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Client Satisfaction and Kentucky Adult Day Care Services

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Client Satisfaction

and

Kentucky Adult Day Care Services

A Thesis

Presented to

The Faculty of the Department of Psychology

Western Kentucky University

Bowling Green, Kentucky

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Karen F. Beavers

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Client Satisfaction
and
Kentucky Adult Day Care Services

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Client Satisfaction
and
Kentucky Adult Day Care Centers

Karen F. Beavers
August 1995 60 pages

Directed by: Lois Layne, John Bruni, and Sally Kuhlenschmidt

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Adult day care is a new and rapidly growing alternative to long term care for the burgeoning population of frail and disabled elderly. A review of the literature regarding adult day care services revealed a limited number of studies addressing client satisfaction. The current study of 68 participants of nine Kentucky adult day health and social model adult day care centers assessed client satisfaction with services and explored variables related to satisfaction. It was hypothesized that clients who preferred to be at the adult day care center rather than in another location would report higher levels of satisfaction with services than clients who preferred to be elsewhere during the day. It was also hypothesized that clients who perceived themselves as having autonomy in their daily center activities would report higher levels of satisfaction than clients perceiving themselves to have little autonomy at the center. A third hypothesis predicted that client demographic predictors of satisfaction would be similar to those reported by Weissert et al. (1990). Due to the uniformly high level of satisfaction, the hypotheses could not be evaluated. The author did, however, explore the explanation that social desirability contributed to the lack of response variability. A social desirability questionnaire was administered to a subset of clients. The clients in this subset scored high on social...
desirability items. Given these results, it is possible that measures of client satisfaction with adult day care services are influenced by clients' desire to respond in a socially acceptable manner. Social response set should be taken into consideration when designing or interpreting satisfaction survey data with this population. Clients' responses were more variable on a life satisfaction question and to items addressing perceived autonomy in center activities. Explanations for this variability were explored.
Client Satisfaction and Kentucky
Adult Day Care Services

The fastest growing population in America is individuals age 65 and older (National Institute on Aging, 1993). By the year 2030, it is estimated that 21% of the population will be over 65 years of age (Davison & Neale, 1990). With the expanding number of elderly in the population, older clients and their families will likely place increasing demands on services (Molinare, 1991). Given this data, questions such as the following arise, "What types of services are currently offered to this steadily increasing segment of the American population"? and "What are the factors that contribute to the success of these services"? These questions are especially relevant for those older individuals who are no longer able to reside in total independence within the community setting.

The purpose of the present study is to examine one particular service offered to the elderly by assessing a major component of program success--client satisfaction. The service addressed is adult day care. Because adult day care is a relatively new service, the data on this topic is sparse. Existing studies tend to focus on identifying and describing models of adult day care, exploring services provided, discovering client characteristics, and examining outcomes of adult day care in relation to various aspects of the clients' lives. While information in these areas is valuable, current literature often fails to account for the clients' perceptions of the services they are receiving. Knowledge of the areas in which clients' are satisfied and dissatisfied with services may benefit both participants and administrators of adult day care services. The use of a satisfaction measure can provide important feedback to adult day care administrators regarding
perceived quality of care provided by the center. From this information, the quality of client care might be improved by tailoring corrective actions to those areas with which clients are the least satisfied (Zinn, J. S., Lavizzo-Mourey, R., & Taylor, L., 1993).

In addition, variables which predict clients' responses on a satisfaction questionnaire can be explored. If adult day care staff are aware of the factors which account for variance in responses, perhaps these variables could be addressed in providing optimal care for elderly citizens. The author will examine the relationship between client satisfaction with adult day care services and the clients' preference to be at the center rather than somewhere else. I will also explore the relationship between clients' satisfaction and their perceptions of the autonomy allowed to them while attending the center on a daily basis. The following literature review will address the development of the adult day care concept, models of adult day care, services provided by adult day care centers, client characteristics, outcomes of adult day care services, and satisfaction with adult day care services.

**Development of the Adult Day Care Concept**

Adult day care is defined as a service that "provides health, rehabilitation, and/or social services to groups of chronically impaired individuals in a central location during daytime hours" (Arling, Harkins, & Romaniuk, 1984, p.227). While the concept of adult day care originated in Europe in the late 1930's (Glenner & Glenner, 1989), the first United States center was not established until 1957 by the Menorah Home and Hospital for the Aged in Brooklyn, New York (Kirwin, 1986). The growth of the American adult day care movement occurred at a slow pace (Glenner & Glenner, 1989). In a 1974 Federal Government publication focusing on adult day care services, there were only 15 identified areas incorporating this service as a part of the community (Kirwin, 1986). At present,
there are an estimated 3,000 Adult Day Care Centers in the United States (Shellenbarger, 1994). A majority of these centers have adopted the philosophy that "by keeping elderly persons active and by enabling them to continue residing in the community, they will enjoy a more meaningful life and that their emotional and physical state will be maintained or improved" (Gaertner, Sterling, Markisohn, 1982, p.152).

Although adult day care centers will serve only a small percentage of the population, the actual number of elderly utilizing this service will rise as the aged population increases. Adult day care services are anticipated to continue expanding as a long-term care alternative for aging, impaired citizens who wish to remain in the community (Kirwin, 1986). To meet the needs of this diverse population, several models of adult day care have evolved. Three models have been identified by Weissert (1976, 1977) and a fourth model, adult day health care, has recently emerged.

**Models of Adult Day Care**

The first model of adult day care to which Weissert (1976, 1977) refers--the Medical Model (Model I)--places a primary emphasis on clients' health status. In general, the service objectives of this type of program are narrowly defined, and participating clients meet specific health-related criteria. The program orientation is toward rehabilitation, and the majority of clients are discharged hospital patients for whom skilled care must be provided (Weissert, 1977). In a study of ten United States adult day care programs, Weissert (1977) found that medical model centers frequently enrolled clients of multiple diagnoses of chronic conditions and impairment in functioning. There tended to be a high concentration of wheelchair-bound, stroke, and paralysis victims receiving these services, and the majority of clients needed help in walking, wheeling, or toileting. Many of these clients were under age sixty-five (Weissert, 1976).
In contrast to the medical centers, Social Model (Model II) adult day care centers encompass a variety of programs with a greater emphasis on meeting clients' social needs. According to Weissert (1976), the goals set by these centers included "social rehabilitation, maintenance, alleviation of social isolation, nutrition, recreation, and health services, but health services delivery is not particularly stressed as it is in Model I" (Weissert, 1976, p. 425). Clients generally included individuals with differing health diagnoses—including mental problems, disorientation, and disruptive behavior (Weissert, 1977). For the most part, however, social model participants required fewer health care services, experienced less impairment than medical model clients, and had not been recently discharged from a long term care facility (Weissert, 1977). The ages of social model participants ranged between the late fifties and one-hundred years of age (Weissert, 1976).

The third type of adult day care center described by Weissert et al. (1990) is the Special Purpose Center. These centers serve specific groups of clients, such as mentally ill, Alzheimer's, or blind clients. Because of their widely varying focuses, information on the average Special Purpose Center client is not as applicable as information on the average Medical or Social Center client (Weissert et al., 1990).

Weissert (1976, 1977) did not refer to the Adult Day Health Model of adult day care. According to Tuttle's (1993) description, this model appears to be a combination of the three models of day care identified by Weissert et al. (1990). It offers health services as well as socialization activities and opportunities. Adult day health centers must adhere to specific state requirements for health care facilities concerning client records, services offered, dietary requirements, and other stipulations (Tuttle, 1993). This model, along with the other models defined by Weissert et al. (1990), operates in Kentucky.
Services Provided by Adult Day Care Centers

Despite their differences in emphasis, these models of adult day care have in common several services. A number of studies have focused on identifying and describing the services provided by adult day care services.

According to a 1974 National Center for Health Services Research study of ten United States adult day care centers, essential services included provision of lunch, nursing services, social work services and personal hygiene services. Some centers provided additional services such as special diets, dietary counseling, psychiatric services, physical therapy, occupational therapy, speech therapy, and transportation (Weissert, 1977).

Kirwin (1986), describing a 1983 project combining an adult day care center with a senior citizens center, found basic adult day care services to include provision of meals, social activities, and a safe environment. Additionally, adult day care provided opportunities for socialization, health services, nutrition counseling, transportation, family support groups, and staff training. Zimmerman (1986) obtained similar results, reporting that most adult day care programs provide a wide range of services which may include health and social services, individual and family counseling, nursing care, diet and nutrition services, transportation to and from the center, and occupational therapy activities such as arts and crafts. Other services include information and referral services, behavior modification programs, reality orientation therapy, health education, recreational therapy, group counseling, and assistance with activities of daily living (Zimmerman, 1986).

In the 1990 publication "Adult Day Care—Findings from a National Survey", the authors made the observation that most centers offer clients a "place to go during the day where social interaction, exercise, and a hot noontime meal are available and where nursing observation and supervision are provided" (Weissert et al., 1990, p. 15). It was reported that many centers offer case management, health assessment, nutrition education,
therapeutic diets, transportation services and counseling (Weissert et al., 1990).

From a chronological perspective services have evolved as the concept of adult day care has developed. Services offered may range from the simple provision of social or recreational activities and a full-time health care professional (Weissert, 1976) to health and psychological counseling, case management, health education, and transportation (Weissert et al., 1990). The extent to which services are offered varies from center to center.

Characteristics of Adult Day Care Clients

Several studies have focused on characteristics distinguishing adult day care clients from other elderly populations. Barresi and McConnel (1987) attempted to assess characteristics distinguishing a sample of clients participating in a social model adult day care program from a random sample of impaired elderly individuals living in the community. The results of the study identified three domains distinguishing adult day care participants from community dwelling elderly: social resources, economics, and mental health. Adult day care participants tended to be younger; without a spouse; were more likely to live with others than alone; were less likely to possess a confidant; received more income and viewed their income as adequate; experienced fewer emotional disturbances; had a greater chance of being disoriented; and were in overall better physical health than impaired elderly in the community. The authors concluded that, in general, families of adult day care clients are more likely to label these family members as dependent than are families of community-impaired elderly. The final results of the study supported the contention that adult day care clients do indeed comprise a distinct population (Barresi & McConnell, 1987).

In a similar vein, Arling et al. (1984) compared adult day care participants to a sample
of nursing home applicants on health, psychological, and social characteristics. There was no difference between the populations on major demographic characteristics such as age, race, sex, marital status, and number of living children. Adult day care participants displayed the same number and kinds of medical conditions as nursing home applicants and demonstrated comparable levels of cognitive impairment. In addition, day care clients reported visiting outpatient physicians as frequently as nursing home applicants. Adult day care clients tended to be more educated and to have a higher income level than nursing home participants. Clients of adult day care centers were more likely to be living with family members as opposed to living alone or with someone who was not related to them. Adult day care clients displayed less impairment in activities of daily living than those nursing home applicants who had been referred for nursing home placement. Furthermore, participants of adult day care were less impaired in the sensory modalities, reported fewer days in bed or the hospital, and used fewer in-home services than nursing home recommendees (Arling et al., 1984). Adult day care clients again emerged as a distinct population.

**Outcomes of Adult Day Care**

Some researchers have focused on outcomes or the significance of adult day care services, attempting to provide answers to questions such as "What are the benefits of adult day care services"? and "Are there any changes in participants attending these services"? The answer to these questions vary.

According to Kirwin (1986), significant evidence exists that day care services contribute to providing clients with more satisfactory lives. In fact, for a few fortunate clients "a miracle seems to happen" (Kirwin, 1986, p.59). For other clients, progress remains measurable despite continued limitations in their ability to live independently
In their study of adult day care centers and homemaker services, Wan, Weissert, and Livieratos (1980) assessed the effects of these programs on outcome measures of physical functioning, mental functioning, activity level and contentment level. They concluded that benefits of these services lie in their effect on clients' survivorship skills as well as their influence on participant's physical and mental well-being. There was also a small but positive effect on clients' social activities. The study results provided evidence that day care and homemaker services may aid in improving "physical, mental, and social functioning as well as general well-being" (Wan et al., 1980, p.272).

Strain, Chappell, and Bandford (1987) conducted a study of changes in life satisfaction among clients and caregivers in adult day care centers of Manitoba, Canada. Compared to control groups of elderly individuals using home care services or elderly individuals residing in the community and using neither adult day care services nor home care services, the life satisfaction scores of both caregivers and adult day care clients improved according to data taken at two different points in time. The authors attributed this improvement to program effects. Attempts at predicting which clients would show improvement in life satisfaction, however, were unsuccessful.

In the article "Adult Day Care: A Viable Alternative," participants in three adult day care centers were compared with a matched sample of nursing home clients (Gaertner, Sterling, & Markisohn, 1982). While the authors caution their results were not always reliable on a statistical level, results tended to indicate that clients of adult day care centers were somewhat more alert, involved and active than the matched nursing home clients. The authors concluded that, in general, adult day care clients displayed a slightly better outlook on life, were more conscious of their surroundings and day to day events, and were more frequently involved in a greater number of activities with a greater intensity.
than the nursing home clients. Most importantly, adult day care clients expressed a
greater desire to continue living than did the nursing home clients (Gaertner et al., 1982).
Given the different environments, lifestyles, and characteristics of these two populations,
however, comparisons between them must be interpreted with caution.

Client Satisfaction

Though outcomes of adult day care are important for evaluating services, they are not
the sole variable important in determining a program's value. Also important are those
variables operating while the client is attending the center every day—those variables that
determine whether the client is satisfied with the services he/she is receiving and those that
determine whether the client wishes to continue attending the center day after day. While
Reid and Gundlach (1984) report that historically the client has been neglected in the
evaluation of social programs, a recent trend is to place more emphasis on client
perceptions in evaluating human services programs. Two major concerns have influenced
this increased consumer participation. These are a) "emphasis on program evaluation for
accountability" and b) "the increased voice of consumerism" (Sabin, Cuvo, & Musgrave,

The broadening of client participation in evaluating services has led to a heightened
awareness of the importance of the client's perspective on the services he/she is receiving.
Before service providers can incorporate this information into improved provision of
services, however, they must obtain a measure of the perspectives and attitudes clients
hold toward existing services. This need has led to an increased use of client satisfaction
measures as a part of overall program evaluations. From an initial use of indirect
methods of determining client satisfaction—such as client records or observations—the
recent trend has been toward direct evaluation of client satisfaction through self-report
measures (Sabin et al., 1987). This assessment of client satisfaction becomes particularly crucial in an age when consumers are frequently offered a choice of health services. Unsatisfied clients may choose to take their business elsewhere. Therefore, client satisfaction has become a significant factor in whether a program will be successful. Because the literature reports few attempts to assess the satisfaction of adult day care clients, the purpose of the present study is to conduct such an assessment. First, however, a suitable definition of "satisfaction" must be provided.

The meaning of "satisfaction" is debated among authors. According to Strong (1958), definitions of satisfaction include reaching a goal or having a need or desire fulfilled, pleasant feelings or contentment; or "a relatively quiescent condition" (p. 453). Strong (1958) also cited the definition of satisfaction as the "differences between what a person wants and what he/she receives" (p. 454).

Sabin et al. (1987) attempt to operationally define service satisfaction by using outcome variables or process variables. Outcome variables emphasize a client's happiness with the outcome, or results, of a program while process variables emphasize the participants "feelings of adequacy of treatment during the program" (Sabin et al., 1987, p. 107). The authors attribute client satisfaction to two factors: a) "general satisfaction with programming and staff and b) satisfaction with the environment of the program whether using outcome or process variables" (Sabin et al., 1987, p.107).

In the realm of adult day care, Weissert et al. (1990) appear to be among the few to recognize the importance of the concept of client satisfaction, at least from a practical and economic viewpoint, making the statement that "The success of a day care center ultimately may rest on factors that influence satisfaction and continued utilization" (p. 43). These authors incorporated an affective, process-oriented definition of satisfaction, conceptualizing the construct as reported perceptions of experiences in the center and
"an intervening variable between need for care and continued utilization and cooperation with the medical care provider" (Weissert et al., 1990, p. 43). They view satisfaction as a construct related to both personal characteristics of clients as well as structural characteristics of the center. From this initial point, these authors constructed a nine item satisfaction questionnaire emphasizing components unique to adult day care (see Appendix A).

Weissert et al. (1990) conducted a factor analysis of these items to identify the dimensions of adult day care satisfaction. This analysis revealed three major factors. One factor, named the "structural dimension," reflected structural conditions of the center and included those items addressing center hours, transportation to and from the center, the quality of the food, and whether the center temperature was satisfactory (Weissert et al., 1990). The authors determined a second factor, labeled "intrinsic quality," which included those items that assessed satisfaction with the center itself and with its personnel. The third factor, "center milieu," focused on general atmosphere and was "indicated by the items dealing with crowdedness and noisiness, and this was interpreted as favoring a calm environment and a low level of turmoil" (Weissert et al., 1990, p.50).

In their search for variables related to client satisfaction the authors grouped information into three major categories: individual level variables, center level variables, and community level variables. Additionally, a question assessing global life satisfaction and a measure of mental status were included in the evaluation.

General analysis of the data revealed that 91% of 401 clients reported they were satisfied with the overall center. Satisfaction with each component of adult day care ranged from 92.5% to 71.8%, with clients indicating the least satisfaction with crowdedness, noise level, temperature, and food. Of the 401 clients surveyed, 23.8% reported satisfaction with all items (Weissert et al., 1990).
Weissert et al. (1990) conducted further analyses to determine the relationship between the clients' characteristics and the three dimensions of adult day care centers. Older, white, male, and married participants tended to be more satisfied with the structural characteristics of the center (hours, transportation, food, and temperature) than young-old, nonwhite, female, and single participants. Clients living alone reported the lowest levels of satisfaction. Those clients who had previously resided in a skilled nursing home were more satisfied with structural characteristics, as were those clients with endocrine, nutritional, or metabolic disorders as opposed to hypertension, cancer, or poorly defined symptoms. The authors hypothesized that perhaps those individuals with previous nursing home admissions have a greater appreciation of services which allow them to live at least somewhat independently. Clients experiencing hypertension or poorly defined symptoms might be less satisfied simply due to their medical condition or may receive care that poorly addresses their symptoms. Private pay participants reported higher levels of structural characteristic satisfaction than those receiving subsidized or full Medicaid payments. Weissert et al. (1990) attribute this finding to the center quality, the "quality of what can be purchased and the likelihood that dissatisfied private payers have 'voted with their feet' and left the center" (p. 51). Clients scoring lower on the Short Portable Mental Status questionnaire indicated lower levels of satisfaction. There was, however, an unexpected negative relationship between global life satisfaction and structural satisfaction at the center-level. It was hypothesized that perhaps those who express greater life satisfaction are better able to critically evaluate a situation. Clients reported higher satisfaction with centers having the largest staff and lower satisfaction levels with centers with waiting lists. It was deemed possible that centers with waiting lists are less concerned about the potential of losing customers and therefore found less need to provide better services (Weissert et al., 1990).
Weissert et al. (1990) also found individual and center characteristic variables related to client satisfaction with intrinsic aspects (center itself and personnel) of the center. Predictors of higher levels of satisfaction with the intrinsic center were older, married, male and previous skilled nursing home clients. Participants with diagnoses of endocrine, nutritional, or metabolic disorders were also more satisfied with intrinsic aspects of the center. Additionally, size of staff and number of adult day care centers in the community were found to have a positive relationship with intrinsic satisfaction. In contrast to the structural characteristic data, general life satisfaction was positively correlated with intrinsic center satisfaction, leading Weissert et al. (1990) to caution that a measure of general life satisfaction should be used as a control when this satisfaction factor is evaluated. Under intrinsic center satisfaction, non-whites reported that they were more satisfied than whites. The authors concluding that centers serving minority populations might enrich these individuals lives more than they enrich other non-minority individual's lives. Variables related to intrinsic satisfaction but not to structural satisfaction included (a) functional dependence, (b) a previous stroke, (c) circulatory problems, (d) presence of therapeutic services, and (e) whether the center was licensed or not (Weissert et al., 1990).

Finally, participant's satisfaction with the general milieu factor items (crowdedness and noisiness) of the center revealed that men, married participants, and participants who had been in skilled nursing facilities reported lower levels of satisfaction with the calmness of the environment and appeared to see more turmoil in the center. Clients with higher mental status and circulatory problems reported greater satisfaction with milieu than those diagnosed with endocrine, nutritional, or metabolic problems. Private pay participants were generally less satisfied than Medicaid only participants, who seemed to expect less from the center. Auspice Model I clients (centers affiliated with nursing homes or
hospitals) were more satisfied with the quiet atmosphere than were Auspice Model II clients (centers affiliated with a general hospital or social services or housing agency). In addition, clients rated milieu satisfaction levels lower for centers that were licensed, had large staffs, or had a high number of participants. The number of centers in the community was negatively related to general milieu center satisfaction. It was hypothesized that communities with a larger number of adult day care centers might have more activity at each center (Weissert et al., 1990).

Through regression analysis the authors found that structural satisfaction predictors included race (white), age, living alone, and having symptoms associated with a poorly defined condition. Thirty-seven percent of the variance in structural satisfaction with the center was accounted for by these variables. The authors found that general life satisfaction, staff size above one nurse and therapist, and presence of illness symptoms most effectively predicted intrinsic satisfaction. This factor had the least variation as most of the clients responded that they were satisfied with the center and the staff. Explanatory variables included in milieu satisfaction included staff size, average number of attendees, age, presence of nervous or endocrine disorders, and pay status. The authors reported that 54% of the variation in the milieu factor was explained (Weissert et al, 1990).

Though the results of Weissert et al. (1990) study show promise, further exploration in the area of client satisfaction with adult day care services would be desirable. The satisfaction factors identified by the authors explained only 51.6% of the variation in the nine items. Further research attempting to explain a greater proportion of variation in the satisfaction items needs to be conducted. That concern is the purpose of the current project.
Summary and Hypotheses

The purpose of this study is to assess client satisfaction with adult day care services in a sample of social and adult day health model centers in Kentucky and to explore the relationship between satisfaction and desire to be at the center rather than elsewhere, as well as the relationship between satisfaction and their perception of autonomy while attending the center. Most of the literature, including Weissert et al. (1990) study, focused on the importance of client satisfaction from a practical, business-oriented point of view: satisfaction is important so that clients will continue to utilize services and therefore ensure the continued success of centers providing these services. The satisfaction of our elderly citizens (to the greatest extent possible) with the services they are receiving, however, encompasses a broader spectrum than consumer economics.

Satisfaction with adult day care services likely contributes to an elderly individual's quality of life. Quality of life reflects individual, subjective attitudes and perceptions as well as an extrinsic, objective variable. For example, two persons may be exposed to the same living conditions, yet while one individual rates his or her quality of life given those conditions as high, the other individual may rate his or her quality of life in those conditions as low. In the case of those individuals attending adult day care services, a significant portion of their time is spent at the center. It is reasonable to assume that the services they receive will contribute to their life quality. If level of satisfaction with the environment in which adult day care clients spend a significant portion of their waking hours does indeed affect their quality of life, then dissatisfaction with services may detract from their quality of life. Therefore, evaluating participants' satisfaction with adult day care services becomes a matter of enhancing the quality of life experienced by the elderly population.

The present study will attempt to assess the usefulness of Weissert et al.'s (1990) scale
and to examine eight added autonomy items hypothesized to be related to client satisfaction. As Weissert et al. (1990) did not account for the total variation in the measure, two other issues that appear to be neglected in the literature but that could contribute to client satisfaction with adult day care services will be explored: client's desire to attend the center rather than to be somewhere else and clients' perceptions of the autonomy permitted them at the center.

From the author's experience, some adult day care clients do not attend the center by choice and would prefer to spend their days elsewhere; however, due to family pressure or family situation they feel they must attend the center. Clients who believe they are obligated to attend the center and who would prefer to be somewhere else will likely be less satisfied with the services offered by the center. If a desire to be elsewhere is indeed a correlate of satisfaction, it would be beneficial for center staff to be aware of this factor and perhaps to address the issue through group counseling or individual therapy techniques. It is predicted that clients who prefer to attend the center will be more satisfied with services.

A similar issue occurs during the clients' daily time at the center. The perceived autonomy the client experiences at the center may contribute to his or her satisfaction with the services offered. In this study the relationship between clients' reported levels of satisfaction with services and clients' perceptions of autonomy in the areas of activities, staff, personal freedom, and meals will be explored. It is predicted that clients who perceive themselves to have autonomy at the center in each of these areas will express higher levels of satisfaction with center services than clients who perceive themselves as having limited autonomy in the areas addressed by each autonomy question.

Additional data will be collected in order to provide a demographic description of the clients and the centers and to assist with future research endeavors. Both center directors
and clients will be requested to complete demographic questionnaires. The directors will provide information describing the center and clients will provide information describing themselves.

Specific hypotheses for the current study include:

1. Clients who report they would rather be at the center than somewhere else will rate their satisfaction levels with the center higher than clients who report that they would rather spend their days in a location other than the center.

2. Clients who believe they have limited autonomy at the center, as indicated by their responses to perceived autonomy questions, will be less satisfied with center services than clients who do not hold these beliefs.

Based on Weissert et al. (1990) study, the following hypothesis is also made:

3. Predictors of structural satisfaction will include race, age, living alone, and having poorly defined symptoms. Predictors of intrinsic center satisfaction will include life satisfaction, size of staff, and having a poorly defined health condition. Predictors of milieu satisfaction will include staff size, average number of attendees, the age of the client, pay status of the client, and existence of an endocrine or nervous system disorder.
Method

Subjects

Seventy clients from ten Kentucky adult day health and social model adult day care centers agreed to participate in the study. The results from one center were excluded from the analysis, due to lack of privacy in interviewing the clients. Therefore, the total sample included thirty-four subjects from three adult day health centers and thirty-four subjects from six social model centers. These centers represented six Area Development Districts in Kentucky.

Participants' ages ranged between fifty-four and ninety-eight, with an average of seventy-seven years (see Table 1). The study included fifty-eight females (85.3%) and ten males (14.7%). Five participants (7.4%) were married, two participants (2.9%) divorced, seven participants (10.3%) single, fifty-two participants (76.5%) widowed, and two participants (2.9%) separated. Only four participants (5.9%) reported a previous nursing home admission. Twenty-three participants (33.8%) lived alone, thirty-eight (55.9%) lived with family, two (2.9%) lived with their spouses, and five (7.4%) lived with non-relatives. Fifty-one participants (75%) had obtained an eighth grade education or below. Nine participants (13.2%) had attended high school and five (7.4%) had graduated from high school. Three participants (4.4%) reported some post-secondary education. Further data describing characteristics of social model participants and adult day health model participants separately are presented in Table 1.

Some characteristics of the present sample differed significantly (p<.05) from Weissert et al. (1990) sample and from the entire population of Kentucky adult day care participants (n=1326). As compared to Weissert et al. sample and the state adult day care
Table 1

Demographic Data for Kentucky Sample of Social Model and Adult Day Health Model

**Adult Day Care Clients**

<table>
<thead>
<tr>
<th></th>
<th>Social model centers</th>
<th>Adult day health centers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>76.37</td>
<td>78.41</td>
<td>77.38</td>
</tr>
<tr>
<td>Female</td>
<td>88.2%</td>
<td>82.4%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Male</td>
<td>11.8%</td>
<td>17.6%</td>
<td>14.7%</td>
</tr>
<tr>
<td>White</td>
<td>70.6%</td>
<td>61.8%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Black</td>
<td>29.4%</td>
<td>38.2%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Married</td>
<td>2.9%</td>
<td>11.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Widowed</td>
<td>85.3%</td>
<td>67.6%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Single</td>
<td>8.8%</td>
<td>11.8%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Divorced</td>
<td>2.9%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Living arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>41.2%</td>
<td>26.5%</td>
<td>33.8%</td>
</tr>
<tr>
<td>With spouse</td>
<td>2.9%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>With family</td>
<td>50.0%</td>
<td>61.8%</td>
<td>55.9%</td>
</tr>
<tr>
<td>With non-relation</td>
<td>5.9%</td>
<td>8.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th grade or below</td>
<td>79.4%</td>
<td>67.6%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Attended high school</td>
<td>11.8%</td>
<td>14.7%</td>
<td>13.2%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>5.9%</td>
<td>8.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>2.9%</td>
<td>2.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Previous nursing home</td>
<td>8.8%</td>
<td>2.9%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

\( a n = 34 \quad b n = 68 \)
care population, a significantly (p<.05) greater proportion of females was represented in the present sample. A significantly (p<.05) greater proportion of the current subjects were widowed as compared to the population of Kentucky adult day care clients. A significantly (p<.05) smaller proportion of subjects in the present study were married, as compared to participants in Weissert et al. study. The present sample of adult day care clients contained a significantly (p<.05) greater proportion of African-American participants than does the Kentucky adult day care population. There were no significant differences in the proportion of white subjects in the present sample and the proportion of white subjects in Weissert et al. study. The proportion of clients living alone did not differ between the three samples.

Centers

Of the nine centers examined, six centers were licensed and three centers were unlicensed. Center directors reported employing between one and ten full-time staff, with an average of 3.33 full-time employees. Directors employed between one and twelve part-time staff, with an average of 4.67 part-time employees. All centers provided meals, recreation, and intergenerational services. Eight centers used volunteers. Seven center directors reported provision of transportation services and/or music therapy. Six centers provided wheelchair services, social services, and/or caregiver support services. Diet counseling, dressing and grooming, and/or reality therapy were offered at five centers. Three centers provided nursing services. Two centers offered bathing, physical therapy, medical assessments, and/or dentistry assessments. One center provided referrals to occupational therapy services, speech therapy, laundry, and podiatry services.
Instrumentation

Demographic Survey Instruments.

Collection of demographic information from both center directors and clients required the use of two instruments. Adult day care directors responded to a center information form based on center data Weissert et al. (1990) collected in their study (see Appendix B). Clients responded to a demographic form, also based on the Weissert et al. study (see Appendix C).

Satisfaction Questionnaire.

The Weissert et al. (1990) satisfaction questionnaire was administered to subjects. Weissert et al. (1990) developed the instrument based on a review by Kane and Kane of assessment instruments for the elderly. This measure was designed to assess clients' subjective perceptions of their adult day care center rather than providing an objective rating of the center components (Weissert et al., 1990). In Weissert et al. words, "satisfaction ratings are subjective and represent the affective component in the decision to use a given health care" (p. 43).

Weissert et al. (1990) satisfaction measure consisted of nine items, plus one question addressing overall satisfaction with the center. Weissert et al. administered these items to 401 clients. The items were factor analyzed, with the resulting emergence of three primary dimensions of client satisfaction: a four item structural dimension, a two item intrinsic center dimension, and a three item center milieu dimension. The structural factor included items addressing center hours, transportation to and from the center, the quality of the food, and center temperature (Weissert et al., 1990). The intrinsic center dimension was most highly associated with the center itself and the center personnel. The center milieu factor was comprised of items addressing crowdedness and noisiness.
Items associated with the structural dimension had an overall reliability of .55 as measured by Cronbach's alpha. The components comprising the intrinsic and center milieu factors had reliabilities of .58 and .73, respectively. According to Weissert et al. (1990), these three satisfaction factors accounted for 51.6% of the variance in the responses to the nine questionnaire items.

Subjects in the present study responded to an additional eight questions regarding perceived choices at the center (see Appendix D). These items were adapted from instruments reviewed by Kane and Kane (1981).

**Social Desirability Measure.**

Due to a lack of variability in respondents' reported perceptions of adult day care, the Marlowe-Crowne Social Desirability Scale (Crowne, 1967) (see Appendix E) was administered to a subset of twelve subjects. The Marlowe-Crowne Social Desirability Scale (Crowne, 1967) was added to this study to test a hypothesis that lack of variability in the data was influenced by clients' desire to answer in a socially favorable manner. The measure consists of thirty-three true/false items. Eighteen items are scored in the "true" direction and fifteen in the "false" direction.

**Procedures**

Fifty-nine Kentucky adult day care directors of centers based on both the social and adult day health model were initially contacted by mail. Follow-up phone contacts revealed the center directors were reluctant to participate in the study, primarily citing perceived confidentiality and time-involvement issues. Therefore, to alleviate their concerns, a description of the study was submitted for review to the Division of Aging in Frankfort, Kentucky. In compliance to the recommendations made by the reviewer prior
to endorsing the study, a "desire to continue living" question was removed from the survey. A question stating "Frankly, I would not come to this center if my caregivers did not make me" was replaced with "Most of the time, I would rather be somewhere else, not at the adult day care center."

Centers were again contacted by phone and the author arranged to visit six centers in December 1994 and four centers in March 1995. Prior to the visit, center directors were provided with a written description of the study and a copy of all forms included in the study. Upon arriving at each center, the director signed the informed consent form (see Appendix F) and completed the center information sheets. Directors also identified those clients who would be able to understand and respond to the survey questions. Clients agreeing to participate in the study were interviewed individually, in a private location. The purpose and nature of the study were explained to each client. After the author read the informed consent form (see Appendix G) to the client, the client was given an opportunity to refuse to participate in the study. Three clients refused. Those clients who decided to continue in the study signed the informed consent and were told they could discontinue the study or refuse to answer a question at any time. For these clients, the author read aloud the items on the demographic, satisfaction, and perceived autonomy questionnaires. Clients responded verbally to each item. Clients and directors were informed that they would be furnished with results of the study upon request.

When the data from these first ten centers were analyzed, almost no variation was found in clients' responses to the satisfaction questionnaire. At this point, data collection was terminated.

In an attempt to provide a possible partial explanation for the satisfaction results, the Marlowe-Crown Social Desirability Scale (Crowne, 1967) was verbally administered to a subset of fifteen clients. Three of these clients refused to complete the scale because they
found the questions to be too personal. The remaining twelve clients provided verbal answers to all thirty-three questions on the scale.
Results

An analysis of the subjects' responses to the satisfaction questionnaire (see Table 3) revealed that an extremely high proportion of subjects reported satisfaction with the structural, intrinsic, and center milieu aspects of the center. Due to lack of response variability on the satisfaction questionnaire administered to this sample, analysis of the originally proposed hypotheses was inappropriate.

Structural Factor

Reported satisfaction was high on the items addressing center hours, transportation, quality of food, and center temperature, which comprised the structural factor of adult day care satisfaction. In this sample, 92.6% of the clients believed the center hours to be about right, while 4.4% found them too long and 2.9% found them too short. In response to the item regarding satisfaction with food, 91.2% reported satisfaction and 8.8% reported partial satisfaction. Regarding temperature, 14.7% of the clients thought the center temperature was sometimes too cold or too hot, 2.9% believed the center was often too cold or too hot, and 82.4% of the clients reported the center was never too hot or too cold. Only 80.9% of the clients reported use of center transportation. One-hundred percent of these clients reported satisfaction with this service.

Intrinsic Factor

Satisfaction levels were also high for the intrinsic aspects (satisfaction with the center itself and personnel) of the center. One-hundred percent of the clients participating in the present study reported satisfaction with their centers. Ninety-eight percent of the
participants reported total satisfaction with the individual attention received at the center, and 1.5% reported partial satisfaction. In response to the question regarding being able to count on center staff, 94.1% of the clients believed they could do so most of the time and 5.9% believed they could do so some of the time.

Center Milieu

Weissert et al. (1990) third factor, "center milieu," was included the items dealing with crowdedness and noisiness. In regard to the item assessing the crowdedness of the center, 97.1% of the subjects interviewed indicated the center was never too crowded, while 2.9% reported occasional crowdedness. In addition, 98.5% of the clients believed the center was never too noisy, and 1.5% believed it was sometimes too noisy.

Present Results vs. Weissert et al.'s (1990) Results

Some of the present results differed significantly from those obtained by Weissert et al. (1990) (see Table 3). In the present sample, a significantly greater proportion (p<.05) of clients reported satisfaction with the overall center, with transportation, with food at the center, with lack of crowding, with the noise level, with center temperature, and with the individual staff attention. There were no significant differences between the two samples in proportions of clients reporting satisfaction with reliance on staff to perform their duties and with center hours.

Global Satisfaction

In the current study, the lack of response variability extended to the "I like to come to adult day care" item administered to the clients participating in the present study. One-hundred percent of the clients reported that they did like to come to adult day care.
Table 2

Percentage of Satisfied Kentucky and Weissert et al. (1990) Subjects

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Kentucky sample&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Weissert et al. sample&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with overall program</td>
<td>100</td>
<td>91.0*</td>
</tr>
<tr>
<td>Can rely on staff</td>
<td>94.1</td>
<td>92.5</td>
</tr>
<tr>
<td>Satisfied with individual attention</td>
<td>98.0</td>
<td>91.8*</td>
</tr>
<tr>
<td>Satisfied with transportation</td>
<td>100</td>
<td>92.2*</td>
</tr>
<tr>
<td>Satisfied with center food</td>
<td>91.2</td>
<td>76.4*</td>
</tr>
<tr>
<td>Satisfied with lack of crowding</td>
<td>97.1</td>
<td>53.5*</td>
</tr>
<tr>
<td>Satisfied with noise level</td>
<td>98.5</td>
<td>60.4*</td>
</tr>
<tr>
<td>Satisfied with program hours</td>
<td>92.6</td>
<td>90.8</td>
</tr>
<tr>
<td>Satisfied with temperature in the center</td>
<td>82.4</td>
<td>71.8*</td>
</tr>
</tbody>
</table>

*<sup>p</sup> < .05.

<sup>a</sup><sub>n = 68.</sub>  <sup>b</sup><sub>n = 401.</sub>
Perceived Autonomy and Life Satisfaction

Response variability increased for the general life satisfaction question, with 60.3% of the clients reporting complete satisfaction with their lives, 33.8% reporting they were only "pretty satisfied" and 5.9% reporting dissatisfaction. There was also an increased variability in responses to the perceived choice questions (see Table 4), with 85.3% of the clients reporting that they could choose the activities in which they wanted to participate; 85.3% reporting they were allowed to choose not to participate in an activity; 17.6% reporting the staff sometimes treated them like a child; and 23.5% reporting staff sometimes did things for them they would prefer to do themselves. In response to the item addressing availability of a place at the center where clients could be alone, 69.1% reported there was such a place. Eighty-nine percent of the clients felt safe bringing personal possessions to the center, 57.4% reported they were allowed to go outside at will and 29.4% reported having a choice in what they wished to eat at mealtimes. Despite the fact that 100% of the clients reported satisfaction with the center, 8.8% of the clients reported they would rather be somewhere else besides the center.

In order to further examine the variability in the perceived autonomy and life satisfaction data, chi-square and correlational analyses were conducted. These analyses revealed significant correlations (p<.05) between race and the perception of being allowed to go outside the center; between education and perception of choice at mealtimes; and between previous nursing home admissions and preference to be at the center instead of somewhere else.

Perception of being allowed to go outside the center was significantly correlated with race (p=.012). African-American subjects were more likely than were white subjects to report they were not allowed to go outside the center at will. There was a significant negative correlation (p=.045) between level of education and perception of choice at
Table 3

**Kentucky Subjects' Responses to Perceived Autonomy Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permitted to choose activities</td>
<td>85.3%</td>
<td>13.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Permitted not to participate in activities</td>
<td>85.3%</td>
<td>10.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Staff sometimes treat me like a child</td>
<td>17.6%</td>
<td>80.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Staff do things I would prefer to do</td>
<td>23.5%</td>
<td>72.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Place where I can be alone</td>
<td>69.1%</td>
<td>20.6%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Feel safe bringing personal possessions</td>
<td>89.7%</td>
<td>7.4%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Can go outside the center when I want</td>
<td>57.4%</td>
<td>35.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Would rather be somewhere else</td>
<td>8.8%</td>
<td>91.2%</td>
<td>0%</td>
</tr>
</tbody>
</table>
mealtimes. Clients who had attained an eighth grade education or below were more likely to report that they were not allowed choices at mealtimes than were clients who had attained a ninth grade education or above. The analyses revealed a significant positive correlation (p= .003) between previous nursing home admission and preference to be at the center rather than somewhere else. Clients who had not been previously admitted to a nursing home were more likely to report that they would rather be at the adult day care than someplace else. There were no significant differences between adult day health and social model adult day care clients in their responses to the perceived choice questions.

Further chi-square and correlational analyses were conducted in order to examine the relationship between reported life-satisfaction and responses to the perceived autonomy questions. A significant relationship (p< .05) was found between reported life-satisfaction and perception of being allowed to go outside the center. Clients who reported higher levels of life-satisfaction were also more likely to report that they were not allowed to go outside at will.

In order to provide a lower bound estimate of the theoretical reliability coefficient for the perceived autonomy questions, responses to the perceived autonomy items were factor analyzed, and the mean of the communality values was calculated. This value indicated a lower bound reliability coefficient of .60.

**Marlowe-Crowne Responses**

Due to the lack of variance in the clients' responses to the satisfaction questionnaire, the Marlowe-Crowne Social Desirability Scale was administered to a subset of twelve female clients. Eight of these clients scored above one standard deviation from the mean social desirability score according to the norms provided by Crowne (1967). Four participants' scores fell two standard deviations above the mean. The Cronbach's alpha for
the social desirability scale responses was determined to be .61.
Discussion and Conclusions

At the beginning of this study, it was predicted that clients reporting the highest levels of satisfaction would be those who preferred to attend adult day care and those perceiving themselves to have some autonomy at the center. It was also hypothesized that the demographic predictors of satisfaction would coincide with those reported by Weissert et al. (1990) in their national study of client satisfaction with adult day care services. However, the lack of variance in a sample of Kentucky clients' responses to Weissert et al. satisfaction questionnaire rendered the analysis of the hypotheses inappropriate. From the results of the present study, it would certainly appear that this sample of Kentucky adult day care clients are highly satisfied with the services they are receiving. In fact, they reported unanimous satisfaction with their overall centers. Although the clients did seem genuine in their enthusiasm for their centers, it is unusual to obtain such high levels of agreement in regard to a service. Despite the fact that the previous survey of satisfaction conducted by Weissert et al. (1990) found relatively high levels of satisfaction among a national sample of adult day care clients, the results of the current study differed from those obtained by Weissert et al. As compared to Weissert et al. sample, a statistically significant greater proportion of the Kentucky sample reported satisfaction with adult day care services.

Along with the satisfaction questionnaire, Kentucky clients responded to nine questions pertaining to perceived autonomy at the center and to one life satisfaction question. In contrast to their nearly unanimous satisfaction questionnaire responses, Kentucky clients revealed a greater variability in their responses to the perceived autonomy and life satisfaction questions. Given these mixed results, the question becomes, "If clients vary in their life satisfaction and perceptions of autonomy allowed to them at the center, why is
there such high agreement in reported satisfaction with the center?" In response to this question, four hypotheses are proposed: a) Kentucky clients are satisfied with services, as responses indicate; b) Client characteristics, including psychological and demographic variables, influenced their satisfaction responses; c) External influences contributed to client responses; d) Measurement issues influenced client responses. These hypotheses, as well as issues regarding responses to the perceived autonomy and life satisfaction questions will be discussed.

Satisfied Clients

The possibility that these results accurately reflect the perceptions of Kentucky adult day care clients must be considered, although such responses are rare in psychometric literature. This possibility is particularly plausible given the relationship between environment, need fulfillment, quality of life, and general satisfaction in the elderly. In general, older people express higher levels of satisfaction with their lives than do younger people. But to a greater extent than in the young, the satisfaction of the elderly depends on their circumstances--including their external environment (Kahn & Antonucci, 1981). For a large part of the day, the adult day care center comprises the environment of its clients.

Kahn and Antonucci (1981) rank social support and a sense of autonomy as crucial to the well being of the elderly. According to statements made by this Kentucky sample of adult day care clients, the centers meet many of their daily needs, including the need for social support, activity, adequate meals, and safety. Kahn and Antonucci state that, "To be poor, unmarried, without work or other sufficient activity, or without close friends, or to be ill--these are the sources of misery and dissatisfaction among the elderly as among the population at large" (p. 220). Because adult day care does provide some sources of
life satisfaction—including productive activity, social support, and health care—it is possible that these Kentucky clients are truly satisfied with this environment that meets many of their needs and contributes to their life satisfaction.

Although the results of this study may be accurate, it is important to consider alternative explanations for the high levels of Kentucky adult day care clients' satisfaction. Factors other than satisfaction and a sense of loyalty to the center may have influenced clients' responses to the satisfaction survey. Client characteristics, environmental variables, and measurement issues might account for some of the lack of variance in the results.

**Client Characteristics**

Characteristics of the present sample, including psychological as well as demographic variables, may have influenced them to respond in a highly satisfied manner. These variables include social desirability, perception of threat, loyalty to the center, and demographic characteristics of the sample.

A tendency to answer in a socially desirable direction may have influenced the manner in which this sample of Kentucky adult day care clients responded to the satisfaction questionnaire. The social desirability issue has been explored in various populations of elderly clients. Cappeliez (1990) conducted a study focusing on the social desirability issue in regard to the use of the Beck Depression Inventory (BDI) and the Geriatric Depression Scale (GDS). Forty-seven adults between the ages of 56 and 72 years old participated in the study. Seventeen participants were receiving outpatient mental health services due to a diagnosis of depression. The remaining thirty participants were elderly living in the community. Cappeliez found a significant negative association between scores on the depression scale and scores on the Marlowe-Crowne Social Desirability
Scale (Crowne, 1967), attributing this result to a tendency of depressed elderly to portray themselves as undesirable on both the depression scales and social desirability scales. Cappeliez (1990) also found a relationship between lower education, lower income and increased socially desirable responses.

Ray (1988) explored the effects of age on Marlowe-Crowne responses using eight samples of Australian survey participants. He found correlations between age and Marlowe-Crowne scores to range from .15 to .42. The lowest correlation (.15) occurred when the Marlowe-Crowne was administered to a sample of 88 Australian males. Ray (1988) hypothesized that the increase in socially desirable responses may be a function of gender as well as age. The Marlowe-Crowne was therefore administered to a sample of 126 Australian females. The correlation between age and social desirability in the female sample was .33. Further studies were conducted with random door-to-door samples from Munich, Germany, and Bombay, India. The correlation between age and social desirability was found to be .28 and .19, respectively. Ray (1988) stated that social desirability increases with age for females but not males. He explained the propensity of older females to answer in a socially desirable manner as a consequence of compensation for loss of physical attractiveness (Ray, 1988). It is possible, however, that these results may also be explained in terms of vulnerability and dependency. Elderly individuals frequently become more vulnerable to health problems and are less able to live independently within the community. It is possible that this sense of vulnerability and dependency on others affects females to a greater extent than males and therefore influences them to respond in a more socially desirable manner.

Breemhaar, Visser and Kleijnen (1990) explored the difference in younger and elderly Belgium hospital patients in regard to satisfaction, medical and hospital knowledge, emotional state, seeking information, discussing problems, engaging in self-care, and
social desirability. Social desirability was measured by a shortened version of the Marlowe-Crowne Social Desirability Scales. In a review of the literature, Breemhaar et al. (1990) found that past studies described elderly hospital patients as more satisfied with the various components of their hospital stay than younger patients, possessing less knowledge of medical subjects and hospital environments than younger clients, acting in a less demanding manner and asking fewer questions than younger clients, and generally "resigning themselves to their fate at an earlier stage" (p. 1378). The literature review revealed that patients with lower educational levels reported more satisfaction with their hospital stay. Breemhaar et al. cited a lower educational level as a possible explanation for elderly clients increased satisfaction with hospital services. They reported that past studies found elderly hospital patients to respond to social desirability questionnaires in a socially favorable direction (Breemhaar et al., 1990).

Breemhaar et al. (1990) found the results of their study to parallel their literature findings. Elderly patients (ages 61-80) did report significantly higher levels of satisfaction than younger patients (under 30) in terms of the treatment, care, and support they received during their hospital stay. Elderly patients also possessed less knowledge of medical and hospital subjects. Older patients generally reported a lower educational level and lower income than younger patients. In addition, "compared to younger patients, elderly patients tended more often to supply socially desirable responses, showed more gratitude, were more fearful of expressing complaints, and showed a more external locus of control" (Breemhaar et al., 1990, p. 1382). These results were explained as possibly resulting from a cohort effect. It was predicted that future generations of elderly, with an increased educational level and rise in income, will be less tolerant in their evaluations of the care they receive (Breemhaar et al., 1990).

Because social desirability may have affected the results of the current study, the
Marlowe-Crowne Social Desirability Scale (Crowne, 1967) was administered to a subset of twelve female participants in the Kentucky sample. The Kentucky clients responded in a manner consistent with the literature: participants responded to the Marlowe-Crowne in a socially desirable direction. This result has important implications for the use of self-report satisfaction instruments with the adult day care population—a majority of whom are female. According to the literature as well as data obtained from this subset of Kentucky clients, social desirability may be a confounding variable in the measurement of adult day care client satisfaction. If this is the case, extreme caution must be utilized in the interpretation and use of data obtained from satisfaction questionnaires administered to the adult day care population.

In addition to social desirability, other psychological variables may lead to a confound in the results of adult day care client satisfaction surveys. For instance, it is possible that these Kentucky clients responded to the satisfaction questionnaire in a highly favorable manner due to a perceived threat or a fear that reporting dissatisfaction with the center or any of its components might have negative consequences. Breemhaar et al. (1990) reported that elderly hospital patients were more fearful of expressing complaints than were younger patients. The Kentucky adult day care clients sometimes stated that the centers were better than nursing homes. In the author's experience, fear of a nursing home is a concern among adult day care clients. It is possible that this concern is perpetuated by staff and directors, who sometimes speak with regret of clients transferred to a nursing home and who possibly regard center clients as fortunate not to be in a nursing home. If clients fear losing their place at the adult day care center and possible admission to a nursing home—regardless of the accuracy of these perceptions—they may feel insecure in expressing dissatisfaction with the center or its staff. Fear may have shifted the responses toward satisfaction with the center.
On the other hand, if the centers are indeed meeting the needs of Kentucky adult day care clients and contributing to their general quality of life and their life satisfaction, a sense of loyalty to the center may have influenced their responses to the satisfaction questionnaire. Many participants reported that their fellow clients and the center staff were "like family" to them (which supported the hypothesis that adult day care provides important social support to its participants). Clients often indicated a perception that this was their center and these were their friends. If it were not for the center, many participants stated that they would be "sitting home alone." The center may provide more pleasurable alternatives to being alone during the day or with family for whom the clients may perceive themselves to be a burden. This sense of loyalty may have shifted the responses toward satisfaction with the center.

The second category of variables that may have influenced the satisfaction responses reported by the sample of Kentucky adult day care clients is demographic variables. These variables include characteristics unique to this particular sample of clients which may have contributed to the high level of satisfaction responses. The present sample is southern, female, elderly, and uneducated. There were relevant demographic differences between the present sample and Weissert et al. (1990) sample and between the present sample and the population of Kentucky adult day care clients. It is feasible to hypothesize that these differences might have influenced the results of this study.

It is possible that the high satisfaction levels reported by the participants in this study are a function of the sample itself. Many Kentucky adult day care clients grew up in Kentucky or in other southern states. Generally, "hospitality" is a hallmark of southern culture. It is possible that these participants held regional cultural values which dictated expressing only positive feelings and avoiding negative comments which, in this case, might hurt the staff at the center. In addition, a disproportionate majority of the
respondents in this sample are elderly females, who according to the literature may be
prone to providing socially desirable responses to questions. Therefore, this sample of
Kentucky adult day care clients may have responded that they are satisfied with all aspects
of the center in order to avoid making negative comments, which may be perceived as
unacceptable for their cohort, in their southern culture, and for their gender.

In contrast to younger individuals, many elderly citizens grew up in a United States
environment and culture which differed from the United States of today. The elderly
comprise a distinct cohort of individuals. Given the different culture and background
experienced by many elderly clients, their highly satisfied responses in regard to hospital
facilities—or in this case adult day care—may be, as Breemhaar et al. (1990) hypothesized,
a cohort effect resulting from lower levels of education, income, and assertiveness. In this
case, Breemhaar et al. predicted a decrease in client satisfaction as the current generation
of "baby boomers" age and bring with them higher education levels, increased income, and
more assertive attitudes than the current population of elderly individuals.

Low education levels were prevalent in this sample of Kentucky adult day care
participants. Only nine clients had attained a high school education or beyond. Fifty-six
clients had completed an eighth grade education or below. It is possible that a lower level
of education influenced clients' responses to the satisfaction questionnaire. Breemhaar et
al. (1990) found that hospital patients with lower educational levels reported higher
satisfaction with their stay and displayed a greater tendency toward providing socially
desirable responses. The combined effects of higher tendencies toward social desirability
and lower educational levels may have increased reported levels of satisfaction with adult
day care services.
Environmental Variables

Environmental factors may have influenced clients' responses to the satisfaction questionnaire. These variables include social influences and the effects of the social environment at the center.

It is possible that the center directors--consciously or not--influenced the clients' responses. Some of them stated they had told the clients to "be good" or to think about all the things they liked about the center before the interviewer's arrival. Upon completion of the interviews with individual clients, some directors made statements such as, "Now you didn't say anything bad about us, did you?" At times, these statements were made within the hearing range of other clients. Such statements as this serve to emphasize the social influences at play in the adult day care centers. It would be only natural for center directors and staff to have a personal as well as professional interest in the results of the satisfaction questionnaire. A large number of clients reporting dissatisfaction with services would not reflect well upon center directors and staff. On the other hand, a large number of reportedly satisfied clients might reflect a "good job" accomplished by center directors and staff. A desire for the interviewer and other recipients of the results of this study (including personnel from the state division of aging) to evaluate their centers in a positive manner may have influenced the staff to deliberately or inadvertently prompt the clients to respond in a satisfied manner.

It is also possible that the environment of the center and the current cultural expectations of elderly citizens have influenced adult day care clients. Rodin and Langer (1980) investigated the relationship between negative stereotypes of the elderly and the effects of these stereotypes upon older individuals' behavior, self-esteem, and perceptions of environmental control. They proposed a cycle in which the elderly adjust their behavior to conform to negative societal expectations such as being nonsocial, passive, sickly,
senile, incompetent, and helpless. Conformity leads to lowered self-esteem which in turn produces a perception of decreased environmental control. When the environment truly is one of limited choices, these perceptions are reinforced (Rodin & Langer, 1980).

Elderly participants of adult day care centers may be particularly vulnerable to negative stereotypes. Indeed, even the label of the service--"day care"--is one that is most often associated with very young children who are unable to care for themselves. If staff accept the image of the weak, helpless, passive "little old lady or man," then their actions may convey this attitude to the clients they serve. Staff may treat clients in the overly solicitous, indulgent manner frequently reserved for children. Such an environment might lead clients to regard themselves as passive, childish, helpless, and agreeable. If this is the case, clients positive, agreeable responses to the satisfaction questionnaire may be a display of the affable behavior they believe to be expected of elderly "day care" clients.

**Measurement Issues**

Variables related to the satisfaction assessment itself may have influenced clients' responses. According to Kane and Kane in their 1981 study of satisfaction in nursing home clients, "an immediate practical issue is establishing the climate of trust and privacy that would permit disclosure of negative comments" (p. 200). The same difficulty may apply to satisfaction assessment in adult day care clients. While all clients in the current study were interviewed in a room separate from other clients and staff, it is probable that a climate of complete trust was not established in one brief meeting. Though the clients were assured responses were anonymous and would not be shared with directors or staff, clients may have failed to place complete trust in this assurance. It is possible clients simply felt uncomfortable making negative comments regarding their center to a complete stranger.
Kane and Kane (1980) also cite the wording of questions as a possible influence on satisfaction responses. "'Satisfaction' can sometimes be viewed in terms of compatibility with expectations (which may have been low) and sometimes in terms of whether the object in question is intrinsically satisfying" (Kane & Kane, 1980, p.200). Questions phrased in terms of "satisfaction" may engender responses of initial expectations at a higher rate than questions employing the term "like." In this sample, however, one-hundred percent of the clients responded that they like to come to adult day care. It seems that at least in the case of the overall perception of the center, the initial expectancies theory is inadequate to explain the results of this survey. Furthermore, Kane and Kane (1980) conclude that regardless of the manner in which the items are phrased, "some will reply in terms of expectations and others in terms of positive likes or dislikes" (p. 200).

The discrepancy between the responses to the perceived choice questions and the reported satisfaction with the center might be explained in terms of relative importance to clients. It appears that some clients do perceive the center to offer limited choices and staff to sometimes treat them like a child or do things for them they would prefer to do themselves. Yet these aspects of the center may be unimportant to the client's overall assessment of his/her satisfaction with the center. The same factor may be operating in client's responses to questions exploring satisfaction with specific aspects of the center. If these aspects of the center are not of particular importance to a client, he/she may simply rate them as satisfactory (Kane & Kane, 1980).

Weissert, et al. (1990) explored neither of these variables in their study. They are, however, aspects of satisfaction that warrant further study in the area of adult day care. Satisfaction measures in the elderly may not be simple measures of satisfaction. Instead, they may measure a propensity to provide socially favorable responses. If this is the case, the results of these measures must be interpreted with caution when used to evaluate adult
day care services.

**Perceived Autonomy Issues**

In contrast to the satisfaction questions, clients did vary in their responses to the life satisfaction item and to the ten items addressing perceptions of autonomy offered to them at the centers.

The variance in life satisfaction responses was consistent with Weissert et al. (1990) results which yielded mixed findings regarding this topic. In Weissert et al. sample, clients who reported high life-satisfaction reported lower satisfaction with the structural aspects (food, hours, transportation, and temperature) of the center. Conversely, those clients who reported high life-satisfaction reported higher levels of satisfaction with intrinsic aspects of the center. Due to the lack of variability in the satisfaction responses of Kentucky clients in the present study, the relationship between life satisfaction and adult day care satisfaction was not explored.

The issue of perceived autonomy at the centers is an important one. Langer and Rodin (1976) report that the loss of environmental control and responsibility that often accompanies the aging process may result in lower self-esteem, feelings of passiveness and environmental manipulation, and a greater sense of being "elderly." They state that choice is critical to producing a sense of control over the environment. It is also critical to life itself. Without a sense of responsibility and control, the chances of "psychological withdrawal, physical disease, and death" may be increased (Langer & Rodin, 1976. p. 193). On the other hand, a sense of control over one's environment leads to an increase in positive emotions (Schulz, 1985). It is plausible that the range of choices permitted at the adult day care centers is related to the clients' sense of control over their environment. Clients' belief that they have the ability to influence at least some of the activities available
may increase their sense of empowerment and independence. Perhaps those in charge of adult day care centers might question, "Should centers be highly structured with a set schedule, or should they combine structure and flexibility to allow clients to have more autonomy in the course of the day?" Adult day care centers' responses to these questions may influence the clients' emotional well being at the center and beyond. As stated before, clients spend a large portion of their day at the center. It seems reasonable that the effects of the center could permeate into other aspects of the clients' lives. The issues of perceived autonomy, sense of control, and satisfaction merit further consideration in future studies.

In the present sample, a perception of limited choices permitted at the centers did not seem to influence satisfaction with the centers. Some clients perceived the center as offering limited choices, yet still rated it as satisfactory. It is possible that for these clients, the positive aspects of the center outweighed the perceived choice limitations. It is also possible that diminished control over their lives has instilled a sense of helplessness and passivity in these clients. As long as their basic needs are met, they are satisfied.

One of the most interesting results of the perceived choice questions was that 17.6% of the participants surveyed reported that they felt the staff treated them like a child and 23.5% reported that staff do things for them they would prefer to do themselves. This information may provide some support for the hypothesis that staff are influenced by negative stereotypes of the elderly and pass these perceptions to the clients. If clients are treated like helpless children, a Pygmalion effect could be operating within the centers: individuals who are treated as children adopt the characteristics of children and allow their choices, responsibilities, and activities to be delegated to others.

Chi-square and correlational analyses revealed some relationships between client demographics and perceptions of choices. African-Americans were more likely to report
that they were not allowed to go outside the center. This result could have been due to center location. At least one of the predominately African-American centers was located in an inner-city environment which may have been less safe to venture out of than more rural centers. Clients who had lower levels of education were more likely to perceive little choice at mealtimes. This is a factual observance—most centers' meals were prepared by an outside food service and no choices were offered. Clients at higher levels of education may have associated choice at mealtimes with the ability to choose whether or not to eat items on their plate. Clients were more likely to report that they preferred to be at the center rather than somewhere else if they had not been previously admitted to a nursing home. Previous nursing home clients might have perceived the adult day care center as being too similar to a nursing home environment. It is also possible that these clients experienced more physical difficulties than other clients and therefore felt that the center was not meeting their needs as well as they would like. Only four clients in the present sample, however, reported previous admission to a nursing home—a fact that demands caution in interpreting this result.

From the variability in the perceived choice responses, it is apparent that clients do not view what appear to be "objective" aspects of the center in the same way—they have different perceptions of their centers. As is observed in much of the literature, there is much variation among the elderly—a fact that is well to keep in mind when providing services for them.

**Future Directions**

In summary, most participants in the current study reported satisfaction with their adult day care centers, leading to little variability in responses on Weissert et al. (1990) satisfaction questionnaire. The extremely high level of satisfaction may have been due to
several factors. Kentucky clients may be truly satisfied with their centers, or this sample of Kentucky clients may have been influenced by psychological, demographic, external, and measurement variables associated with the centers. There was greater variation in clients' responses to the items addressing life satisfaction and perceived choices. Clients may have felt more comfortable responding to a question about their own lives. It is possible that clients viewed the perceived choice questions as more objective than the satisfaction questions, and perhaps as less threatening. These are areas that merit further consideration.

The issue of the influence of social desirability on adult day care clients' responses to satisfaction questionnaires should be explored with larger samples. Because this variable may be a confounding one in the measurement of client satisfaction, cautions must be taken to minimize the influence of social desirability. For example, when evaluating adult day care clients' satisfaction with center services it may be necessary to gather information from several sources. Along with direct evaluation of the clients, caregivers and center staff might be consulted in regard to their perceptions of the clients' satisfaction. Also, the future construction of client satisfaction questionnaires might provide a greater range of possible responses to satisfaction items. The use of more than two or three response choices might increase the variability of the responses. In addition, items addressing the importance of different aspects of the center to the clients might be incorporated in the measure.

Future investigators may also wish to explore the effect of the length of time spent at the center on satisfaction responses and social desirability tendencies. It may be beneficial to observe staff for signs of negative stereotyping in their interactions with adult day care clients. If clients are expected to act in a passive, childish manner for several hours a day, they may live up to these expectations.
In conclusion, adult day care satisfaction and client perception of choice in adult day care centers are areas that merit further research. Future studies could increase our understanding of the impact which this increasingly popular care alternative exerts on the rapidly expanding elderly population. As the number of elderly in the population increases, we must learn to provide services that both empower and satisfy these consumers of social and health services.
APPENDICES
Appendix A

Adult Daycare Services
Satisfaction Questionnaire
Weissert et al. (1990)

Client Number: _______  Center Number: _______

1. I'd like to know how you feel about the overall center here; Would you say that you are satisfied, partly satisfied, or dissatisfied?
   0  1  2
   DISSATISFIED   PARTLY SATISFIED   SATISFIED

2. Now think about the amount of individual attention that you get here; Would you say that you are satisfied, partly satisfied, or dissatisfied?
   0  1  2
   DISSATISFIED   PARTLY SATISFIED   SATISFIED

3. How often can you count on the staff to do what they are supposed to do for you? Would you say that you can count on the staff most of the time, some of the time, or can't count on them at all?
   0  1  2
   CAN'T COUNT ON   SOME OF THE TIME   MOST OR ALL OF THEM AT ALL

4. Would you say that you are satisfied, partly satisfied or dissatisfied with the transportation center that brings you here and takes you home?
   0  1  2
   DISSATISFIED   PARTLY SATISFIED   SATISFIED

5. Would you say that the center's hours are too long, too short, or about right?
   0  1  2
   TOO SHORT   TOO LONG   ABOUT RIGHT

6. How about the food here; Would you say that you are satisfied, partly satisfied, or dissatisfied with the food here?
   0  1  2
   DISSATISFIED   PARTLY SATISFIED   SATISFIED
7. Is it too hot or too cold for you here? Would you say that it is often, sometimes, never too hot or too cold?

0 Sometimes 1 Often 2 Never

8. Does this place seem too crowded to you? Would you say this place often, sometimes, or rarely seems crowded?

0 Often 1 Sometimes 2 Rarely or Never

9. Do you think it is too noisy here? Would you say it is often, sometimes, or rarely ever too noisy?

0 Often 1 Sometimes 2 Rarely or Never

10. In general, how satisfying do you find the way you are spending your life these days? Would you call it completely satisfying, pretty satisfying, or not very satisfying?

0 Not Very 1 Pretty Satisfying 2 Completely Satisfying
Appendix B

Center Demographic Information

I would appreciate it if you could provide the following information to aid in the analysis of the data from your center. Please answer each question as accurately as possible:

1. Is this center licensed?
   YES _____        NO _____

2. How many full time staff are currently employed at this center?
   __________

3. How many part time staff are employed at this center?
   __________

4. Does this center receive medicaid funds?
   YES _____        NO _____

5. Does this center presently have a waiting list?
   YES _____        NO _____

6. What is the average daily attendance at the center?
   __________
7. Is this center based on the medical model, the adult day health model or the social model?

MEDICAL_____ ADULT DAY HEALTH_____ SOCIAL_____ 

8. Is this center for-profit or non-profit?

FOR-PROFIT_____ NON-PROFIT_____ 

9. Which of the following services are offered by your center?
(Please check all that apply on the line after each category.)

Nursing_______ MD/Assessment_______ Social Services_______
Psychiatry_______ Dentistry_______ Caregiver Services_______
Meals/Snacks_______ Recreation________ Transportation________
Diet Counseling_______ Music Therapy_______ Wheel chair_______
Dress/Groom/Toilet_______ Reality Therapy_______ Laundry_______
Bathing/Shower________ Volunteers________ Podiatry_______
Physical Therapy_______ Pastoral Services_______
Occupational Therapy_______ Intergenerational_______
Speech Therapy_______
Appendix C

Client Demographic Questions

CLIENT NUMBER______ CENTER NUMBER______

RACE: _____ Caucasian SEX: M____ F___
_____ African-American
_____ Other

Please answer the following questions about yourself as accurately as possible:

1. What is your Date of Birth? _________________

2. Are you currently:
   MARRIED_____ SINGLE (NEVER MARRIED) _____
   DIVORCED_____ WIDOWED_____

3. Were you ever in a nursing home before coming here?
   YES_____ NO_____ 

4. Right now, do you live:
   ALONE_____ WITH SPOUSE_____
   WITH FAMILY_____ WITH NON-RELATIVE_____

5. What is the highest level of education you have completed?
   __________
Appendix D

Additional Questions

Please answer true or false to the following questions:

1. I like to come to adult day care.
   (2=false; 1=true; 0=I don't know).

   0  I DON'T KNOW  1  TRUE  2  FALSE

Perceived Autonomy Questions

Please answer yes or no to the following questions about the center. Please answer as honestly as possible. If you are unsure of a response, reply with "I don't know":

2. I am permitted to choose the activities I will participate in at the center:
   YES  NO  I DON'T KNOW

3. I am permitted to choose not to participate in any activity I don't want to do:
   YES  NO  I DON'T KNOW

4. I think the staff members sometimes treat me like I am a child:
   YES  NO  I DON'T KNOW

5. Sometimes staff members do things for me I would prefer to do myself:
   YES  NO  I DON'T KNOW

6. There is a place at the center where I can be alone if I want to:
   YES  NO  I DON'T KNOW

7. I feel safe bringing personal possessions to the center:
   YES  NO  I DON'T KNOW

8. I can go outside at the center when I want to:
   YES  NO  I DON'T KNOW

9. I can choose some of the things I want to eat at mealtimes at the center:
   YES  NO  I DON'T KNOW

Please answer true or false to the following question:

10. Most of the time, I would rather be somewhere else, not at the adult day care center.
    TRUE  FALSE  I DON'T KNOW
Appendix E

Marlowe-Crowne Social Desirability Scale

1. Before voting I thoroughly investigate the qualifications of all the candidates. (T)
2. I never hesitate to go out of my way to help someone in trouble. (T)
3. It is sometimes hard for me to get on with my work if I am not encouraged. (F)
4. I have never intensely disliked anyone. (T)
5. On occasion I have had doubts about my ability to succeed in life. (F)
6. I sometimes feel resentful when I don't get my way. (F)
7. I am always careful about my manner of dress. (T)
8. My table manners at home are as good as when I eat out a restaurant. (T)
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it. (F)
10. On a few occasions, I have given up doing something because I thought too little of my ability. (F)
11. I like to gossip at times. (F)
12. There have been times when I felt like rebelling against people in authority even though I knew they were right. (F)
13. No matter who I'm talking to, I'm always a good listener. (T)
14. I can remember "playing sick" to get out of something. (F)
15. There have been occasions when I took advantage of someone. (F)
16. I'm always willing to admit it when I make a mistake. (T)
17. I always try to practice what I preach. (T)
18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people. (T)

19. I sometimes try to get even, rather than forgive and forget. (F)

20. When I don't know something I don't at all mind admitting it. (T)

21. I am always courteous, even to people who are disagreeable. (T)

22. At times I have really insisted on having things my own way. (F)

23. There have been occasions when I felt like smashing things. (F)

24. I would never think of letting someone else be punished for my wrongdoings. (T)

25. I never resent being asked to return a favor. (T)

26. I have never been irked when people express ideas very differently than my own. (T)

27. I never make along trip without checking the safety of my car. (T)

28. There have been times when I was quite jealous of the good fortune of others. (F)

29. I have almost never felt the urge to tell someone off. (T)

30. I am sometimes irritated by people who ask favors of me. (F)

31. I have never felt that I was punished without cause. (T)

32. I sometimes think when people have a misfortune they only get what they deserve. (F)

33. I have never deliberately said something that hurt someone's feelings. (T)
Appendix F

Informed Consent Release for Directors

I have volunteered to participate in this study which is being conducted for the purpose of completing a master's thesis on client satisfaction with adult day care services in Kentucky. I understand that any information I provide will be confidential and that only aggregate data will be reported.

______________________________
Director Signature

______________________________
Witness
Appendix G

Client Informed Consent

I agree to participate in this study. I understand that this is a research project being conducted for the purpose of completing a master's thesis on client satisfaction with adult day care services in Kentucky. I know that I do not have to participate in this project and that I can stop participating or stop answering questions at any time. I understand that my answers to these questions are anonymous. My name will not be on the survey and neither the center staff nor the center director nor my family or caregiver will know how I answered these questions.

______________________________

Client Signature

______________________________

Witness
References


