4
Diabetes	1		2.4
Parkinson's Disease	1		2.4
Hernia	1		2.4
Decreased Stamina and Strength	1		2.4
Subtotal		21	51.2
No Health Restriction of Activity	20		48.8
Total	41		100.0

* Not all percentages total up to 100.00 because of a rounding error.

health. Ten (24.4%) described their health as fair and four (9.8%) described their health as poor.

Twenty, nearly 50 percent of the participants, considered themselves healthy with no restriction of activity. Twenty-one (51.2%) reported a health condition which restricted their activity. The health conditions reported were: cardiovascular disease (6 participants); arthritis (6); malignant neoplasms (2); post traumatic injury (2); emphysema (1); diabetes (1); parkinson's disease (1); hernia (1); and decreased stamina and strength (1).

The data compares with the National Clearinghouse on Aging's statistical notes (1981) that 45 percent of persons 65 years of age and older in 1978 were limited to some extent in their activities. None of the participants reported major limitation in activity; all were able to maintain an independent existence with or without familial assistance.

Lifestyle Activity Levels

Table 4 shows the distribution of hours per week the participants spent in informal activity, formal activity, solitary activity and health activity. The mean and mode of each activity are also presented. The amount of time spent in each activity was broken down into 4 categories. Zero indicated no hours were spent in that activity. Low indicated 1 to 15 hours were spent per week in the activity. Medium indicated 16 to 50 hours per week were spent in the activity. High indicated 51 to 99 hours were spent in the activity per week.

Table 4. Frequency Distribution of Hours Spent in Informal, Formal, Solitary and Health Activity Per Average Week and the Mean and Mode of Each Activity

Hours		Frequency	Percent	Mean	Mode
Informal Activity					
Zero	(0)	3	7.3		
Low	(1-15)	30	73.2		
Medium	(16-50)	8	19.5		
High	(51-99)	-	-		
Total		41	100.0	12.3	10.0
Formal Activity					
Zero	(0)	14	34.2		
Low	(1-15)	24	58.5		
Medium	(16-50)	3	7.3		
High	(51-99)	-	-		
Total		14	100.0	4.6	0.0
Solitary Activity					
Zero	(0)	-	-		
Low	(1-15)	2	4.8		
Medium	(16-50)	22	53.7		
High	(51-99)	17	41.5		
Total		41	100.0	47.9	56.0
Health Activity					
Zero	(0)	14	34.2		
Low	(1-15)	26	63.4		
Medium	(16-50)	1	2.4		
High	(51-99)	-	-		
Total		41	100.0	4.1	0.0

The mean number of hours per week spent in informal activity, which includes social interactions with family and friends, was 12.3. The range was from 0 hours (3 participants) to 50 hours (1). The mode was 10.0 with the majority of participants (73.2%) spending a low number of hours (1-15) per week in informal activity.

The mean for formal activity, which includes social participation in formal voluntary organizations, i.e., church and clubs, was 4.6. The range was from 0 hours (14 participants, 34.2%) to 44 hours (1, 2.4%). The mode was 0, with the majority of participants (92.7%) spending zero or a low number of hours per week in formal activity.

The mean for solitary activity, which includes such pursuits as watching television, reading, housework and hobbies, was 47.9. The range was from 14 hours (1 participant) to 98 hours (1). The mode was 56.0 with the majority of participants (95.1%) spending a medium to high number of hours per week in solitary activity.

The mean for health activity, which includes routine exercise and visits to the doctor, clinic or hospital, was 4.1. The range was from 0 (14 participants, 34.2%) to 28 hours (1). The mode was 0, with the majority of participants (97.6%) spending zero or a low number of hours per week in health activity.

Participants spent the greatest amount of time per week in solitary activity. Thirty-nine (95.2%) spent a medium to high amount of time (more than 15 hours) per week in solitary activity. The amount of time spent in informal activity followed by a significantly wide margin from solitary activity with 8 participants (19.5%) spending a

medium to high amount of time per week in informal activity. The number of hours spent in the two remaining activities--formal activity and health activity--were negligible, with 3 (7.3%) and 1 (2.4%) respectively, spending more than 15 hours per week in these activities.

The demographic data reveals a sample of forty-one anglo, non-institutionalized, retired males of a southwestern community. The age range of the sample was broad, from 65 to 86 years, with relatively equal representation in each year under the age of 82. In general, the majority of participants were married and middle class. They were on the average better educated than the general population over the age of 65 (Hendricks and Hendricks 1981). The majority of the participants had been employed in the public service and the railroad. Most had retired voluntarily and had been retired for an average of 8.6 years. The majority (65.9%) reported good to excellent health, though 34.2 percent reported fair to poor health. Fifty-one percent experienced a health condition which restricted activity. The participants spent the greatest amount of time per week in solitary activity followed with a wide margin by informal, formal and health activity.

Satisfactions with Life

The responses to Part Two of the interview on satisfactions and dissatisfactions of life for the retired person yielded nonquantifiable data. Selltiz et al. (1976, p. 460) indicated that "investigators have the responsibility to refine nonquantified data through analysis so that they are subject to quantification or categorization." The satisfactions

and dissatisfactions identified by the participants were, therefore, analyzed and classified into categories.

Following intensive examination of the data, seventeen subcategories evolved from the reasons why participants were satisfied with life. Further examination for similarities among these categories elicited a final list of seven categories for satisfactions with life. Table 5 presents the number and percent of participants who responded to each category of reasons for being satisfied with life. Each category is a compilation of a number of related subcategories, therefore the subjects may have responded more than once to each category. The number of responses was not included in the table.

The four most frequently reported categories of satisfaction were: family, freedom, success and health. Twenty-seven (65.9%) of the participants stated they were satisfied with their life because of one or more reasons related to their family. Examples of these reasons were: good and/or happy marriage, good wife, successful children and/or grandchildren, good home, supportive and/or good family.

Twenty-six (63.4%) of the participants stated that freedom or one or more elements related to freedom was why they were satisfied with life. Freedom included such responses as: "I'm my own boss, I'm able to do what I want to do, I have time to do what I want to, go where I want, travel, do what I planned, no pressure, no worries, no regrets and no guilt."

Success or feelings of success were identified by 24 (58.5%) participants as a reason(s) for being satisfied with life. Examples of

Table 5. Frequency Distribution of Subjects for Reasons Participants were Satisfied with Life (N = 41).

Categories for Responses	Number and (Percent) of Subjects who Responded*	
Reasons for Being Satisfied with Life		
Family	27	(65.9)
Freedom	26	(63.4)
Success	24	(58.5)
Health	14	(34.2)
Acquiescence	8	(19.5)
Altruism	4	(9.8)
Friends	3	(7.3)
No Reason	3	(7.3)

* Each subject may have responded more than once to each category

success were: "I am financially secure, I had a good life, I had a good and very interesting career, I feel fortunate, I accomplished something and I am free of want." Fourteen (34.2%) participants stated that having good health was a reason why they were satisfied with their lives.

Three other categories were identified as reasons for being satisfied with life, but they were less frequently cited than the proceeding four categories. They were: acquiescence, altruism and friends. A feeling of acquiescence was noted among 8 (19.5%) participants as a reason why they were satisfied with life. Examples of aquiescence were: "I have no choice, ain't nothing you can do about it, I'm still here, I'm still alive and what else can I do?" When asked why they were satisfied with life, four (9.8%) participants responded with feelings of altruism. Examples were: "helping people who need help, I enjoy helping out in the lodge and/or church." Three (7.3%) participants stated that having good friends was the reason they were satisfied with their lives.

There were seven categories identified as reasons why participants were satisfied with their lives. The most frequently given reason was their family, followed by feelings of freedom, success, good health, feelings of acquiescence, altruism and good friends. Three participants were unable to give any reason for being satisfied with life.

What Participants Enjoyed Doing

The question, "Can you tell me what you enjoy about your life?" was added to Part Two of the interview to furnish a supplementary perspective on why participants were satisfied with life. It was inferred

that the activities an individual enjoys participating in augments his satisfaction with life.

The responses to the question of what participants enjoyed doing were subjected to similar analysis as that of the satisfactions listed above. Subcategories were developed after investigation of the responses had been made. Further examination resulted in seven categories of what the participants enjoyed doing. Table 6 identifies the categories of what the participants enjoyed doing and the number and percent of participants who responded to each category.

As shown in Table 6, the two most frequently reported activities enjoyed were sports/recreation and general activity. Twenty-eight (68.3%) participants stated that they enjoyed one or more sports and/or recreational activities. Sports/recreation included: hunting; fishing; indoor games (bridge, checkers, chess and billiards); outdoor sports (tennis, swimming, bowling and golf); dancing; and hobbies. Hobbies included: woodworking, electrical repair, 4-wheeling, crossword puzzles, making flies for fishing, collecting stamps, chopping wood, raising roosters for cockfights, macrame, weaving, writing books, studying the stock market, going to the horseraces, handling pianos, working with race cars and sitting outdoors and watching people go by.

Twenty-eight (68.3%) participants stated that they enjoyed one or more forms of general activity. General activity consisted of primary solitary activities and included: reading, working around the house, gardening, watching television (news and sports), walking, shopping, cooking and housekeeping.

Table 6. Frequency Distribution of Subjects for What Participants Enjoyed Doing (N = 41).

Categories for Responses	Number and (Percent) of Subjects Who Responded*	
What Participants Enjoyed Doing		
Sports/Recreation	28	(68.3)
General Activity	28	(68.3)
Travel	19	(46.3)
Visit with Family	11	(26.8)
Visit with Friends	10	(24.4)
Formal Activity	9	(22.0)
Activities of Daily Life	4	(9.8)
No Response	-	

* Each subject may have responded more than once to each category.

The three next most common activities enjoyed were: traveling, and visiting with family and friends. Travel was enjoyed by 19 (46.3%) participants. This category included four participants who owned a second ranch or home where they would spend time traveling to, visiting and working on. Eleven (26.8%) participants enjoyed visiting with their families which often included extended family members, that is, grandchildren.

Visiting with friends was enjoyed by 10 (24.4%) participants. The visits often took place on a regular basis such as "coffee with the boys" one or two times a week. Another example would be "playing cards at the Elks with the boys."

Formal activity and activities of daily living were also enjoyed by the participants. Nine (22.0%) participants enjoyed formal activity. In contrast to general activity, formal activity was more of a social activity. Formal activity included: lodge and club work, helping people in need, and keeping active in the business. Four (9.8%) participants enjoyed engaging in activities of daily living. These participants enjoyed, in particular, eating and sleeping.

In summary, the participants enjoyed a wide range of activities. They appeared to equally enjoy social as well as solitary activities. The same number (28) participated in sports/recreation and in general activity. These two activities were followed by travel, visiting with family, visiting with friends, formal activity and activities of daily living. All the participants enjoyed at least one of the activities listed above.

Dissatisfactions with Life

The data obtained from the participants on the dissatisfactions with life generated twelve subcategories. Subsequent examination yielded eight categories of dissatisfactions. Table 7 shows the frequency distribution of subjects for the 8 categories of reasons why participants were dissatisfied with life.

Few participants (21) responded to the question on why they were dissatisfied with life; of those who did, the two most common responses were loss and poor health. Eight (19.5%) participants stated that some form of loss was why they experienced dissatisfaction in their lives. The loss phenomenon was twofold: a loss of roles and a loss of an individual through death. Examples included: "everyone is trying to take care of me, I miss working and I miss my wife." Poor health or a component related to diminished health was identified by five (12.2%) participants. Responses included: "aches and pains I didn't realize I was going to have, and I can't do as much as I used to do."

There were 6 other categories identified as areas of dissatisfactions by the participants. Only three or less responded to each of these categories; therefore, the results appear to be negligible. They are included for the reader's interest.

Three (7.3%) participants stated that boredom was the reason they were dissatisfied with life. Examples of boredom responses were: "there is nothing to do here and the winter closes in and life gets boring." The political situation in the country was a concern to two participants. The state of the economy and the potential reduction in

Table 7. Frequency Distribution of Subjects for Reasons Participants were Dissatisfied with Life (N = 41).

Categories of Responses	Number and (Percent) of Subjects Who Responded*	
Reasons Participants were Dissatisfied with Life		
Loss	8	(19.5)
Health	5	(12.2)
Boredom	3	(7.3)
Political Situation in Country	2	(4.9)
Lack of Achievement	2	(4.9)
Loneliness	1	(2.4)
Too Active/No Time	1	(2.4)
Wife Unhappy with Retirement	1	(2.4)
No Reason	20	(48.8)

* Each subject may have responded more than once to each category.

cost of living adjustments in social security were dissatisfactions to these participants. Two participants expressed feelings of lack of achievement and accomplishment. Examples of responses were: "I wonder what I accomplished, I wish I had made more money and there are a lot of things I wish I had done."

One participant noted that his loneliness was a source of dissatisfaction to him. He indicated that "if somebody was living with me, my life would be different." One other participant felt he had assumed too many responsibilities and commitments in retirement. He lamented that he had no time for other activities he would like to pursue. One final participant stated that he was dissatisfied with life because his wife did not enjoy his retirement. She "would rather he went to the office since he was always underfoot."

When questioned "Can you tell me why you are <u>not</u> satisfied with your life?" twenty (48.8%) participants declined to answer. In lieu of an answer, these participants responded with: "but I am satisfied, I'm too satisfied to be not satisfied, no need to run around and worry about being not satisfied, I can't think of anything, personally I am content, and no, maybe I don't expect too much--the older you get the less you expect."

In summary, the majority of participants did not respond to why they were not satisfied with their lives. Of those who did respond, the greatest number felt that a loss in their life was a reason as to why they were not satisfied with life. Other reasons given for not being satisfied with life were: poor health, boredom, the political situation

in the country, a feeling of lack of achievement, loneliness, too active with too many commitments, and a participant whose wife was unhappy with his retirement.

What Participants Disliked about Life

The question, "Can you tell me what you dislike about your life?" was added to the interview to provide a supplementary perspective on why the participants were not satisfied with life. The responses to this question did provide further insight as to why the retired men would be dissatisfied with life.

As in the three previous questions in Part Two of the interview, the responses to this question were subjected to similar investigation and analysis. Seven categories of what participants disliked about life were generated from the data. The categories resembled the categories of dissatisfactions with life. Table 8 identifies the seven categories and the number and percent of participants who responded to each.

As shown in Table 8, health and politics were the most common concerns of the participants. Fourteen (34.2%) participants complained of poor health and/or of being unable to pursue activities of earlier years because of a decline in health. Responses included: "I had 3 strokes and I am wondering if the next one is the last one, I have poor health--the older you get the worse it gets, all these aches and pains, I wish I was healthy, I'm not physically able to do what I could at 25, I can't do things anymore like I used to, I can't do some things that I would like to do, I don't go like I used to and I'm not able to hunt and fish as before."

Table 8. Frequency Distribution of Subjects for What Participants Disliked about Life (N = 41).

Categories of Responses	Number and (Percent) of Subjects who Responded*	
What Participants Disliked About Life		
Decline in Health and Stamina	14	(34.2)
Political Situation in Country	10	(24.4)
Too Active/No Time	3	(7.3)
Loss	2	(4.9)
Lack of Achievement	2	(4.9)
Boredom	1	(2.4)
Loneliness	1	(2.4)
No Response	14	(34.2)

* Each subject may have responded more than once to each category.

Ten (24.4%) participants stated that they were distressed with the political situation in the country. Their concerns included: increased crime, increased drug use, political corruption and the reproachful attitude of the country toward older people. Responses were: "the whole world is going to pot, killing for dope; the laws we got in the country don't mean nothing to the criminals; I dislike the dishonesty and unfairness of the politicians; the insincerity of the politicians; it upsets me the way they throw money around; the corruption and decay in the country and I don't like the attitude of the country about older people--we're just pushed and shoved around."

Five other categories of dislikes were identified by the participants. The categories included: too active/no time, loss, lack of achievement, boredom and loneliness. Being too active and, therefore, having no time to pursue other interests was a dislike of 3 participants. Their responses included: "no time left to do other things because I'm committed to too much; too many responsibilities with different organizations and want to do something and you have another obligation to fill; just ain't enough hours in the day." Loss was experienced by 2 participants. Examples of loss included: "my mind is not as active as at 20 and I have lost my desire for sex." Two participants, also, expressed dislike in their life for their lack of achievement and/or accomplishment. Their responses were: "I regret not making the proper effort to develop myself to accomplish what I could have and having not achieved or taking opportunities." One participant indicated that boredom was a dislike in his life. "Times when I wish I was working so I would have

something to do." Lastly, one participant who noted that loneliness was a source of dissatisfaction to him also noted that it was a dislike to him as well.

In summary, twenty-seven (65.9%) participants had at least one aspect of their life they disliked. Fourteen (34.2%) participants refrained from answering the question, stating they had no response. Of those that did respond, the majority stated that a decline in health and stamina was clearly a dislike to them, followed closely by the political situation in the country. Other dislikes given included: "too active with no time," and a feeling of loss, boredom and loneliness.

The categories of dissatisfactions and dislikes were similar, though the number of responses to each category differed. Decline in health and stamina was the number one dislike of the participants (34.2%) whereas only 5 (12.2%) stated that it was a dissatisfaction. Ten (24.4%) participants found the political situation in the country to be a dislike and only 2 found it to be a dissatisfaction. Loss was a dissatisfaction for 8 (19.5%) participants and a dislike for only 2 participants. Of note is the loss experience was different for dissatisfactions and for dislikes. For dissatisfaction, loss was of roles and spouses; and for dislikes, loss was of mental capacity and desire for sexual activity. Finally, when asked to respond to each question the majority, 20 (48.8%) stated they were not dissatisfied, whereas only 14 (34.2%) stated they had no dislikes. One can infer that inquiring about one's dislikes is less objectional to the participant than inquiring about one's dissatisfactions.

Life Satisfaction Index

Life satisfaction was measured by employing 13 items from the Life Satisfaction Index modified by Wood et al. (1969). The scoring system was a 6-point Likert-type summated rating scale (Appendix E), with both positive and negatively scored items. For each item, the higher the rating (with 6 being the highest), the higher the index of life satisfaction. This scoring system was preferred to the zero-one scoring originally suggested by Neugarten et al. (1961) on the grounds that it would increase information. The scores were obtained by a simple summation of the item scores. The potential range was 13 for the lowest rating of satisfaction through 78 for the highest rating of satisfaction. The median was 45.5. Those who scored less than 45.5 were considered to have low satisfaction. Those who scored more than 45.5 were considered to have high satisfaction.

Table 9 presents the distribution of the summated scores of the Life Satisfaction Index. The range for the sample was 44 through 67. The mean score for the sample was 56.9 with a standard deviation of 6.32, out of a possible score of 78. Three participants scored between 44 and 45, and, therefore, were considered to have an average life satisfaction rating. The remaining 38 (92.7%) participants scored above 45.5 and, therefore, were considered to have a high rating of life satisfaction.

In summary, the results of the Life Satisfaction Index indicated the majority, 38 (92.7%) of the participants appeared to be satisfied with life. Only three (7.3%) participants received an average rating

Table 9. Frequency Distribution of the Subjects' Total Scores for the Life Satisfaction Index (N = 41).

Subjects' Total Scores		Frequency	Percent
Low	(13-43)	-	-
Average	(44-45)	3	7.3
High	(46-58)	20	48.8
Very High	(59-67)	18	43.9
Total		41	100.0

Mean score = 56.9

Potential score range 13 (low sat) to 78 (high sat)

for life satisfaction. None of the participants scored low on life satisfaction.

Correlates of Life Satisfaction

The investigator has made an attempt to summarize and examine the relationships between the sample characteristics (demographic variables, health and lifestyle activity) and life satisfaction. The correlation index used is the product moment correlation coefficient, also referred to as the Pearson r. "As a descriptive statistic, the correlation coefficient summarizes the magnitude and direction of a relationship between two variables" (Polit and Hungler 1978, p. 561). The investigator adopted the guidelines for interpretation of the correlation coefficients from Rezler and Stevens (1978, p. 275). A correlation less than .20 was considered slight--an almost negligible relationship. Correlations between .20 to .40 were low, with a definite but small relationship. Correlations between .70 to .90 were high with a marked relationship. Those correlations which were greater than .90 were very high, which was considered a very dependable relationship. Table 10 presents the correlations between the Life Satisfaction Index and demographic variables, health and lifestyle activities.

Demographic Variables

Age. There was no statistically significant relationship between age and life satisfaction. This compares with the low negative correlation that Palmore and Luikart (1972) found between age and satisfaction. The weak relationship virtually disappeared when Palmore and Luikart

Table 10. Correlations Between the Life Satisfaction Index and Demographic Variables, Health, Lifestyle Activities.

	Correlation Coefficient
Demographic Variables	
Age	-.04
Marital Status	-.13
Education	-.00
Occupation	-.24
Income	.40*
Length of Retirement	-.06
Reason for Retirement	-.08
Health	
Self-Reported Health	.45*
Health Condition Restricting Activity	-.10
Lifestyle Activities	
Informal Activity	-.15
Formal Activity	-.03
Solitary Activity	.04
Health Activity	-.05
Total Activity	-.11

* Statistically significant at $p < .05$.

(1972) introduced controls for factors such as decreased health, decreased financial resources, widowhood, loss of friends and decreased activity which are said to accompany aging (Edwards and Klemmack 1973, Larson 1978).

Marital Status. Past research indicated a slight positive relationship between marital status and life satisfaction (Hoyt et al. 1980, Larson 1978). Kutner et al. (1956) suggested that widowed, divorced and separated persons tend to have lower reported well-being. There was no evidence of any relationship between marital status and life satisfaction in the study sample. A significant association should not be expected; however, with the negligible number (6) of unmarried participants.

Education. There was no relationship between education and life satisfaction. This compares with past research which showed the correlation between well-being and education was small, particularly when statistical controls were introduced (Bortner and Holtsch 1970, Edwards and Klemmack 1973, Spreitzer and Snyder 1974).

Occupation. There was no relationship between occupation and life satisfaction in the sample. Bortner and Hultsch (1970), Edwards and Klemmack (1973) and Spreitzer and Snyder (1974) found only a small independent association between occupational level and life satisfaction.

Income. Income was the only demographic variable which indicated a moderate correlation, or substantial relationship, with satisfaction. The correlation was .40, statistically significant at $p = .009$. This compares with past research that noted income was consistently salient,

with correlations ranging from r = .1 to .3 with life satisfaction (Edwards and Klemmack 1973, Palmore and Luikart 1972, Spreitzer and Snyder 1974).

Length of Retirement and Reason for Retirement. There was no relationship between the length of time since retirement and life satisfaction. There was, also, no relationship between reason for retirement and life satisfaction. This contrasts with Knapp's (1976) study where an individual's general effect or mood tone was negatively related to the length of time since his retirement. Knapp (1976, p. 601) indicated "the negative relationship could possibly be explained by the general boredom and dreariness of retirement resulting from reduced economic and physical well-being." The reason for retirement was found to be significant in the determination of zest for life. An individual who had made extensive plans for retirement and had found the initial experience pleasurable was apt to be more satisfied with life. Lastly, Kimmel et al. (1978) found voluntary retirees scored significantly higher on all measures of retirement satisfaction.

Health

Among all the variables in the study, self-reported health was most strongly related to life satisfaction. The correlation coefficient was .45, statistically significant at p = .003. This data supports what has been published in the literature. Much of the literature indicated that self-rated health was by far the strongest variable related to life satisfaction (Edwards and Klemmack 1973, Maddox and Douglass 1973,

Markides and Martin 1979, Palmore and Luikart 1972, Spreitzer and Snyder 1974).

Health restrictions limiting activity, on the other hand, demonstrated no relationship to life satisfaction. Edwards and Klemmack (1973) received similar findings concerning health status variables, perceiving oneself as being in good health was positively related to life satisfaction, while the number of experienced ailments (either recent or immediately past ones) was unrelated.

Lifestyle Activities

The activity and disengagement theories have stimulated an expansive amount of research on the relationship between activity and life satisfaction. The research has yielded an array of differing findings for different measures of activity and different study populations; but, in general, it suggests measures of these two variables to be positively related but not conclusively established (Hoyt et al. 1980, Larson et al. 1978). Correlations for the most frequently used measure, the Life Satisfaction Index, range from r = .0 to .3 (Larson 1978). In this particular study there were no significant relationships between any of the four activities and life satisfaction. The activities measured were: informal, formal, solitary and health activity. The data from this study supports the findings from three previous studies (Bull and Aucoin 1975, Cutler 1973, George 1978). There was no significant relationship between activity and life satisfaction. Lemon et al. (1972), likewise, found no significant relationship between activity with

neighbors, relatives, formal organizations, or solitary activity. Social activity with friends, only, was in any way related to life satisfaction.

In summary, two variables, self-reported health and income were found to have a significant, positive relationship with life satisfaction. These findings appear to be consistent with findings of similar research (Edwards and Klemmack 1973, Kimmel et al. 1978, Palmore and Luikart 1972, Spreitzer and Snyder 1974). No significant relationships were found between life satisfaction and age, marital status, education, occupation, length of retirement, reason for retirement, health restriction of activity and lifestyle activities.

Intercorrelations Among All the Variables

An examination of the correlations between the variables in the study were found to be statistically significant at $p < .05$. The correlations included: correlations between the demographic variables, self-reported health, lifestyle activity, reasons why participants were satisfied with life, what participants enjoyed doing, why participants were dissatisfied with life and what participants disliked about life. Tables 11 through 16 identify the coefficients for correlation between the variables.

Demographic Variables

Age. There was a substantial relationship between age and length of retirement. The coefficient of correlation was .67; refer to Table 11. This relationship was explicable in that the greater the age the greater the length of retirement.

Table 11. Zero-Order Correlation Matrix: Sample Characteristics.

	Age	Marital Status	Education	Occupation	Income	Length of Retirement	Reason for Retirement	Self-Reported Health
Age	-	.00	-.26	-.09	-.14	.67*	.22	-.07
Marital Status		-	-.30	.11	-.32*	.18	-.11	-.12
Education			-	-.10	.52*	-.19	-.39*	.31*
Occupation				-	-.34*	.11	-.06	-.16
Income					-	-.21	-.34*	.40*
Length of Retirement						-	.02	.08
Reason for Retirement							-	-.16
Self-Reported Health								-

* Statistically significant at $p < .05$.

Table 12. Correlations Between Lifestyle Activities and Sample Characteristics.

	Lifestyle Activities			
	Informal	Formal	Solitary	Health
Age	-.06	-.08	.13	.26
Marital Status	.01	-.11	.15	-.09
Education	-.02	.23	-.20	-.01
Occupation	-.05	.04	.21	-.15
Income	-.30	.20	-.02	-.22
Length of Retirement	-.20	.20	.16	.09
Reason for Retirement	.10	-.33*	.22	-.02
Self-Reported Health	-.03	.16	.07	-.25

* Statistically significant at $p < .05$.

Table 13. Correlations Between Sample Characteristics and Reasons Why Participants were Satisfied with Life.

	Freedom	Family	Success	Acquiescence	Altruism	Health	Friends
Age	.07	.03	-.27	-.05	-.14	-.23	.06
Marital Status	-.03	-.12	-.25	-.08	.13	-.28	.08
Education	.18	.02	.56*	.05	.02	.11	-.11
Occupation	-.32*	-.47*	-.00	.04	-.09	-.04	-.18
Income	.22	.17	.36*	-.45*	.18	.09	.11
Length of Retirement	.10	-.20	-.30	-.03	-.19	-.17	-.03
Reason for Retirement	-.08	-.07	-.09	-.06	-.14	-.15	-.06
Self-Reported Health	.01	-.16	.01	-.12	.21	.18	.07

* Statistically significant at $p < .05$.

Table 14. Correlations Between Sample Characteristics and What Participants Enjoyed Doing.

	Sports/ Recreation	Visit with Family	Visit with Friends	General Activity	Formal Activity	Activities of Life	Travel
Age	-.15	.08	.02	.17	-.14	.16	-.25
Marital Status	-.15	-.13	.01	-.06	-.09	.13	.27
Education	.04	.37*	.06	-.11	.07	.15	.03
Occupation	.02	-.26	.18	-.31*	.12	-.23	.01
Income	.17	.20	-.18	.09	.20	-.01	-.15
Length of Retirement	-.16	-.05	-.16	.17	-.23	.02	-.09
Reason for Retirement	-.17	-.19	-.22	.20	-.22	.06	-.24
Self-Reported Health	.09	.09	-.30	-.05	.06	-.06	-.18

* Statistically significant at $p < .05$.

Table 15. Correlations Between Sample Characteristics and Reasons Why Participants were Dissatisfied with Life.

	Poor Health	Loss	Political Situation	Boredom	Lack of Achievement	Alone	Too Active	Wife Unhappy
Age	.10	.06	.05	.25	-.03	.08	-.22	.02
Marital Status	.02	.18	-.09	.26	-.09	.57*	-.06	-.06
Education	-.30	-.07	.15	-.14	.25	-.21	.22	.32*
Occupation	.01	-.21	.00	.23	-.10	.38*	.04	-.03
Income	-.35*	-.03	.03	-.18	.20	-.34*	.14	.14
Length of Retirement	-.09	.05	.17	.23	.29	.46*	-.11	-.11
Reason for Retirement	.29	-.14	.03	.18	-.26	-.03	-.23	-.23
Self-Reported Health	-.45*	.15	.06	-.14	.31*	.04	.04	.22

* Statistically significant at $p < .05$.

Table 16. Correlations Between Sample Characteristics and What Participants Disliked about Life.

	Poor Health	Loss	Political Situation	Boredom	Lack of Achievement	Alone	Too Active
Age	.01	-.01	-.26	.17	.10	.08	-.25
Marital Status	-.19	.36*	-.11	-.06	.14	.57*	-.11
Education	-.14	-.29	.21	-.02	.21	-.21	.11
Occupation	-.07	.20	.05	-.17	-.05	.38*	.27
Income	-.12	-.31*	.07	-.10	.20	-.34*	-.04
Length of Retirement	-.27	.31*	-.03	.07	-.09	.46*	-.09
Reason for Retirement	.16	-.05	.03	.07	-.34*	-.03	.00
Self-Reported Health	-.47*	.06	.20	.04	.31*	.04	-.04

* Statistically significant at $p < .05$.

Marital Status. Marital status and income had a definite, but small negative relationship (Table 11), r = -.32, indicating that marital status was inversely related to income. There was also a low to moderate positive correlation between marital status and feelings of loneliness and loss. Tables 15 and 16 indicate the correlation for each of these items was .57 and .36, respectively. Loneliness and loss were experienced by the same participant who lived alone and, therefore, the relationship was explicable. The only other participant who experienced loss, experienced loss of sexual desire, and was married. These relationships were not as significant as they appeared because the data evolved from a sample of two.

Education. There was a positive relationship between education and income and self-reported health (Table 11). The coefficient of correlation was .52 and .31, respectively. This data suggested that greater education was accompanied by greater income. One might speculate that higher education leads to an occupation with a higher income. Education seems to indicate, according to Palmore and Luikart (1972), that healthier people are also intellectually superior and able to perform better mentally as well as physically. This may in turn be related to better nutrition, health care and the generally more favorable environment of the upper socioeconomic levels.

There was a small negative relationship between education and the reason for retirement, r = -.39. There seemed to be no clear explanation for this finding. Perhaps one might speculate that higher education is related to reluctance of the individual to retire. Tables

13 and 14 present two moderate to low correlations between education and feelings of success (r = .56) and visiting with family (r = .37). One may speculate that higher education is associated with greater levels of achievement and, therefore, success.

There was one final relationship in Table 15 which was noted between education and the reason why the participant was dissatisfied with life: the wife was unhappy with retirement, r = .32. This correlation, despite its statistical significance, was obtained from only one individual in the sample and was, therefore, negligible.

Occupation. Table 11 presented a low negative correlation between occupation and income, r = -.34. It was not clear why the level of occupation was related to income. Occupation, perhaps, partly determines an individual's level of income and, thus, lifestyle.

There were two low negative correlations between occupation and reasons why participants were satisfied with life: freedom and family in Table 13. The correlations were -.32 and -.47, respectively. It can be inferred that the inverse relationship between freedom and occupation was associated with changes in feelings of control the individual may have experienced in retirement. The association between occupation and good family relations was unclear.

Table 14 presents a small negative relationship between occupation and general activity, an activity the participants enjoyed doing. The correlation was r = -.31. This relationship suggests that general activity is inversely related to level of occupation.

There was a similarly low positive correlation between occupation and loneliness in dissatisfactions with life (Table 15) and dislikes with life (Table 16). The correlation was r = .38. The data was based on one participant and, thus, was negligible.

Income. The relationship between income and marital status, education and occupation was discussed above under each of the variables. Table 11 identifies two more correlations: between income and reason for retirement and self-reported health. The correlations were r = -.34 and r = .40, respectively. Having achieved financial security is, perhaps, the factor responsible for the reason why men choose to retire. In examining the relationship between income and health, one may speculate, though the causal relationship is not known, that a higher income promotes better nutrition and health care, thus better health.

Table 13 indentifies a relationship between income and feelings of success (r = .36) and feelings of acquiescence (r = -.45). These associations appeared to address feelings of internal control in the participants. There was a strong relationship between high income and feelings of success or internal control. This data also indicated that there was an association between high income and a feeling of acquiescence or loss of control over why participants were satisfied with life.

Table 15 indicates a small negative relationship between income and poor health (r = -.35). The table also presents identical relationships between income and loneliness for dissatisfactions and dislikes of life (r = -.34). The latter relationship was based on data from one participant and was disregarded. The negative association between income

and health appears to suggest that without adequate income an individual is unable to maintain good health, perhaps, because he is unable to purchase adequate food, housing and health care.

There was a small negative relationship between income and loss (Table 16), r = -.31. This data was based on the data from only two participants and was, therefore, also disregarded.

Length of Retirement and Reason for Retirement. Tables 15 and 16 show the relationships between length of retirement and loneliness and loss for dissatisfactions and dislikes of life, r = .46. There was also a correlation, r = .31, between length of retirement and loss as a dislike of life. It is difficult to infer from this data since it was based on only two participants. There is a remote possibility that the data suggests that the longer an individual is retired, the greater his feelings of loss and loneliness may be.

Tables 12 and 16 show two negative correlations of statistical significance between the reason for retirement and formal activity and lack of achievement as a dislike of life. The correlations were: r = -.33 between reason for retirement and formal activity; and r = -.34 between reason for retirement and lack of achievement. The association between why an individual retires and formal activity may be attributed to the need to continue substituting a work role for a role within a formal organization. Having not achieved in life was inversely associated with the reason for retirement; the reason was unclear.

Self-Reported Health

Self-reported health was related to education and income, as described above. There was no relationship between self-reported health and lifestyle activities. There were two correlations between self-reported health and dissatisfactions with life; poor health ($r = -.45$), and lack of achievement ($r = .31$), as shown in Table 15. Similar correlations appeared between self-reported health and dislikes of life which reflected the dissatisfactions with life, poor health ($r = -.47$) and lack of achievement ($r = .31$), as presented in Table 16. The association between self-reported health and poor health is explicable. It suggests that an individual reporting a high rating of health would not report poor health as a dissatisfaction or dislike of life. The association between self-reported health and lack of achievement was unclear. Perhaps perceiving oneself as being in good health is positively related to perceiving one's achievements and accomplishments.

In summary, those variables with the most significant relationships between other variables were: marital status, education, occupation, income and self-reported health. Marital status was substantially related to loss, and negatively related to income. Education was associated with income, self-reported health, reasons for retirement, feelings of success and visiting the family. Occupation was associated with income, freedom, family, general (solitary) activity and loneliness. Income was associated with marital status, education, occupation, reasons for retirement, self-reported health, feelings of success, acquiescence, poor health, loneliness and loss. Self-reported health was associated with education,

income, poor health and lack of achievement. The lifestyle activities demonstrated no significant relationship between any of the variables with the exception of reasons for retirement and formal activity which suggested a slight negative correlation. None of the correlations between the variables manifested a marked relationship. There was no statistically significant relationship between health and activities. Health demonstrated a moderate positive relationship between education and income. Education was the only variable which showed a substantially positive relationship with two variables: income and a feeling of success.

Support for the Hypotheses

Hypothesis One: Retired men in good to excellent health will have a higher level of life satisfaction than retired men in poor to fair health.

The data provided support for the hypothesis. The mean scores of the Life Satisfaction Index increased with each level of health from poor to excellent. The mean scores of life satisfaction for those participants with poor health was 53.8. For those participants with excellent health, the mean score of life satisfaction was 61.3. Lastly, among all the variables in the study, self-reported health was most strongly related to life satisfaction with a correlation coefficient of $r = .45$; that is statistically significant at $p = .003$.

Hypothesis Two: Retired men who spend more time in lifestyle activities will have a higher level of life satisfaction than retired men who spend less time in lifestyle activities.

The data provided no support for this hypothesis. This finding concurs with the data of four previous studies (Bull and Aucoin 1975, Cutler 1973, George 1978, Lemon et al. 1972). The consistently nonsignificant relationships concerning informal, formal, solitary and health activity with life satisfaction may indicate these activities are not important sources of role support for life satisfaction for this example.

Hypothesis Three: Retired men in good to excellent health will spend more time in lifestyle activities than retired men in poor to fair health.

The data did not support this hypothesis. The lack of an association between health and activity could possibly be explained by the nature of the activities the participants engaged in. The majority of participants spent the greatest amount of time in solitary activity. One does not necessarily need to be in good to excellent health to engage in solitary activity. The majority of participants, therefore, were able to pursue their activities despite their health.

In summary, the data supported Hypothesis One. There was a strong relationship between health and life satisfaction. There was no support in the data for Hypotheses Two and Three. The overall trends in the data suggested no relationship between activity and life satisfaction and, also, no relationship between health and activity for the retired men in the sample.

CHAPTER 5

CONCLUSIONS AND IMPLICATIONS

This final chapter includes a summary of the study, discusses conclusions and implications for nursing theory and practice and makes recommendations for further research.

Conclusions

The results of the study indicate the majority (92.7%) of the participants appeared to be satisfied with life. Only two variables were found to be significantly related to life satisfaction, self-reported health ($r = .45$) and income ($r = .40$). There were no significant relationships between any of the four activity levels and life satisfaction.

The data suggested that the three most important factors for being satisfied with life in retirement were: (1) the relationship with one's family, (2) the freedom to be able to do what one wants to, and (3) the feeling of having accomplished one's goals and being financially secure. Only fourteen (34.2%) of the participants stated that good health was important for life satisfaction. One would expect health to be more important than financial security. Perhaps good health was not considered a goal of this population, whereas, financial security was a goal to strive for, particularly since the

majority of the participants had survived the depression of the 1930's. Good health has only recently become a national fad in the country. Financial security, therefore, may be of more importance to this age group.

Twenty-eight participants (68.3%) enjoyed a wide range of social as well as solitary activities. This is despite the fact that they stated the majority of their time was spent in solitary activity. The participants appear to have substituted solitary activity for work activity after retirement. This conjecture supports the substitution theory by Friedmann and Havighurst (1954). It was hypothesized that to adequately adjust to the new status of a retired person, the individual must replace or find substitutes for those satisfactions relinquished with the job (Friedmann and Havighurst 1954). The limitation in the interpretation of the data is that the investigator did not explore what activities the participants enjoyed or engaged in prior to retirement. It is difficult, therefore, to assess the change in activities during retirement. That is, has the participant spent the majority of his life in solitary activity or has the individual increased the amount of time spent in solitary activity since retirement?

Twenty participants (48.8%) did not respond to why they were not satisfied with their lives. Perhaps they felt the question to be inexpedient and did not want to share their dissatisfactions with the investigator. Perhaps, they felt since the title of the study was "Life Satisfaction and the Retired Man" they should not have any

dissatisfactions. Of those who did respond to the item, the most common dissatisfaction with life, was a feeling of loss; the loss of the working role and the loss of a spouse.

Only 21 (51.2%) participants stated they had a dissatisfaction with life, whereas, 27 (65.8%) reported a dislike about their life. The responses to the dislikes of life were similar to the responses to the dissatisfactions of life. The wording of the question in dislikes, appeared to encourage more responses, though. Two of the most frequently reported dissatisfactions and dislikes about life were: (1) the decline in health and stamina, and (2) concern about the political situation in the country. Health becomes an important factor to an individual when he experiences poor health. Health does not appear to be important, however, when an individual is in good health. One may infer that people in good health, take health for granted. In view of the second most popular concern, politics, it is well known that older persons have a tremendous impact on government affairs because they are the largest percentage of the population that exercise their voting privileges (McKinley County Bureau of Election 1983). The data explains this fact by noting the substantial interest and concern of this population toward political affairs.

In conclusion, life over 65 is not replete with poor health, loneliness, unhappiness, economic insecurity and dependency. Instead, the data from this study suggests that life promises enjoyment and satisfaction, particularly for those retired men over 65 who participated in the study. One may expect to experience many pleasures,

particularly the freedom to pursue activities which one enjoys. Life satisfaction is not guaranteed, however, for this population or for any aggregate for that matter. The data indicated perceived good health and financial security were important variables in life satisfaction.

The primary aim of the study was to investigate whether retired men were satisfied with life, and to describe the reasons why retired men were satisfied and/or dissatisfied with life. Investigation of the relationships between life satisfaction, health, lifestyle activities and selected demographic variables were also made. The basic thesis of the literature was that health and activity were the primary variables related to life satisfaction. Investigation of this premise revealed that life satisfaction was associated with health and income and not with activity. The findings were similar to earlier studies showing the relative strength of self-reported health and financial adequacy as predictors of life satisfaction (Spreitzer and Snyder 1974).

Implications for Nursing Theory and Community Health Nursing Practice

The implications of these findings for nursing are substantial. The study presents a new conceptualization of older persons and provides insights into the satisfactions of growing older. The study describes an older population as not poor, destitute, sick and unhappy, but instead, educated, active, happy and interested in life. Nurses, equipped with this practical knowledge about this aggregate, may

attempt to change their own attitudes as well as other people's attitudes toward older people.

The findings described the satisfactions, dissatisfactions, pleasurable activities and dislikes of the retired men. This information provided added insight into what factors were important to the retired men in this study. A nurse is better prepared to provide appropriate nursing care to an aggregate of older persons when he/she understands the needs of the aggregate. The nurse should incorporate this knowledge in designing a care plan for this population.

Of prime importance in working with older persons is the community health nurse's willingness to observe, listen, assess, plan, explain, orient and reassure. The nurse's role is critical, because he/she is the individual who is most apt to maintain personal contact with this aggregate whether in an institutional setting or in the community. The data also suggested the importance of the family to the retired men. It is important for the nurse to involve the family while working with this aggregate.

The study also provided evidence of a substantial relationship between health and life satisfaction. Health is important to all age groups, particularly to older persons. Nurses, particularly those who work within the community, may incorporate this knowledge into their practice. Education and counseling in health promotion, maintenance and monitoring appropriate to this age group should become an important aspect of the practice of a community health nurse. The

community health nurse also has the responsibility to apply this knowledge while working with younger age groups in preparation for retirement.

A number of participants indicated that adequate preparation for retirement (health, financial and psychological preparation) was important to their life satisfaction. Good health is not insured, but proper nutrition, exercise and health care may foster good health into old age. Financial security is also not insured, but through early financial planning one may promote financial security in retirement. Preparation for retirement, therefore, includes setting goals in addition to planning and implementing strategies for good health, activities, finances and psychological adjustment. A community health nurse's responsibilities should, therefore, include promoting, educating and supporting individual's toward good health and psychological well-being in preparation for retirement, as well as acting as a liaison to assist individuals in preparation for retirement in areas such as financial counseling and planning.

Nurses, as the largest group of health care professionals are able to have tremendous impact on changing attitudes toward older persons. The information nurses receive from further research on older persons will assist nurses to recognize and publicize that life satisfaction and enjoyment in retirement are realistic aspirations for all people.

Recommendations for Research

The study was limited in terms of size, ethnicity, age, sex, socioeconomic status and geographic location. The study also appeared to encounter the Hawthorne effect where the participants appeared to respond in a particular manner because they were aware of their involvement in a research study (Polit and Hungler 1978). This situational factor occurred, perhaps, because research is seldom executed in this community. The sample size limited the generalizability of the study. The study, nevertheless, presented new insights into what life is like in retirement for a select group of men.

The need for further research on life satisfaction for older people is, therefore, recommended. The study methods could be improved. The questions on satisfactions and dissatisfactions were pertinent, with the exception of "Can you tell me why you are not satisfied with your life?" This question should be omitted from further research and replaced with "Can you tell me what you dislike about your life?" Both questions appear to measure the same variable. The latter question, however, elicits more response. The Life Satisfaction Index, with an internal consistency of .62, appeared to provide a fair estimate of life satisfaction for the sample. The method of scoring appeared to be adequate.

Further research investigations should be directed toward theory building. The following items should be explored:

1. Determine if a comparable sample of participants report life satisfaction, satisfactions, and dissatisfactions similar to those found in this study.
2. Compare the life satisfaction ratings, satisfactions and dissatisfactions for different age groups.
3. Explore and compare health concerns and needs of individuals before and after retirement.
4. Explore whether health improved after retirement if the individual retired for health reasons.
5. Compare the health of two groups of individuals, those who receive regular health education and monitoring and those who have not received such education and monitoring before retirement.
6. Implement a longitudinal study on activity as related to life satisfaction before and after retirement. Has the activity type and level changed?
7. Explore life satisfaction for those who planned for retirement in health planning and financial planning and compare to those who did not plan for retirement.

In summary, the present study provided an insight into the life satisfactions of a specific group of retired men. The data suggested that the retired men were, indeed, satisfied with life and that good health and financial security were important variables of their life satisfaction. It is the expectation of the investigator that this

knowledge will assist in altering the negative attitudes of nurses and the general population toward growing old.

APPENDIX A

HUMAN SUBJECTS REVIEW

THE UNIVERSITY OF ARIZONA COLLEGE OF NURSING

MEMORANDUM

TO: Yvonne M. Peperzak-Blake
P.O. Box 2859
Gallup, New Mexico 87301

FROM: Ada Sue Hinshaw, R.N., Ph.D. ASH
Director of Research

JRA
Joan R. Atwood, R.N., Ph.D.
Chairman, Research Committee

DATE: October 7, 1982

RE: Human Subjects Review: LIFE SATISFACTION FOR THE OLDER RETIRED MAN

Your project has been reviewed and approved as exempt from University review by the College of Nursing Ethical Review Sub-committee of the Research Committee, and the Director of Research. A consent form with subject signature is not required for projects exempt from full University review. Please use only a disclaimer format for subjects to read before giving their oral consent to the research. The Human Subjects Project Approval Form is filed in the office of the Director of Research, if you need access to it.

We wish you a valuable and stimulating experience with your research.

ASH:des
8/82

APPENDIX B

ORAL DISCLAIMER STATEMENT

ORAL DISCLAIMER STATEMENT

(To be read to the participant)

You are being asked to voluntarily participate in a study entitled "Life Satisfactions and the Retired Man." The purpose of the study is to investigate why you are satisfied and/or dissatisfied with your life at present. This study will assist nurses and others to gain a balanced perspective of what life is like in retirement.

You are being asked to voluntarily give your answers and opinions to the statements in this interview. By responding to the statements you will be giving your consent to participate in the study. You may choose not to answer some or all of the questions, if you so desire. Your questions will be answered and you may withdraw from the study at any time. There are no known risks.

The information you provide for this study will be treated as privileged and confidential, and in no way will your name or address be used. Access to the data will be restricted to the principal investigator or authorized representative of the College of Nursing. The data obtained will be used for purposes of the study and may be used for lectures and publications.

APPENDIX C

SAMPLE CHARACTERISTICS

The following questions are designed to obtain background information on each of the participants in this study.

1. How old were you on your last birthday? _____

2. Are you now:

   Married _____
   Widowed _____
   Separated _____
   Divorced _____
   Never married _____

3. What is the highest grade of school you have completed?

None	0							
Elementary	1	2	3	4	5	6	7	8
High School	9	10	11	12				
College	1	2	3	4				
Post Graduate	1	2	3	4	5+			
Other (specify)	_____							

4. What has been your main lifetime occupation? (please specify)
   _____

5. How long has it been since you retired? _____

6. Why did you retire? _____

7. Are you presently working for pay? Yes _____ No _____
   If yes, how many hours are you working each week for pay? _____

8. Is your present income:

   Less than $7,000 _____
   $7,000 - $15,000 _____
   More than $15,000 _____

9. Would you say that your health is:

   Excellent _____
   Good _____
   Fair _____
   Poor _____

10. Does your health restrict your activity in any way?

    No _____
    Yes (specify) _____

11. How many hours per week do you spend doing each of the following activities?*

Informal Activity: _____
- Visit with family _____
- Visit with friends _____
- Play cards, attend a sports event, go to the movies _____
- Other (specify) _____

Formal Activity: _____
- Volunteer work _____
- Church related work _____
- Clubs _____
- Other (specify) _____

Solitary Activity: _____
- Read _____
- Watch T.V. _____
- Hobbies _____
- Household chores _____
- Other (specify) _____

Health Activity: _____
- Exercise _____
- Visit the doctor, clinic or hospital _____

Total Hours Spent in Activity: _____

* Source: Desroches and Kaiman 1964, George 1978, Lemon et al. 1972.

APPENDIX D

PART TWO OF THE INTERVIEW

1. Can you tell me why you are satisfied with your life?

2. Now, can you tell me why you are not satisfied with your life?

3. Can you tell me what you enjoy about your life? (What do you enjoy doing?)

4. Can you tell me what you dislike about your life?

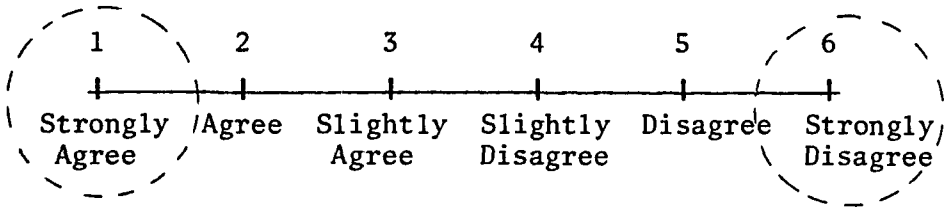
APPENDIX E

LIFE SATISFACTION INDEX

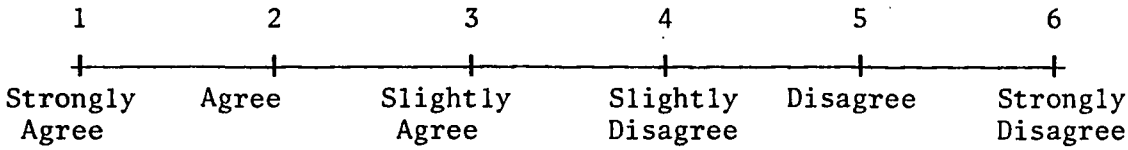
Each statement and scale below will be presented to the participant on a separate index card to decrease confusion.

For each numbered item below, the investigator circled the response of the participant.

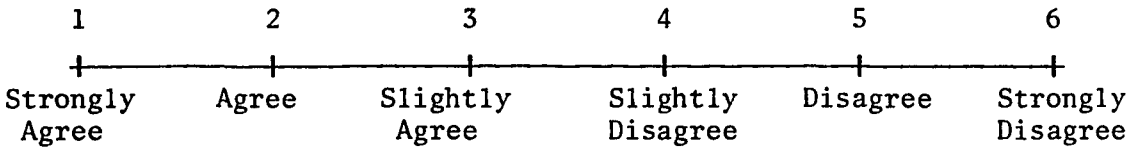
EXAMPLE: I feel old and somewhat tired.



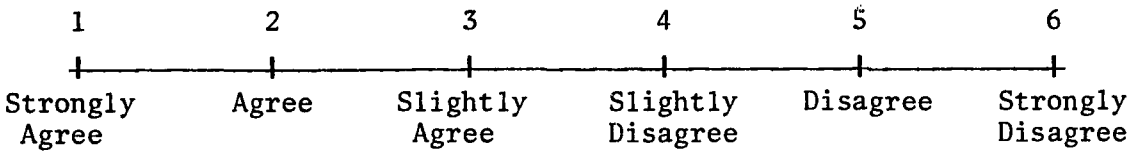
1. As I grow older, things seem better than I thought they would be.



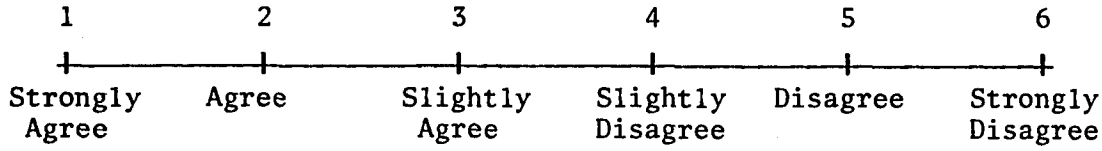
2. I have gotten more of the breaks in life than most of the people I know



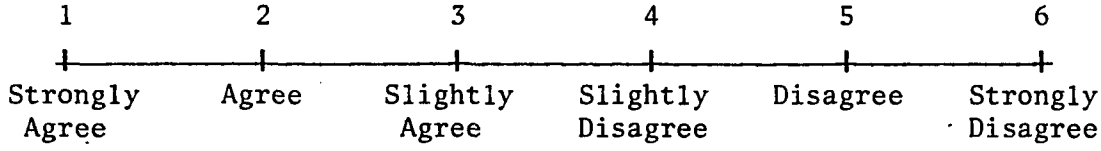
3. This is the dreariest time of my life.



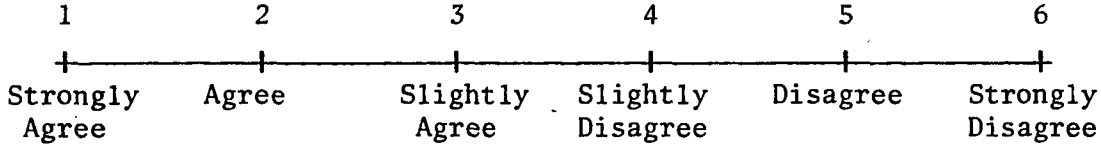
4. I am just as happy as when I was younger.



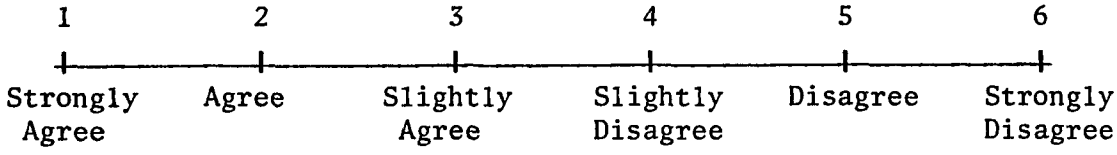
5. These are the best years of my life.



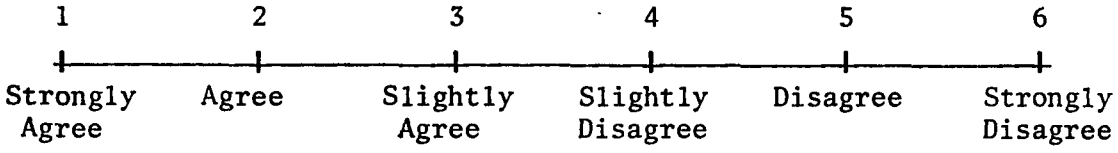
6. Most of the things I do are boring or monotonous.



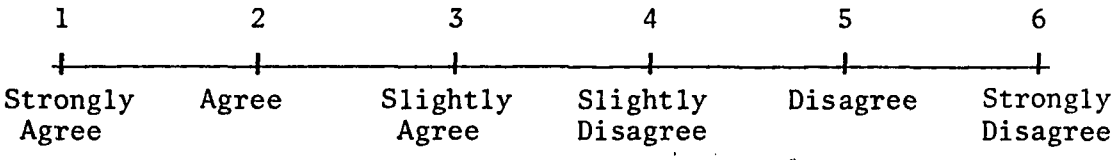
7. The things I do are as interesting to me as they ever were.



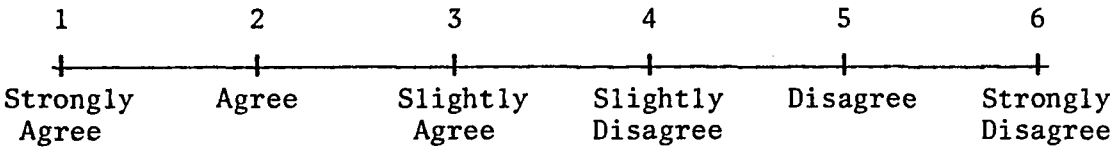
8. As I look back on my life, I am fairly well satisfied.



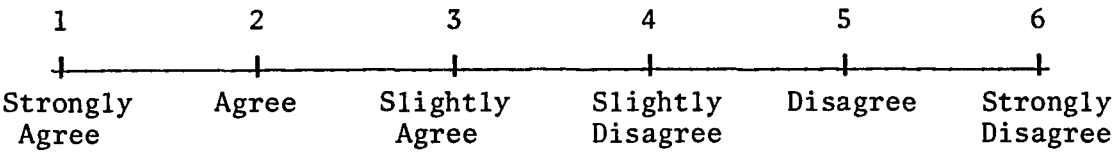
9. I have made plans for things I'll be doing a month or a year from now.



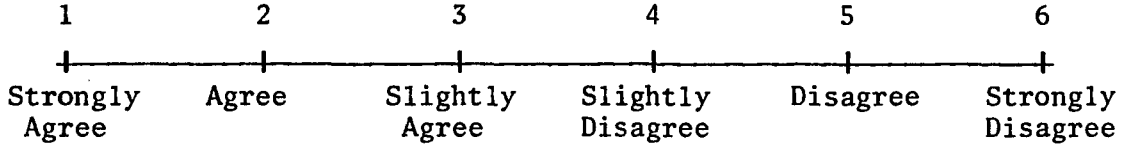
10. When I think back over my life, I didn't get most of the important things I wanted.



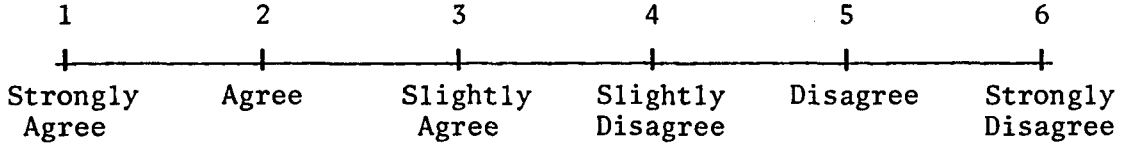
11. Compared to other people, I get down in the dumps too often.



12. I've gotten pretty much what I expected out of life.



13. In spite of what people say, the lot of the average man is getting worse, not better.



This concludes the interview. Thank you for your time and effort!!!

Source: Adapted from Neugarten et al. (1961); modified by Wood et al. (1969)

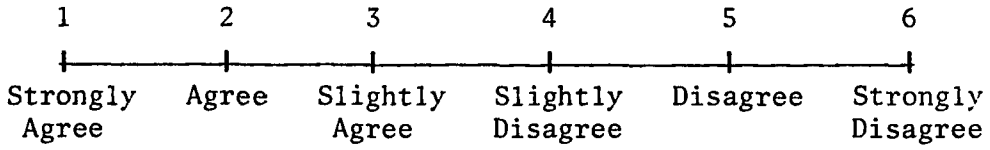
APPENDIX F

LIFE SATISFACTION INDEX KEY

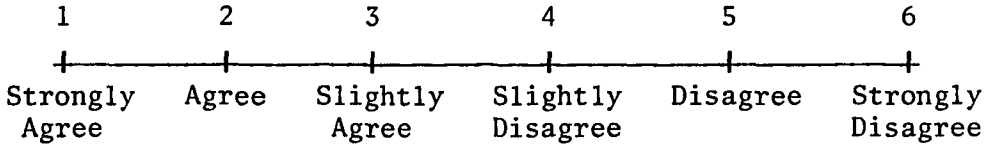
+		-
6	Strongly Agree	1
5	Agree	2
4	Slightly Agree	3
3	Slightly Disagree	4
2	Disagree	5
1	Strongly Disagree	6

KEY

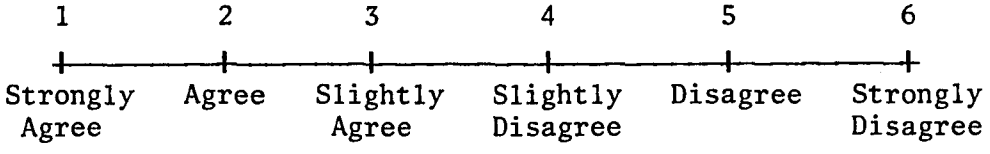
\+ 1. As I grow older, things seem better than I thought they would be.



\+ 2. I have gotten more of the breaks in life than most of the people I know.

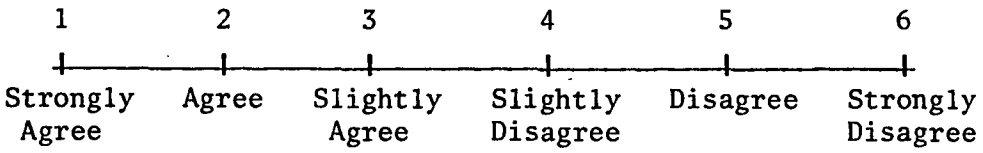


\- 3. This is the dreariest time of my life.

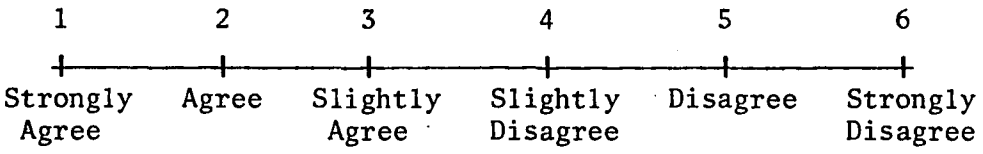


KEY

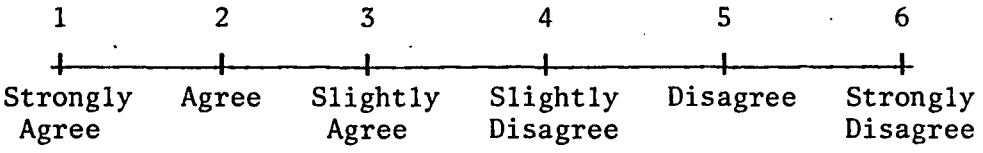
\+ 4. I am just as happy as when I was younger.



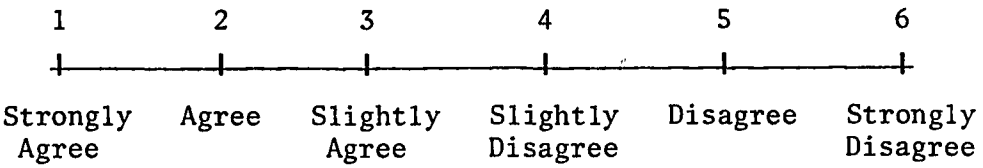
\+ 5. These are the best years of my life.



\- 6. Most of the things I do are boring or monotonous.

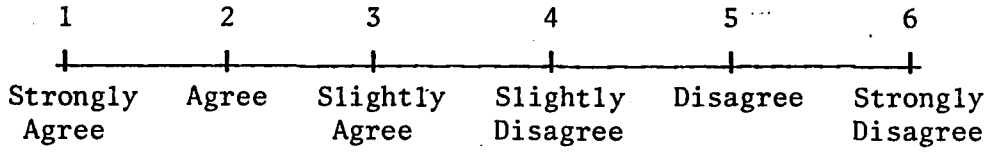


\+ 7. The things I do are as interesting to me as they ever were.

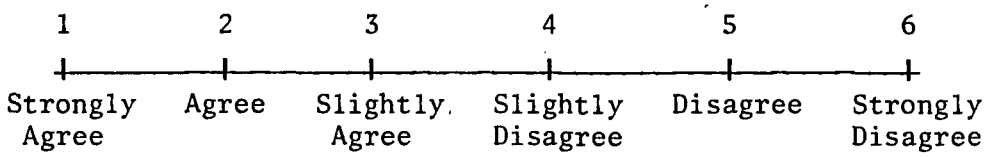


KEY

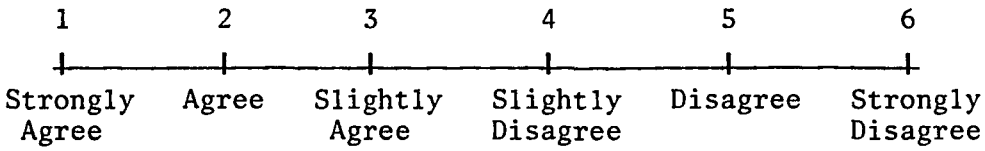
\+ 8. As I look back on my life, I am fairly well satisfied.



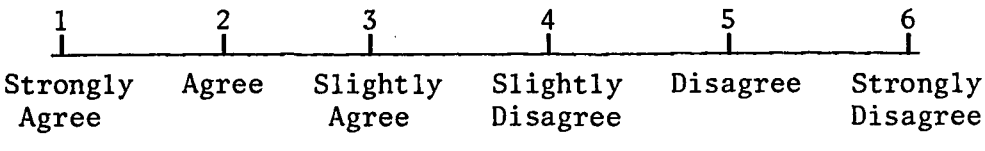
\+ 9. I have made plans for things I'll be doing a month or a year from now.



\- 10. When I think back over my life, I didn't get most of the important things I wanted.

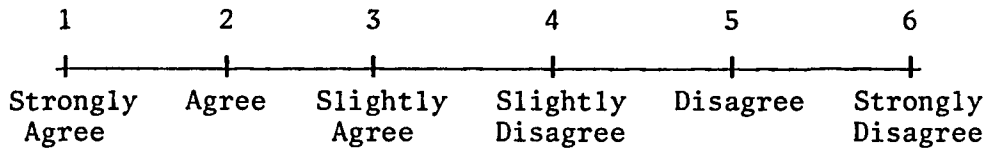


\- 11. Compared to other people, I get down in the dumps too often.

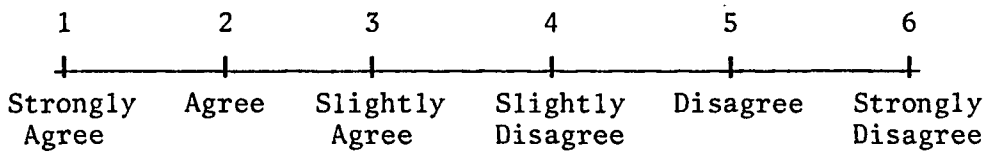


KEY

\+ 12. I've gotten pretty much what I expected out of life.



\- 13. In spite of what people say, the lot of the average man is getting worse, not better.



This concludes the interview. Thank you for your time and effort!!!

Source: Adapted from Neugarten et al. (1961); modified by Wood et al. (1969)

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