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DETERMINANTS OF SATISFACTION AND DISSATISFACTION DURING
RETIREMENT AND THE RELATIONSHIP AMONG LIFE SATISFACTION,
SELF-CONCEPT, AND HEALTH IN BLACK RETIREES

The University of Alabama in Birmingham

D.S.N.

1980

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DETERMINANTS OF SATISFACTION AND DISSATISFACTION DURING
RETIREMENT AND THE RELATIONSHIP AMONG LIFE
SATISFACTION, SELF-CONCEPT, AND HEALTH
IN BLACK RETIREES

by

DELOIS HUGHES SKIPWITH

A DISSERTATION

Submitted in partial fulfillment of the requirements for the
degree of Doctor of Science in Nursing, School of
Nursing in the Graduate School, University
of Alabama in Birmingham

BIRMINGHAM, ALABAMA

1980

GRADUATE SCHOOL
UNIVERSITY OF ALABAMA IN BIRMINGHAM
DISSERTATION APPROVAL FORM

Name of Candidate Delois Hughes Skipwith

Major Subject Nursing

Title of Dissertation A Descriptive Study of the Identification of the
Determinants of Satisfaction and Dissatisfaction during Retirement and
the Relationship Among the Level of Life Satisfaction, Self-Reported,
Perceived Level of Health and Self-Concept in Noninstitutionalized Black
Retirees

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Special appreciation is extended to my family, especially my son, Marc, for the understanding, encouragement, patience, love, and assistance shown to me as I pursued this endeavor.

D.H.S.

ABSTRACT OF DISSERTATION

GRADUATE SCHOOL, UNIVERSITY OF ALABAMA IN BIRMINGHAM

Degree D.S.N. Major Subject Nursing

Name of Candidate Delois Hughes Skipwith

Title Determinants of Satisfaction and Dissatisfaction During
Retirement and the Relationship Among Life Satisfaction,
Self-Concept, and Health in Black Retirees

This study investigated the determinants of life satisfaction and dissatisfaction during retirement and the relationship among life satisfaction; self-concept; and self-reported, perceived level of health in black retirees. Research and statistical hypotheses were formulated relative to the difference in the determinants of satisfaction and dissatisfaction during retirement identified by a group of black retirees according to marital status, gender, income, health status, and length of retirement; and the relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health. The statistical hypotheses were tested at the $p = .05$ level of significance.

The sample consisted of 50 black retirees, age 60 to 71 years, who were residents of Jefferson County; had retired during the period from July, 1974 to July, 1979, and were participants in the Alabama State Retirement System, and selected local voluntary associations. Data were collected during a seven-month period from

September, 1979, through March, 1980. Data were collected via an interview and two test instruments, the Life Satisfaction Index-Z Scale (LSI-Z) and Tennessee Self-Concept Scale (TSCS). The researcher-constructed interview schedule was utilized for collection of demographic data and sources of satisfaction and dissatisfaction.

Statistical tests utilized for the analysis of data were descriptive statistics, Chi-squared test of association, Pearson Product-Moment correlation, Mann-Whitney U Test, Kruskal-Wallis One-Way Analysis of Variance, and multiple regression. The findings of the study indicated a mean age of 66.2 years, and a gender distribution of 66% females and 34% males. Of the sample, 66% reported their marital status as married. A minimum of two years of college was the mean education level and the mean reported monthly income was in the \$500 to \$1000 category. Of the participants, 50% reported their perceived health status as good. Results of the occupational demographics indicated that 68% of the respondents were educators, the mean retirement period was two to three years, and almost the entire sample, 94% reported a voluntary type of retirement.

Interpersonal relationships, organizational activities and freedom of schedule and time were the primary sources of satisfaction for this group. Most of the respondents did not identify sources of dissatisfaction; however, economic conditions, health, and emotional concerns were cited most frequently by the respondents who identified sources of dissatisfaction. There is a

difference in the identified determinants of dissatisfaction Rank 3 and marital status and determinants of dissatisfaction Rank 1 and Rank 3 and length of retirement.

Mean scores of 21.4 on the LSI-Z and 381.6 on the self-esteem component of the TSCS were reported. Low correlation coefficients in a positive direction, $r = .11$ to $.27$ (N.S.) were reported among the variables of life satisfaction, self-concept, and health status. The results of the multiple regression showed that the variables of self-concept, health status, and determinants of satisfaction and dissatisfaction did not differentiate or account for significant variance in life satisfaction; however, a linear relationship between the variables of life satisfaction and self-concept was noted.

The investigator concluded that this sample of black retirees experienced few biopsychosocial liabilities and gained satisfaction from interpersonal relationships, organizational activities and freedom of schedule and time. These healthy retirees are satisfied with life and have high self-esteem.

Recommendations stemming from the research included cautious application of the findings; replication of the study with a randomly selected sample; identification of nursing interventions, predictor variables, and the role of the family in the adaptation of retirees; and exploration of the role of community agencies with black retirees.

Abstract Approved by: Committee Chairman

Program Director

Date _____

Dean of Graduate School

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CHAPTER I

INTRODUCTION

This chapter contains the purposes and statement and significance of the problem investigated. In addition, the hypotheses, assumptions, definitions, limitations, and design of the investigation are included.

Statement of Problem

A nation is partly characterized by the demography of its citizenry. As the over-age-64 proportion of a nation's population reaches 8% or more, that nation becomes known as an aging nation. America has become an aging nation as approximately 10% of its population is over 65 years of age (Schulz, 1976). In 1977, there were 22 million plus Americans aged 65, and of this number, 21 million were white and 1.9 million were black. Blacks constitute the largest minority in this country. Elderly blacks constitute about 8% of all elderly in America and about 8% of the total black population (Hill, 1978; Jackson, 1978). Approximately 11% of the population in Alabama is 65 years old and older (Facts, 1978). In Jefferson County, 37% of the elderly population is composed of minority races, predominantly blacks (Warren, 1978).

National statistical data indicate that although the black aged are not a homogeneous group, they are mostly under 75 years of age, reside in urban areas in the South, are widowed females, are not formally educated beyond elementary school, and are poor (Jackson, 1974). Aged blacks are the victims of racism, ageism, sexism, and poverty, and they experience problems which differentiate them from other aged persons if only in degree of severity. What, then, are the assets and liabilities which affect blacks' adaptation to retirement? Do blacks possess strengths which are unique to them in dealing with retirement; and if so, what are these? Are black retirees a group at risk during this period of the life span? What can nurses do to assist the black retirees with their health care needs? It was these questions which led to the formulation of the research questions.

Research Questions

1. What are the determinants of satisfaction and dissatisfaction during retirement in a group of black retirees?
2. What is the relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health in a group of black retirees?

Research Hypotheses

The hypotheses for this study were:

1. There is a difference in the determinants of satisfaction during retirement identified by a group of black retirees according to marital status.
2. There is a difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to marital status.
3. There is a difference in the determinants of satisfaction during retirement identified by a group of black retirees according to gender.
4. There is a difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to gender.
5. There is a difference in the determinants of satisfaction during retirement identified by a group of black retirees according to income.
6. There is a difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to income.
7. There is a difference in the determinants of satisfaction during retirement identified by a group of black retirees according to health status.

8. There is a difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to health status.

9. There is a difference in the determinants of satisfaction during retirement identified by a group of black retirees according to length of retirement.

10. There is a difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to length of retirement.

11. There is a relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health.

Purposes

The purposes of this study were:

1. To identify the determinants of satisfaction and dissatisfaction during retirement in a group of black retirees.

2. To describe the relationship among the level of life satisfaction; self-concept; and, self-reported, perceived level of health in a group of black retirees.

Significance of the Problem

Retirement may be conceptualized as a process, a transition period, or an event in the life cycle. Retirement is characterized

by loss of job and work associates; reduction in income; change of status in the community; realignment of interpersonal relations with spouse, children, relatives, and neighbors; alterations in the pattern of living and use of increased, unstructured time; and, changes in self (Burgess, 1957). The phenomenon of retirement, historically, occurs at the arbitrary age of 65 years and was formally institutionalized in the United States by the passage of the Social Security Act in 1935 (Shanas, 1972).

America has a strong work ethic, and work is an important factor in human satisfaction. For some people, work constitutes the core of the definition of self; one's status and worth are defined by occupation and the amount of monetary compensation received for work performed. Other functions of work are that it may represent a source of self-esteem, opportunities to serve and help others, a sense of satisfaction, a variety of social encounters and experiences, a means of filling time, an escape from the unpleasantness of life, or simply but importantly, income. Loss of the occupational role can be a threat to identity, self-image, and self-esteem and can symbolize social failure and loss of social status. Conversely, retirement may be a welcomed arrival to persons for whom work has been a series of unpleasant encounters (Busse and Kreps, 1964).

Perusal of the literature on black aging revealed an emphasis on depicting the plight of aging blacks and little identification of the assets and strengths of this group. For many blacks, old age brings a continuation and intensification of the plight they

have known earlier, rather than an ushering in of a new life. Old age is often an extension of the poor health, poverty, inadequate housing, and other problems they have known throughout life.

In the late 1960's, Jackson (1968) noted the paucity of data concerning the black aged in the social gerontological literature and attributed this to the systematic exclusion of blacks from gerontological investigations. In 1964, the National Urban League asserted that:

today's aged Negro is different from today's aged white because he is Negro . . . and this alone should be enough for differential treatment. (p.3)

This assertion was the beginning of the "double jeopardy" hypothesis of aging and racism.

McCaslin and Calvert (1975) distinguished preferential treatment from differential treatment in that the former is based on jeopardy; whereas, the latter is based on the universal effect of ethnicity on all aged persons and the appreciation of special needs of ethnic minority groups. The premise that blacks are different is not necessarily a negative idea. Blacks are different because they grew up differently and their lifestyles are different (Robinson, 1974). A person's ethnicity and his culture have important effects on his view of old age and his patterns of coping with the problems of aging. Universal problems of aging interact with the behavioral patterns of the individual within the context of his culture (McCaslin and Calvert, 1975). Racial differences between

blacks and whites are manifested in the differential participation in societal institutions, life expectancy, geographic location, economic situation, and education level.

The plight of older Americans and the issue of being old in America were addressed by the first White House Conference on Aging during the early seventies. Increased interest in the aged yielded dividends for the black aged in particular in that their condition was noticed. Kent (1971) addressed the plight of the black aged in noting that the real condition of the black aged as a group of human beings is not known and that there is limited understanding of this segment of the population. Two factors contributing to this lack of knowledge are the lack of hard data and a conceptual framework for the study of the group. Specifically, Kent singled out the need for additional research on the employment and retirement of blacks in order that the meaning of retirement be understood.

Jackson (1971b) joined Kent in noting areas of need within the research arena. These researchers believed that the conditions and experiences encountered by blacks must be studied from within the group perspective so that the effects of such factors as geographic location, income, and occupation could be determined. Additionally, Jackson and Kent noted the need to develop models by which to conduct research concerning blacks and the need to develop tools to measure characteristics of blacks so that blacks could be compared to these criteria instead of to the criteria of white aged characteristics. The tendency to compare the old and the poor among

minorities to the middle-class white aged is dysfunctional to the acquisition of knowledge of the aging process among minorities, as is the use of "white middle-class adjustment models."

Jackson (1971b) also addressed the need to study retirement patterns with her statement that:

there are also no studies on retirement patterns of Negroes and there is certainly a need for more, especially since Negroes are likely to experience greater forced retirement within the next decade, due largely to their lower educational and occupational levels. (p.54)

Several of the priorities in research on ethnicity addressed by Kalish (1971) were concerned with investigating differences among the elderly in relation to personality, adjustment, values, and roles, as well as identifying the meaning of age-related changes for these groups and understanding how each ethnic group defines "good" adjustment. Additionally, Kalish pointed out the need to know the ethnic group's wishes for its later years since discovery of this information would help in understanding an ethnic group's adjustment and in planning appropriate interventions.

Jackson (1971a) also noted advances which had occurred during the previous decade regarding research available on the black aged. For example, there was more inclusion of blacks in samples, more sophisticated analyses of data by race, and more use of solely black samples.

What, then has been said specifically within the nursing profession with regard to the need to study the problem of aging with minority groups? The subspecialty of psychosocial nursing

gerontology is concerned with improving nursing service to the elderly through research in direct nursing care of the aged in hospitals, institutions, and the community and enhancing adaptation by the elderly to the processes of aging. Review of much of the gerontological nursing research during the last 50 years revealed no investigation of the promotion of mental health or prevention of avoidable mental disabilities associated with aging (Gunter and Miller, 1977). Dumas (1975) addressed the need for researchers to make commitments to study the relationships of sexism, racism, poverty, and other forms of deprivation to needs, access, availability, and quality of health care. Dumas further noted that psychiatric-mental health nursing may very well be the pacesetter in the endeavor.

In assisting the elderly to meet their needs, the professional nurse needs a clear picture of how the aged view themselves and cope with life in the community and in institutions. Furthermore, in the care-giving position, the nurse can coordinate and contribute to the planning of care for the aged in unique ways (Lee, 1976). Although technological advances, expansion of knowledge, and industrialization have all contributed to a longer life expectancy, few systematic endeavors have occurred to contribute quality to the quantity of years or to identify what factors would add quality of life to old age. Thus, it was believed by this investigator that the identification of the determinants of life satisfaction or dissatisfaction and the relationship among life satisfaction, self-concept and health would be a step in this direction.

Assumptions

The following were assumptions for this study:

1. Adjustment to retirement is a developmental task in the life cycle.
2. Any period of change or transition in the life cycle creates disequilibrium. Efforts to restore equilibrium may result in either growth or difficulty for the individual.
3. Aging involves a series of psychological, sociological, and physiological changes which require adjustment or adaptation by the individual.
4. All people share some commonalities of experiences within the aging process; however, biopsychosocial factors and individual perceptions may alter the nature and quality of these experiences.
5. Aged blacks experience problems which differentiate them from other aged persons. These differences are manifested in the severity and impact of the problems.
6. Sharing of the same subcultural orientation and identity does not imply homogeneity. Similarities and differences can be isolated among aged persons with the same racial identity.
7. Concerns of the elderly in minority populations are similar to the concerns of all aged, along with the additional stigma and concerns stemming from minority status.

Definition of Terms

The following definitions were used in this study:

Determinants: factors characterizing life satisfaction and dissatisfaction.

Life satisfaction: a measure of the psychological well-being of an individual as determined by the self-rating of his acceptance and enjoyment of past and present states of pleasure with his resources, life, self, and others.

Retiree: a person who receives a retirement pension, perceives and identifies himself as a retiree, and is not employed full-time, year-round.

Retirement: the period of life following the termination of the major working years of compensated, pension-generating employment in which a person 60 to 71 years of age receives a pension and/or Social Security basic benefits based on that employment.

Self-concept: an individual's description of himself which integrates all of his experiences, perceptions, and ideas into a system.

Self-reported, perceived health: the rating given to one's health, using one's own perceptual frame of reference and criteria.

Limitations

The following were limitations of this study:

1. The Life Satisfaction Index Scale has not been established as a culture-free instrument.
2. The sample may represent an advantaged group of retirees inasmuch as the majority were previously State government employees.
3. The period of data collection included the pre season of a major holiday, thereby increasing the possible occurrence of the holiday syndrome. Feelings of isolation, loneliness, boredom, sadness, derogatory self-evaluation, disappointment, anxiety and a resurgence of unmet dependency needs and helplessness may occur as characteristics of the holiday syndrome.
4. The sampling methodology restricted the generalization of the findings.

Source and Selection of Sample

The sample consisted of 50 non-institutionalized black males and females, aged 60 to 71 years, who had retired within the previous five years--July 1974 to July 1979. Identifiable participants in the State retirement system and participants in selected voluntary organizations were invited to participate in the study. Participation in the study was on a voluntary, non-remunerative basis. Each potential participant was sent a letter of invitation

explaining the nature and purpose of the study and the nature of risk-nonrisk involvement. Each person was asked to return the signed consent form by the established deadline date (7 to 10 days post-invitation date). A telephone number and hours available whereby a prospective participant could address inquiries were also included in the letter. Following the compilation of a list of participants, each participant was contacted via telephone or mail to establish a mutual time and place for conducting the one-hour interview on one day by the researcher.

Collection of Data

Data were obtained via an interview and two test instruments. Interviews were tape recorded on a portable audiotape recorder. The interviewees were not identified by name at any time during the taped interviews. The interview schedule consisted of demographic information and an open-ended questions section. During the interview, each participant was asked to respond to the interview schedule which called for demographic information such as age, marital status, educational level, health, occupational data, and determinants of life satisfaction and dissatisfaction. The demographic information was used to describe the background characteristics of the participants. The open-ended questions section of the interview schedule, developed by the investigator, required that the participants identify those factors considered indicative of resources, persons, activities, or valuables and belongings

which provided them satisfaction or dissatisfaction during retirement. Perceived health status was determined by self-report of participants utilizing a rating scale. The two test instruments were the Life Satisfaction Index-Z Scale and the Tennessee Self-Concept Scale. The Life Satisfaction Index-Z Scale (Wood, Wylie, and Sheafor, 1969), which is a self-report form, was used to assess the level of life satisfaction. Self-concept was measured by the Tennessee Self-Concept Scale (Fitts, 1965), a series of self-descriptive statements used to portray one's picture of himself. The researcher read the instructions and each item on the questionnaire to each interviewee and recorded his or her responses on the answer sheets.

The demographic data and the responses on the answer sheets were analyzed via computer. A three-member panel consisting of a nurse, social worker, and retired person was asked to review for consistency the categorization of the open-ended responses into predetermined categories as completed by the researcher.

CHAPTER II

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter contains the conceptual framework for the study, as well as literature and research related to the research questions, demographic variables, retirement, life satisfaction, self-concept, and health.

Conceptual Framework

The concepts of life-span, developmental tasks, adaptation, life satisfaction, and perception were utilized as the framework for this research endeavor. Life-span psychology is an empirical, multidisciplinary science which constitutes an endeavor to investigate, describe, understand, predict, control, and explain those events and processes which are commonly referred to as development and aging (Goulet & Baltes, 1970). The life-span concept is concerned with age-related behavioral changes which occur in sequential, predictable phases and is inclusive of the phases of infancy, childhood, adolescence, adulthood, middle age, and old age. Each phase of the life-span is characterized by biological, psychological, and cultural events or changes which are generally designated as developmental tasks or by some other comparable term.

Developmental tasks of later life have been described by Clark and Anderson (1967), Erikson (1963), Havighurst (1948), Lowenthal (1965), Neugarten (1970), and Peck (1955). The concept of developmental task is appropriate throughout the life-span inasmuch as there are critical periods in an individual's life wherein specific behaviors are required of the individual. Havighurst (1953) defined a developmental task as a task which arises at or about a certain period in the life of the individual, the successful achievement of which leads to happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks. There are three sources of developmental tasks: physical maturation; cultural pressures; and, the personal desires, values, and aspirations of the individual which are part of one's personality or self.

The tasks for old age, according to Burnside (1979), Duvall (1971), and Havighurst (1953), generally include the following:

1. Adjusting to decreasing health and physical strength.
2. Adjusting to retirement and reduced income.
3. Adjusting to the death of spouse.
4. Establishing an explicit affiliation with one's age group by accepting one's status as an aged member of society and becoming a constructive participant in one's age group.
5. Meeting social and civic obligations.
6. Maintaining satisfactory living arrangements which are comfortable and convenient.

7. Realigning relationships with adult children.

8. Finding meaning in life by clarifying, deepening, and finding use for what one has already obtained in a lifetime of learning and adapting.

The concept of adaptation has been used by biologists, psychologists, and physiologists. The term "adapt" is a derivative of the Latin word "adaptare," which means to adjust (Helson, 1964). The adaptation level theory was developed by Helson, only later to be used by Roy (1976) as the basis for developing an adaptation model for nursing. Adaptation is a dynamic process with changing levels consisting of sensitizing and desensitizing aspects which involve internally and externally initiated energies. A basic premise of Helson's work is that an individual's attitudes, values, ways of structuring experiences, judgments of physical aesthetic and symbolic objects, intellectual and emotional behaviors, learning, and interpersonal relations all represent modes of adaptation to environmental and organismic forces. The adaptation level is the pooled effect of all stimuli--focal, contextual, and residual. Adaptation level is viewed as a range or zone, rather than a fixed point, and stimulation within this zone will lead to a positive or an adaptive response; whereas, stimuli falling outside the zone will lead to a negative or maladaptive response. An adaptive response is behavior which maintains the integrity of the individual, and a maladaptive response is one which does not maintain integrity and is disruptive to the individual.

Roy's (1976) adaptation model of nursing included assumptions, the recipient of nursing care, the goal of nursing, and nursing activities. The adaptation model has eight basic assumptions which are inclusive of the nature of man, health, and illness, as well as coping mechanisms, types of stimuli, and adaptive modes. The assumptions are:

1. Man is a biopsychosocial being.
2. Man is in constant interaction with a changing environment.
3. Man uses innate and acquired mechanisms of a biological, psychological, and social origin to cope with a changing world.
4. Health and illness are one inevitable demension of man's life.
5. Adaptation is necessary in order to respond positively to environmental changes.
6. Man's adaptation is a function of the stimulus he is exposed to and his adaptation level. Man's adaptation level is determined by the combined effect of three classes of stimuli: focal, contextual, and residual.
7. Man's adaptation level comprises a zone which indicates the range of stimulation that will lead to a positive response.
8. Man has four modes of adaptation: physiologic needs, self-concept, role function, and interdependence.

The adaptive modes have basic needs as their core. Needs are requirements within the individual which stimulate responses or

behaviors to maintain the physiologic, psychic, or social integrity of the individual. The physiologic adaptive mode is based on man's need for physiological integrity. The aspects of self constitute psychic integrity, whereas the adaptive modes of role function and interdependence comprise social integrity. The degree of need satisfaction changes whenever there is an internal or external environmental change, and the resulting deficit or excess triggers off the appropriate adaptive mode and coping activities or behaviors are emitted.

Regulator and cognator have been identified as the two major types of adaptive mechanisms in this model. The regulator mechanism readies the person for coping with stimuli by approach, attack, or flight. The cognator identifies, stores, and relates stimuli so that symbolic responses can be made. Cognator activities are expressed via thoughts, decisions, and defense mechanisms.

Inasmuch as man is a unified being, an internal or external change may affect more than one mode simultaneously; a single behavior may be a manifestation of difficulty in more than one mode; and, each mode may be a focal, contextual, or residual stimuli for each other mode.

The physiologic and self-concept modes were the focal points in this research and will be summarized at this point. The physiologic mode is based on the need for physiological integrity and was assessed via the individual's self-rating of his perceived level of health. Self-concept has been defined in this model as:

The composite of beliefs and feelings that one holds about oneself at a given time, formed from perception of others' reactions, and directing the person's behavior. (Drier, 1976, p. 174)

Self-concept is composed of two basic components--physical self and personal self. Personal self is further divided into moral-ethical self, self-consistency, and self-ideal/self-expectancy and self-esteem. The physical self is the person's appraisal of his physical being, his image of himself physically, and includes physical attributes, functioning, sexuality, health, and appearance. Problems in the physical self are experienced as loss. Some examples of loss are loss of body part, function, control, privacy, body image, material possessions, job, retirement, and loved ones.

The moral-ethical self functions as observer, standard setter, dreamer, comparer, and evaluator of who the person says he is. Values held by the person are included in the moral-ethical self. It is the judge of desirables and undesirables. Guilt is a key theme in maladaptive behavior in this component of self. Some possible behavioral manifestations of guilt have been identified by Perley (1976) as sleep disturbance, crying, gastrointestinal dysfunction, and expressions of guilt.

Consistency of self and maintenance of a consistent, stable self-image are known as self-consistency. Any problems in this component are experienced as disequilibrium or anxiety. Behaviors indicative of anxiety may be physiological or behavioral and, therefore, may be categorized in all four modes. Feelings of helplessness, isolation, and insecurity are usually associated with anxiety.

Self-ideal/self-expectancy is the person's ideal of what he wants to become and his expectations of himself and his actions. The reflected expectations of others are incorporated into the self-ideal/self-expectancy. Problems in this area are experienced as powerlessness, with powerlessness being viewed as a lack of control over events. Behaviors indicative of powerlessness are apathy, withdrawal, resignation, fatalism, low or limited knowledge about illness, lack of decision making, and statements of low control.

The individual's perception of his worth or his self-esteem is essential in understanding self-concept. A person with low self-esteem will have difficulty adapting to the changes demanded in situations of health and illness. This low-self esteem may be expressed as incompetency, insecurity, unworthiness, and feelings of being unloved. Some key questions in the assessment of self-concept are: What am I? How satisfied am I? How do I behave?

Some of the terms to refer to the psychological well-being of older people include satisfaction, happiness, morale, adjustment, and competence. These diverse referents contribute to the ambiguity of the concept. In addition to variations in terminology, various approaches were formulated to explain the concept of psychological well-being. Included in these approaches were those of activity, disengagement, personality, and life satisfaction (Atchley, 1977). The activity approach is based on the premise that activity patterns and values typical of middle age must be maintained in old age, and that active performance of a variety of

roles is essential to successful aging. The disengagement approach advocates that the individual gradually and voluntarily disengages from various roles and positions, with resulting reduction in activity. In the personality approach, emphasis is placed on maintaining an integrated personality during the aging process.

Neugarten, Havighurst, and Tobin (1961) developed the concept of life satisfaction as a view of successful aging. The life satisfaction approach is based on subjective feelings of satisfaction and happiness with one's past and present life. This approach to successful aging defines success in terms of inner, subjective satisfaction, rather than in terms of external adjustment. Successful aging occurs when the person feels happy and satisfied with his present and past life. Those conditions which satisfy basic motives are the major sources of happiness.

The perceptual view of behavior, also referred to by such terms as "personal" or "phenomenological," is a personal frame of reference theory. This frame of reference attempts to understand the individual's behavior from his or her point of view inasmuch as a person behaves as he or she does because of how things seem to that person in the current situation (Combs & Snygg, 1959). The governing forces of behavior are the individual's unique perceptions of himself and the world and the meanings events have for him. The personal meanings which govern behavior are known as perceptions.

The entire universe, inclusive of the individual, comprises the perceptual field. One need not know what an occurrence or event "really" is because an individual will perceive and react to

the occurrence according to the nature of the event in the person's perceptual field. The individual's perceptual field is reality at the instance of experiencing, but may not be reality in prospect or in retrospect; that is, the action, thoughts, and feelings are reasonable, correct, and real for that individual. The perceptual field is characterized by such properties as stability, fluidity, intensity, and direction (Combs & Snygg, 1959). Organization within the field provides stability, yet change is possible because of the fluidity of the field. Direction is accounted for by the meaningfulness and relatedness of stimuli in the field. Intensity is the degree of clarity and awareness of stimuli in the perceptual field and may range from vague to sharp.

Combs and Snygg defined the self as concepts of self. These concepts are separate and discrete perceptions of self which the individual considers as part or characteristics of his being. The phenomenal self is the individual's unique organization of these discrete, isolated aspects of self into a whole which the individual perceives as his very essence--his self. The self is the central and most stable component of the phenomenal field, and, as such, serves as the reference point for all behavior. Events acquire meaningfulness from the perceived relationship of the event to the phenomenal self. The closer an experience is to the phenomenal self, or the greater the personal meaning, the greater the impact on behavior. An individual's perceptions of self and the situation will determine the course of action pursued.

A circular relationship exists between the phenomenal self and perception in that perceptions are selected which are consistent with the perceived self. The processes of selection, distortion, rationalization, and denial help the individual to meet his basic need for maintenance of an adequate and consistent self. The self is continually being clarified throughout the life cycle and can change as a result of self-discovery, reflected appraisal, and awareness of discrepancies. The speed of change in the self is dependent upon whether or not the particular aspects of self are located peripherally or centrally. Changes in the important and core concepts of self occur more slowly, gradually, and traumatically.

The concepts of life-span, developmental tasks, adaptation, life satisfaction, and perception are inter-related. During the later phase of life, those persons who have been workers are confronted with the environmental change of loss of job through retirement. Retirement may be rewarding or problematic or a combination thereof. It may be a welcomed arrival because it provides relief from the necessity to conform to job requirements in order to earn a living, and freedom is gained to produce goods or provide services which could not be accomplished simultaneously with the job. Retirement may be rewarding for those persons having ample incomes, interesting things to do, friends with whom to associate, and freedom of time and choice. Retirement may be a time of problems and losses for those who have inadequate incomes, social isolation, death of a spouse, or failing health.

Life is a continuous period of changes and adjustments, with adjustment to retirement as one of the major developmental tasks conceptualized for later life. Retirement requires that the individual adapt to leaving an old situation for a new, losing the values work has held for him throughout life and the things work has provided him, and accepting changes in need satisfaction. The individual's perception of experiences and the availability of coping behaviors in each of the adaptive modes determine the person's reactions and adjustment to retirement, as well as the degree of satisfaction with later life. The interaction of these factors results in a person who is identified as an adjusted or maladjusted retiree.

Review of Literature

Relevant literature which was reviewed includes demographic variables, retirement, life satisfaction, self-concept, and health.

Demographic Variables

Examination of demographic variables of aged blacks indicated areas of liabilities and strengths of this group. Double jeopardy was experienced by black aged in marital status, education, income, and occupation (Jackson & Wood, 1976). Consideration of marital status showed that older blacks tend to be married less and widowed more than their white counterparts. Examination of the marital status of low-income and high-income aged blacks and whites

revealed no significant difference between these groups (Jackson & Walls, 1978). The socioeconomic variables of education, income, and occupation depicted the liability of aged blacks. Of blacks over 65 years of age, 62% completed the seventh grade or less, whereas only 7% completed some college education (Jackson & Wood, 1976). Examination of data by Jackson and Walls revealed similar results, with the majority of the low-income group completing grades below the high school level.

The income level of an individual has a pervasive effect on many aspects of life; and in this regard, retirement income is no different. As a group, old people earn less than their younger counterparts, but black old people earn even less. The retired person's budget is dominated by essentials such as food, shelter, medical care, and transportation and contains little for discretionary spending. During retirement, income declines but basic needs do not. Occupational data showed that the majority of older blacks were employed in lower-level occupations such as service workers, unskilled operatives, laborers, or worked at menial, low-paying jobs which were not covered by pensions or Social Security until 1950. For those blacks who participated in pension plans and/or the Social Security system, the monthly payment received is low because of the lower-paying jobs they held as employees. In 1974, 36% of the black aged lived below the poverty level (Hicks, 1977). The median income of elderly black married couples is approximately \$6,457. The median income for elderly black females and males living alone is \$2,547 and \$2,900, respectively. These

income figures for blacks represent two-thirds of the income of their white counterparts (Hill, 1978).

Demographic data for southern and non-southern American black women who were aged 45 to 74 years in 1960 were compared with black women who were 55 to 75 years of age in 1970 for assessment of economic plight, loneliness, mortality, and isolationism (Jackson, 1975). Economic plight and loneliness are intensified and aggravated with age as there is reduced labor force participation, increased poverty, and shifts in major sources of income. The differences in longevity between the sexes contribute to the plight of loneliness experienced by aged black women. The mortality pattern for this aggregate is similar to that for the total population, with some age cohorts being over-represented in some disease categories. The use of such traits as race, sex, age, health, and income level to categorize black females may produce isolationism.

Himes and Hamlett (1977) studied the social, economic, and psychological aspects of adjustment in a sample of 100 southern black women aged 65 years and older. Cumulative adjustment scores were used to divide the sample into upper and lower halves. The poorest adjustment was in the economic area, with negligible difference existing between social and psychological adjustment at both the upper and lower levels. Additionally, Himes and Hamlett found educational achievement and health condition to be significantly related to the adjustment.

The important role of religion in the lives of older blacks was viewed as an asset by Jackson and Wood, whereas a contrary view

was advanced by Jackson and Walls. Analysis of the same data by the latter researchers did not reveal a significant difference on this variable by this group.

Retirement

The commencement of retirement is usually in the sixth decade of life. The end of retirement is less definitive. Retirement is an interpersonal and intrapersonal experience which affects the individual, his family, and society. Retirement may be viewed as an event, period, or process (Shanas, 1972; Sheldon, McEwan, & Ryser, 1975). The cessation of work at a particular moment is the event of retirement and, as such, is a rite of passage. The time interval post the retirement event is the period in the life cycle known as retirement. The process of retirement involves responding to changes, selecting alternatives, redistributing the functions previously served by work, adjusting to this redistribution, and accommodating to a new pattern. The ability to accept and adjust to change was identified by Pollard (1973) as an essential of good living.

Retirement may be voluntary or involuntary. Voluntary retirement occurs when the person chooses to leave employment on his own timetable, although institutional or company policies would permit continued employment if the person so desired. Involuntary retirement may be the result of institution policy wherein the company's policies designate the time of retirement and do not permit the person to continue to work. Involuntary disability retirement

occurs when the individual has an illness or disability and is unable to continue gainful employment (Sussman, 1972).

According to Atchley (1978), less than one-third of the persons who are retired experience difficulties in adjustment. Although this represents a minority, it in no way depreciates the significance of the problem. Reduced income, missing the job, and situational variables such as death of spouse or declining health are cited as the major reasons for difficulties. Sufficient income, ability to relinquish the job, good health, minimal situational changes, anticipation and realistic expectations of retirement, and flexibility seem to enhance adjustment to retirement.

The current group of black American retirees is composed mainly of school teachers and skilled and unskilled workers who were hired around the fourth decade of the 20th century (Pollard, 1973). Information gleaned during retirement counseling with 50 black prospective retirees disclosed that they held jobs as craftsmen, warehousemen, and laborers and earned \$10,000 or less annually. Most of the black males had not finished high school, as contrasted to their female counterparts who had finished high school but had not gone to college. Pollard noted that the black retiree is not losing prestige related to the job, because the job has been merely a means of livelihood and has not been his place of social contacts or his career. Plans for retirement included resting, recreating, engaging in church activities, and volunteering to help young people. Financial planning showed that 80% of the black employees anticipated living on their pensions without

supplemental income from any source, and only 10% had rental property to supplement their retirement pensions. Savings were a source of emergency income for 50% of the respondents. These findings are reflective of inadequate retirement preparation, counseling, and planning, and the lack of cognizance of the specific needs of this group stemming from their life circumstances.

Jackson and Wood (1976) found that older blacks are more likely to experience forced retirement. Analysis of data derived from a national, random sample of black aged persons showed that more than 75% had engaged in employment as service workers, unskilled operatives, and laborers during their work life, and 55% of them had retired at age 65 or over. At least 47% of the sample reported missing each of the following factors after stopping work: money (63%), work (62%), things happening (61%), people (74%), feeling of usefulness (69%), respect (54%), and fixed schedule (47%).

Life Satisfaction

The researcher selected the use of an individual's internal frame of reference as reflected in a measurement of life satisfaction as the approach to the assessment of the psychological well-being of black retirees. The literature abounds with reports of correlations of various variables to life satisfaction (Bortner & Hultsch, 1970; Chatfield, 1977; Cutler, 1973; Edwards & Klemmack, 1973). Review of the literature on life satisfaction revealed an admixture of findings which were varied as well as contradictory.

Variables commonly correlated with life satisfaction were found to be social activity and interaction, self-reported health, self-concept, and characteristics such as socioeconomic status and marital status.

In a study of the relationship between disengagement and psychological well-being, Tobin and Neugarten (1961) found a positive relationship between social interaction and life satisfaction and that as age increased, the association increased. The results supported the premise that engagement, rather than disengagement, is related to psychological well-being.

An analysis of data from a research project on the effects of age concentration in public housing in Chicago indicated racial differences on the variables of morale, societal integration, and conception of age. In this study, Messer (1968) found that blacks have higher morale, less feelings of societal integration, and less likelihood to deny their actual age status. The sample was composed of 118 blacks and 125 whites aged 62 to 90 years. Most had retired from manual or factory jobs and had incomes within the range of eligibility for public housing. Measurement of morale by a seven-item scale resulted in a finding that blacks are more likely than whites to show high morale, and that blacks rated as having poor health are almost as likely to score high on morale as whites rated as having good health. Respondents of both races who rated high on societal integration as measured by the Srole's Anomia Scale were more likely to have high morale; however, blacks with low societal integration were less likely to have low morale

than whites who had high integration scores. The question, "How do you think of yourself as far as age goes?" was used to assess the respondents' conception of their ages. A middle-age conception of age was reported by 65% of the whites; whereas, only 38% of the blacks held this conception. Blacks between the ages of 62 and 69 years were more likely to think of themselves as "elderly" than whites who were aged 80 + years.

Lieberman (1970) compared life satisfaction between aged persons and a group of college students and found no difference in the degree of satisfaction: however, a difference was discerned in the source of satisfaction. Also, the aged were more satisfied with their past, while the young seemed more apprehensive about the present and more optimistic about the future.

A higher degree of life satisfaction, as measured by the Life Satisfaction Index-Z, was found in the retired group as compared to the employed group in a sample of United Automobile Workers aged 60 to 65 years studied by Pollman (1971). Pollman also noted that there was virtually no difference in the life satisfaction score according to length of retirement, and that life satisfaction was not materially affected by retirement. Holding socioeconomic status constant, Edwards and Klemmack (1973) found that the best predictors of life satisfaction are socioeconomic status, perceived health status, and informal participation with non-relatives.

A sample of 170 non-institutionalized persons aged 65 years or older, of which approximately 19% were black, was used by Cutler (1973) in an investigation of life satisfaction and voluntary

association. High socioeconomic status and better subjective health were associated with higher life satisfaction. With health and socioeconomic status held constant, the relationship between voluntary association and life satisfaction was insignificant. A replication study on the same issue of life satisfaction and voluntary association was conducted two years later by Bull and Aucoin (1975), who derived the same results as had Cutler; however, when the effects of health and socioeconomic status were held constant, voluntary association participation of the elderly had a small and non-significant relationship to life satisfaction.

Sex, age, mobility, and living arrangements were found to impact on morale in elderly black persons by Heisel and Faulkner (1974). Results showed that women tend to be more satisfied, persons over 70 years of age have higher morale, and persons who are mobile and those who live alone have higher morale.

A random, stratified sample of 100 black persons aged 70 years and older who had annual incomes of \$1,200 or more and who perceived their health as good were selected by Ehrlich (1975) from two, high-rise, age-segregated, federally funded, public housing units for study of selected demographic characteristics, activities, role delineation, lifestyle, and life satisfaction. Depicted was a group of black, elderly persons with a mean age of 74.1 years, 6.9 years of education, an annual income of under \$3,000, and a self-rating of health as fair or better. The group was additionally described as widowed females who had retired from unskilled or semi-skilled jobs, professed Protestant religion, and

had a preference for educational or religious activities. In the delineation of seven separate roles, there was a mean role count of 4.95. The mean life satisfaction score on the Life Satisfaction Index-A was 11.9, with persons of higher incomes, higher education, and self-perceived health ratings of good or excellent reporting higher scores--14.1, 13.0, 13.2, and 14.2, respectively.

Analysis of data from a study of urban blacks revealed that the respondents were healthy, active participants in religion, and that although there were diverse scores on the Life Satisfaction Index-Z, the retirees had lower life satisfaction scores than did the workers (Beard, 1976).

Bracy (1976) analyzed data from a national survey on the life experiences of blacks. The subsample consisted of 223 blacks of whom 56 (25%) were 55 years old and older. Older blacks expressed more happiness, more life satisfaction, higher scores on the personal competence scale, were more trusting of others, and were more satisfied with specific domains of life than their younger counterparts. Older blacks showed negative feelings on the Index of General Affect and the Index of Perceived Stress, as did younger blacks. It was further stated that:

the generally positive evaluation which older black people make of their lives appears to reflect an accomodative attitude, a lifetime adjustment to reality, and an acceptance of life as it is experienced. (p. 466)

Chatfield (1977) studied economic and sociological factors influencing life satisfaction of the elderly in a sample of 639

retired and non-retired persons with an average age of 71.4 and 69.2 years, respectively. The Life Satisfaction Index-Z scores of retirees of one year or less were statistically significantly lower than for non-retirees; whereas, the scores of non-retirees and retirees of more than one year were not statistically significantly different. The difference was not statistically significant between the scores of the retirees of less than one year and the non-retirees within the same income group, except for the lowest income category. However, as the income categories became higher, the difference in the scores became smaller. There was no significant difference in the scores of persons living in family settings and those not living in family settings within income categories. A statistically significant difference in life satisfaction existed between those persons with and without serious health problems in the lower income categories but not in the highest income category. These findings led to the tentative conclusion that income may influence life satisfaction and be an important factor in successful aging.

Life satisfaction in a group of urban, black, elderly persons, was studied by Jackson, Bacon, Peterson (1977). In an effort to examine the determinants of self-reported life satisfaction, approximately 100, noninstitutionalized, black, retired adults, aged 54 to 83 years, were selected from adult centers in a mid-western metropolitan community. A shortened version of the Life Satisfaction Scale and Cantril Self-Anchoring Scale were utilized

to measure the dependent variable of life satisfaction. The independent variables of background characteristics, health status, attitudes, political association, personality measures, and life perceptions were measured by standard devices. The respondents were each paid a small amount for their participation in the study. Individually administered, close-ended questionnaires and interviews were used to collect data, and the interviews were conducted at the adult centers by two black male and three black female young adults associated with a local university. The techniques of multivariate analysis and multiple regression analysis were used in the analysis of data.

Findings of the study showed no significant gender differences on the life satisfaction measure. Analysis of the other variables revealed that males reported significantly higher income and higher levels of political participation and affiliation. Females were more likely to be married than were males. No significant gender differences were found on any of the remaining variables. Respondents reported negative attitudes toward employment of the aged, positive attitudes toward religion, low levels of political affiliation and participation, high need for affiliation, individual blame orientation, high levels of self-esteem, and high life satisfaction. Life satisfaction correlated moderately with future adjustment at a significant level, but it was not significantly related to past judgement. Education, income, good health, political affiliation and participation, and self-esteem were positively related to life satisfaction. Results of the multivariate analysis

were of a mixed nature; that is, some results provided support for previous studies and others did not. Basically, the study indicated a greater importance of psychological factors over socio-structural factors in predicting life satisfaction.

Jackson et al. (1977) cautioned against the automatic application to blacks of adjustment-to-aging models developed in white samples in view of the lack of relationship for some variables in black aged samples found to be important in white aged samples. This study indicated that systematic research needs to be done in order to identify the true determinants of life satisfaction of elderly blacks.

Use of regression analysis by Sauer (1977) to determine the predictive value of variables frequently correlated with morale disclosed no relationship between morale and race, age, sex, marital status, socioeconomic status, voluntary associations, and interaction with family and friends for aged blacks, and that health and solitary activities are the major factors explaining morale in blacks.

Jackson and Wood (1976) found jeopardies to life satisfaction stemming from race alone in several areas: getting what was expected out of life, feelings of having more breaks in life, that life could be happier, that the lot of the average man is getting worse, and feeling that they did not get most of the things desired. Elaboration on the issue of materialism and race by Jackson and Wood showed that blacks felt that they had gotten less out of life materially, and that this subjective perception was

correct and correlated positively with the objective political and economic oppression experienced by blacks. The perception of deprivation was counterbalanced by 41% of the respondents indicating that their present years were the best years of life. Jackson's and Wood's work has been challenged by Jackson and Walls (1978) because of the former researchers' use of a 10-percentage-point margin of difference as the criterion for significant differences by race.

Self-Concept

Self-esteem is critical in the later years of life. Planned activities and programs, good health, adequate income, quality housing, and suitable transportation are all worthless unless they contribute to the maintenance of a sense of worth and self-esteem (Schwartz, 1978). The need to feel worthy, important, highly regarded, and necessary are basic needs during retirement. Every person, regardless of age, is concerned with his "self" and seeks to maximize his personal gratifications, develop his capabilities, find avenues for social interaction, and make social contributions as ways of increasing the sense of self-worth (Neugarten, 1974).

One of the five adaptive tasks associated with later adulthood and aging is the reassessment of the criteria for evaluation of the self. In maintaining self-esteem, the individual must modify the ideas used as a basis for self-concept and must establish his identity and personal worth on roles exclusive of the work role

(Clark & Anderson, 1967). Role performance is important to self-esteem because social roles serve as major sources of self-ideal, and the various role changes in aging affect self-esteem. In examining the images of the elderly, Lee (1976) found that the elderly used role-oriented kinship statements to describe themselves and were spiritually oriented, directed toward helping others, and less derogatory.

The impact of retirement on self has been investigated from a variety of perspectives. Cottrell and Atchley (1969) studied the impact of retirement on the self-esteem of older adults and found that retirement produced no differences in self-esteem scores and that self-esteem in retirement tends to be high. Gubrium (1973) noted that persons in age-homogeneous voluntary associations, such as senior citizens' groups, generally possessed a positive identity and that many of these members confirmed positive self-feelings for one another.

Human rights activities, consumer participation, and changes in social welfare and health laws have all been sources of increased self-esteem for blacks (Elam, 1970). Management of past failures and problems, identification with a cause or social change, geographic stability, role in the family, and religious affiliations and activities are important sources of support for blacks also identified by Elam.

The deprived materialistic condition of older blacks seems to have limited effect on their self-concepts. The majority of a national sample of older blacks studied by Jackson and Wood (1976)

reported that they felt pleased about themselves and were proud of themselves. Old age is a considerable achievement for many elderly blacks. Blacks may define success in very non-materialistic terms, with fullness and value of life being found in other factors (Oliver, 1975). A positive relationship between self-esteem and life satisfaction in older black adults was reported by Peterson (1977).

Heisel and Faulkner (1974) used detailed interviews to obtain data from a stratified, random sample of 182 men and women, aged 55 and over, of whom 95% were retired. Most respondents had positive self-concepts, compared themselves favorably with their age peers, and were highly satisfied with themselves. Unhappiness, loneliness, negative comparisons to age peers, and destitution of activity and social interaction were expressed by approximately 25% of the respondents.

The preliminary findings of an investigation of stability and change in self-concept in the middle and later years by Breytspraak and Maddox (1974) showed that self-concept tends to be stable over time for most people and that the dimensions of the self-concept are differentially responsive to situational forces. From a review of the literature, Lee (1976) concluded that findings about the self-image of the elderly are dichotomized as positive and negative, and that income, social contacts, and perceived health seem to be associated with self-concept.

Health

The health of the elderly has been one of the most consistent issues investigated by researchers. The importance of health is realized when one considers the pervasiveness of its effects on all other aspects of life. Health affects life satisfaction, participation in most social roles, and treatment shown by others (Atchley, 1977).

Indexes of health may be objective or subjective measures. Objective indicators of health may include such measures as frequency of physician visits, number of hospitalizations, and existence of specific symptoms for at least a month.

Of non-institutionalized, aged persons, 85% have at least one chronic condition, and 44% suffer limitations of activity due to chronic conditions (Corman, 1976). Cardiovascular, arthritic, and visual problems are the three most frequently reported activity-limiting conditions experienced by the elderly (U.S. Public Health Service, 1970). The gravity of these statistics is realized when one considers that chronic problems affect self-maintenance and independence.

The plight of the black aged does not become more optimistic when health status is viewed. Considering that the nature of health care received is in some ways related to economic ability, it may be surmised that blacks have greater difficulty in meeting their health care needs because of their economic status. Twice the percentage of blacks receive Social Security disability benefits as receive retirement benefits. This finding may be

indicative of poor health or the result of more hazardous jobs (Hicks, 1977). The elderly visit physicians about 50% more often, are admitted to hospitals twice as often, and encounter hospital stays twice as long as their under-65-year-old counterparts (Corman, 1976). In 1973, the average number of physician visits was seven for black aged and six and one-half for white aged ("Statistics," 1975). Blacks have a higher rate of diabetes, stroke, and hypertension. Blacks and white over 65 die equally from heart and respiratory diseases, accidents, kidney diseases, and cancer (Hicks, 1977).

There is a differential life expectancy between the sexes as well as a racial one. Women can expect to live 77.3 and 72.6 years, respectively, for whites and blacks. Black males can expect to live an average of 64.1 years, while their white counterparts live an average of 69.7 years (Hill, 1978). After 75 years of age, blacks have a greater life expectancy than their white counterparts (Hicks, 1977; Manton, Poss, & Wing, 1979).

Two indices which have been used to describe the mental health status of the elderly are the number of hospitalizations for mental conditions and the suicide rate. The incidence of psychiatric disorders rises with age, as shown by the following statistics: 1 per 100,000 for age 15 and under; 103 per 100,000 for ages 25 to 34; 120 per 100,000 for ages 45 to 54; 137 per 100,000 for the 65- to 74-years category; and, 225 per 100,000 for age 75 and over (Palm, 1977). Persons over 65 years are at least twice as likely as those 25 to 64 years to be hospitalized for mental conditions.

Although the suicide rate increases with age, the rate reaches a peak with older men (Corman, 1976). The aged constitute 9% of the population, yet 25% of all suicides in the United States occur in people over 65 years of age (Patterson, Abrahams, & Baker, 1974; Palm, 1977).

In blacks, the suicide rate is substantially lower than for whites. In 1973, the non-white suicide rate was 3 per 100,000 and 10 per 100,000 for females and males, respectively, compared to the rate of 7 per 100,000 for white females and 18 per 100,000 for white males ("Statistics," 1975).

Subjective measures include self-ratings of health and may be affected by such factors as use of age peers as a reference group, having seen illnesses much more serious than their own, having numerous exposures to death, and feeling that being alive is an accomplishment. Eisdorfer (1977) cautioned that self-perception of health may be less accurate during a static period than during an active period because subtle, early, or mild forms of some diseases may not be observable until exertion occurs. Self-perception of health status is a useful means of measuring actual health. The majority of persons who are in good health report their health as "good" (Maddox, 1963). Although not completely congruent with medical ratings, self-perception of health status is 92% accurate and is persistently and positively related to objective evaluation of health status (Maddox & Douglass, 1973; Sherwood, 1977). The linkage between self-perceived health and morale was addressed by Sherwood's assertion that self-perceived health may actually affect morale, rather than describe it.

Ryser and Sheldon (1969) studied retirement and health in a group of 500 retired persons ranging in age from 60 to 70 years. Self-perception of health as "good" or "very good" was reported by 85.2%, whereas 10.6% perceived their health as "adequate," and only 4.2% perceived their health as "poor" or "very poor." Approximately 25% of the sample perceived that their health had improved since retirement; 10% perceived a decline; and the remainder, 66%, reported that they perceived no change in their health status. A determination of the degree of satisfaction with health was made, with 80% being satisfied and 7% dissatisfied with their health. Although no causal relationship was hypothesized, Ryser and Sheldon reported a consistent link between a happy and positive psychological state and good health.

A probability sample of 1,552 older persons residing in the 26 poorest neighborhoods comprising the inner city of New York City was used by Canor and Mayer (1976) in an investigation of health and the inner city elderly. Of the sample, 33% reported their health as "good," followed by 42% reporting their health as "fair," and 24% reporting "poor" health. Examination of the data by subsamples revealed that 25% of the black subsample reported "poor" health, and 29% reported "good" health. Age stratification reflected that 21% of the 60-64-year-old age group reported "poor" health. Slightly more women than men (26% to 21%, respectively) reported "poor" health. The proportion of "good" health among the four income categories increased as income increased.

Henry (1977) described the perceived health status of a group of black elderly Los Angeles city and county residents aged 60 to 75 years. The sample consisted of 400 persons selected by a probability sample and stratified by age, ethnicity, and socioeconomic status. Data were collected via a 92-item questionnaire and a 90-minute interview. The questionnaire examined functional health, problems associated with obtaining good medical treatment, and problems concerning the use of insurance. Of the sample, 44% perceived their health as "very good" or "good," 35% as "fair," and 22% as "poor" or "very poor." Of those questioned, 50% felt that their health was better than the health of others their age; 45% stated that their health status was about the same; and, 5% reported their health as worse than others. The majority of the sample, 92%, was able to engage in activities of daily living in an independent manner, and 82% reported no problems in getting good medical treatment.

In an investigation of the health status of a population of successful black persons aged 50 to 91 years, Beard (1977) reported that 28% viewed their health as "excellent," 52% as "good," 19% as "fair," and 1% as "poor."

Any discussion of the relationship between health and retirement would be incomplete without attention to the issue of sequence. Does poor health lead to retirement, or does retirement result in poor health? Research directed toward answering these questions revealed mixed results. The work of Thompson and Streib (1957) showed no ill effects on health resulting from retirement.

A study of occupational retirement at Cornell showed that persons in poor health tend to retire early and not that retirement results in poor health; and secondly, that retirement is viewed with satisfaction since it represents relief from the difficulty of work (Streib, Thompson, and Suchman, 1957).

A report by the Select Committee on Aging (1977) of the 95th Congress presented a different view:

Compulsory retirement on the basis of age will impair the health of many individuals; namely those whose jobs represent a major source of status, creative satisfaction, social relationships or self-respect; those persons who work only because they have to; and those who have a minimum of meaningful goals or interests in life, job-related or otherwise. Job separation may deprive a person of his only source of identification. (p. 22)

In her testimony before the Select Committee on Aging, Haynes pointed out that the mortality rate was 30% higher than expected in the third and fourth years post mandatory retirement at age 65.

Health is one of the most critical factors affecting the well-being of the aged, and the effects are compounded for those persons affected by poor health (Corman, 1976). To remain in optimal health, old people need meaningful tasks and activities, money to live on, a place to live, and people who care whether they live or die.

This review of literature and research has demonstrated the diverse and complex nature of the variables affecting the life satisfaction of non-institutionalized black retirees.

The liabilities of being aged, black, poor, and for some, female, are frequently expounded, but with the strengths of these states largely omitted. If people are to be aided in utilizing their assets and strengths to obtain higher levels of wellness, then more attention must be devoted to isolating these factors.

There is tremendous need for studying life satisfaction of black retirees, their patterns of coping with the developmental changes with which they are faced, and the variables related to the strengths and liabilities of this group. The information obtained from this study would contribute to the expansion of available knowledge about black retirees. Additionally, the bases for policy formulations could be established.

CHAPTER III

METHODOLOGY

This chapter on design and methodology contains a discussion of instrumentation, the sample, means utilized for protection of human rights, the setting, data collection procedures, statistical hypotheses and methods of data analysis.

Instrumentation

The researcher selected the Life Satisfaction Index-Z Scale (LSI-Z) developed by Wood et al. (1969) as the tool for measuring life satisfaction (see Appendix A). The LSI-Z is a modification of the Life Satisfaction Scale developed by Neugarten et al. (1961). The research by Neugarten et al. resulted in the Life Satisfaction Rating Scale (LSR), an extensive interview form, and two short self-report instruments, the Life Satisfaction Index-A (LSI-A) and the Life Satisfaction Index-B (LSI-B). A restudy of the LSI-A in the Mobilization of Aging Resources for Community Service study conducted in rural Kansas resulted in the development of the LSI-Z (Wood et al., 1969). The sample consisted of 30 males and 70 females, relatively healthy, aged 63 to 92 years. More than

25% of the 100 respondents reported more than a high school education. Comparisons of the respondents' scores on the LSR and the LSI-A were made, and seven of the original items on the LSI-A were omitted based on the results of an item analysis. Comments by respondents about the answer alternatives prompted the development of an alternative method of scoring. The resulting scale, the LSI-Z, contains 13 items and has a test reliability of $r = .79$, as determined by the Kuder-Richardson Formula 20 "Coefficient Alpha" using split halves. The 13 items assess the five components of life satisfaction: (a) zest, (b) resolution and fortitude, (c) congruence between desired and achieved goals, (d) self-concept, and (e) mood tone. Criterion validity was established by correlating the LSI-Z with the LSR. A validity coefficient of $r = .57$, ($p=.01$) was obtained. A mean score of 11.6 was obtained with this LSI-Z sample.

Scoring on the LSI-Z consists of two points for each correct answer, one point for a question mark or no response, and no points for each wrong answer. The correct answer may be "agree" or "disagree." The summation of the scores on each of the 13 items yields a total score of life satisfaction. The score is from 0 to 26, with high scores being 22 to 26, medium scores from 13 to 21, and low scores from 0 to 12.

Several investigators have submitted the LSI-Z to scrutiny. Lohmann (1977) computed Pearson Product-Moment correlation coefficients for several measures of life satisfaction utilizing data from a sample of 259 persons, aged 60 to 89 years, with 17% of

the sample being black. A coefficient of $r = .941$ was reported for the LSI-Z and the LSI-A. Adams' (1969) analysis of the LSI-A, of which the LSI-Z is a derivative, showed the scale to be reasonably congruent with its purported theoretical framework. Factor rotation indicated the four components of mood tone, zest for life, goal congruence, and resolution and fortitude. The fifth component, self-concept, was implied in the other four factors. Item representativeness was questioned by Adams because the items in each factor varied from the purported number of five for each component. In addition to use with specialized groups, the LSI-Z was used in the National Council on the Aging (1975) survey which used a national sample of elderly persons.

The Tennessee Self-Concept Scale (TSCS) Counseling Form as developed by Fitts (1965) was used to assess self-concept. The TSCS is a multi-dimensional scale divided into two parts: Self-Criticism Scale and Positive Self-Esteem Scale, consisting of 10 and 90 items, respectively. The Positive Self-Esteem Scale has the following components: identity; self-satisfaction; behavior; and, physical, moral-ethical, personal, family, and social self. Responses to the 100 self-describing items have a six-point-scale range: completely false, mostly false, partly false, partly true, mostly true, and completely true. A subscore is received for each component, in addition to a total score which indicates the overall level of self-esteem.

The TSCS was developed from a series of self-descriptive items from patients and non-patients and other self-concept measures. A

panel of clinical psychologists was utilized to judge and classify each item, and the resulting test items represent those on which there was perfect agreement by the panelists. A sample of 626 persons of various ages, sexes, races, and socioeconomic statuses comprised the normalizing group. Test-retest reliability is $r = .80$ (Bentler, 1972). The test is suitable for persons 12 years of age and older who have at least a sixth grade reading level (Suinn, 1972).

A researcher-constructed Interview Schedule (see Appendix B) was utilized for collection of demographic data and sources of satisfaction and dissatisfaction. Content validation was established for the tool based on the researcher's judgment and pre-testing of the items. The tool contains items on personal characteristics, socioeconomic status, health status, occupational data, and sources of satisfaction and dissatisfaction.

Sample

The sample sources were participants in the Alabama State Retirement System and selected local voluntary associations. A list of all participants in the Alabama State Retirement System who were within the age category of 60 to 71 years, who retired during the period from July 1974 to July 1979, and who resided in Jefferson County was used for identification of potential participants. All listees showing addresses located in one of the City of

Birmingham Citizen Participation Program Communities and Neighborhoods which were classified as predominantly black neighborhoods were mailed letters of invitation (see Appendix C) and consent forms (see Appendix D). This process resulted in 348 persons in 55 communities which were at least 50% black being invited to participate in the study. A return rate of approximately 23% yielded 44 refusals and 35 consents to participate in the study. This limited number of participants prompted the researcher to seek additional sample sources. Local nutrition centers, wherein at least 50% of the participants were black, were approached as possible sample sources. Invitations were personally extended by the researcher to 40 eligible, potential participants at 13 nutrition centers. Additional participants totaling 15 were obtained, which represented a 38% acceptance rate. A combined total of 50 subjects comprised the sample used in the study.

Protection of Human Rights

Several mechanisms were implemented to assure protection of human rights in this study. The Institutional Review Board for Human Use of the University of Alabama in Birmingham approved the protocol for this investigation (see Appendix E). In addition, permission was obtained from the Board of Control of the Teachers' Retirement System of Alabama via the Secretary-Treasurer (see Appendix F) and the Director, Jefferson County Commission, Office of Senior Citizens' Activities (see Appendix G). Finally, each

person was provided with a letter of invitation and a consent form (see Appendices C & D) containing a written explanation of the nature and purpose of the study and the nature of risk-nonrisk involvement. The signed consent form was obtained from each participant. Data collection forms contained an identification number for record-keeping purposes only.

Data Collection

Data were collected during a seven-month period from September 14, 1979, through March 10, 1980. Following the compilation of a list of participants, each participant was contacted via telephone and a mutual time and place for the conducting of the one-hour interview by the researcher was established. The setting for the data collection session was the home for 36 (72%) of the sample and a private office at the respective nutrition center for the remaining 14 (28%) participants.

The sequence of the data collection sessions was the same for all participants, regardless of the interview setting. The one-hour data collection session consisted of three phases. Phase one consisted of the interview. The structured interview, which lasted approximately five minutes, was recorded on audiotape. Each item on the Interview Schedule was read by the researcher to the participant, and the participant's responses were coded and recorded on the printed form. The audiotapes were destroyed after transcription of the data to written form. Phases two and three

consisted of the administration of the LSI-Z and TSCS and were 10 and 45 minutes in duration, respectively. The items on the LSI-Z and the TSCS were read by the researcher to each participant, and the responses were recorded on the coded printed form.

Statistical Hypotheses

The statistical hypotheses for this study were:

1. There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to marital status.

2. There is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to marital status.

3. There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to gender.

4. There is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to gender.

5. There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to income.

6. There is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to income.

7. There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to health status.

8. There is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to health status.

9. There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to length of retirement.

10. There is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to length of retirement.

11. There is no relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health.

The statistical hypotheses were tested at $\alpha = .05$.

Method of Data Analysis

Parametric and non-parametric statistics were used in data analysis. The demographic and determinants of satisfaction and dissatisfaction data were tabulated according to descriptive statistics. The LSI-Z data were hand scored by the researcher according to the Scale Key, which uses a 0- to 2-point scoring system. The TSCS was computer scored through the services of Counselor

Recordings and Tests in Nashville, Tennessee. Additional statistical tests including multiple regression, Chi-squared test of association, Pearson Product-Moment correlation, Mann-Whitney U test and Kruskal-Wallis One-Way Analysis of Variance were performed.

Summary of Methodology

The 50 participants who met the research criteria signed consent forms and completed the three data collection forms during interviews conducted by the researcher. The data were analyzed using parametric and non-parametric statistics. The null hypotheses were tested at the $\alpha = .05$ level of significance.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter contains the results of data analysis. The presentation of findings is organized according to demographic data, determinants of satisfaction and dissatisfaction, life satisfaction, and self-concept.

Demographic Data

A summary of the demographic data is shown in Table 1. The sample was composed of 50 black retirees ranging in age from 61 to 71 years, with a mean age of 66.2 years and with a gender distribution of 33 (66%) females and 17 (34%) males. Of the sample, 33 (66%) respondents indicated their marital status as married. Educational levels ranged from completion of the fourth grade to completion of more than four years of college, with a minimum of two years of college as the mean educational level. Of the sample, 34 (68%) respondents completed a minimum of four years of college.

Reported monthly income ranged from \$200 to an excess of \$1,000, with the mean income in the \$500 to \$1,000 category. Monthly income in the \$200-to-\$500 range was reported by 14 (28%) participants. The other two income categories, \$500 to \$1,000 and

Table 1
Demographic Characteristics of the Sample

Characteristics		Frequencies								
<u>Marital Status:</u>		<u>Never Married</u>		<u>Married</u>		<u>Divorced/Separated</u>		<u>Widowed</u>		
Number:		2		33		3		12		
<u>Educational Level:</u>		<u>Grade 0 - 3</u>	<u>Grade 4 - 6</u>	<u>Grade 7 - 8</u>	<u>Grade 9 - 11</u>	<u>Finished High School</u>	<u>1 Year College</u>	<u>2+ Years College</u>	<u>4 Years College</u>	<u>Other</u>
Number:		0	2	6	3	3	0	2	10	24
<u>Income Level:</u>		<u>\$0 - \$200</u>		<u>\$201 - \$500</u>		<u>\$501 - \$1,000</u>		<u>\$1,000+</u>		
Number:		0		14		18		18		
<u>Health Status:</u>		<u>Poor</u>		<u>Fair</u>		<u>Good</u>		<u>Excellent</u>		
Number:		2		17		25		6		
Note: N = 50										

an excess of \$1,000, contained 18 (36%) participants each. Of the participants, 25 (50%) reported their perceived health status as "good," 17 (34%) as "fair," 6 (23%) as "excellent," and 2 (4%) as "poor."

Occupational demographics (see Table 2) consisted of type of occupation and length and type of retirement. The most frequently reported occupational category was that of educator by 34 (68%) of the respondents. The longest tenure of retirement, four to five years, was reported by 21 (42%) of the retirees, followed by 18 (36%) with two to four years, and 11 (22%) with two years or less. The mean retirement period was two to three years. Almost the entire sample, 47 (94%), reported a voluntary type of retirement.

Determinants of Satisfaction and Dissatisfaction

What were the determinants of satisfaction and dissatisfaction during retirement in a group of black retirees? The categories of the response to this question are listed below. The responses specifying the determinants of satisfaction and dissatisfaction during retirement were subjected to content analysis, categorization, and tabulations. The categories were:

1. Family relationships: spouse, children, relatives
2. Relationships with non-related persons: friends, neighbors.
3. Organizational activities: Church, clubs, civic groups, senior citizens' groups.

Table 2
Occupational Demographics

Characteristics		Frequencies				
<u>Occupational Data:</u>		<u>Licensed Practical Nurse</u>	<u>Nursing Assistant</u>	<u>Environmental Service Worker</u>	<u>Educator</u>	<u>Miscellaneous</u>
Number:		1	3	1	34	11
<u>Length of Retirement:</u>	<u>< 1 Year</u>		<u>1-2 Years</u>	<u>2-3 Years</u>	<u>3-4 Years</u>	<u>4-5 Years</u>
Number:	6		5	10	8	21
<u>Type of Retirement:</u>	<u>Voluntary</u>	<u>Involuntary (Institutional Policy)</u>		<u>Involuntary (Disability)</u>		
Number:	47			1		2

Note: N = 50

4. Social activities: visiting, telephone conversations, traveling, watching television.
5. Hobbies: sewing, needlework, reading, carpentry, gardening.
6. Health: level of functioning, health capacity, mobility, health problems, illnesses.
7. Possessions: income, housing, transportation.
8. Service agencies: health, social, welfare.
9. Household chores: tasks such as cleaning, laundry, yard work.
10. Volunteer activities: work or service activities without receipt of monetary compensation.
11. Others: miscellaneous factors not fitting into other categories.
12. None: no factors identified by respondents.
13. Economic conditions: high cost of living, lack of money, reduced income.
14. Emotions: loneliness, boredom, fear of aging, fear of crime, loss of praise.
15. Freedom of schedule and time: more time, leisure, rest, staying at home.

Family relationships such as relationships with spouse, children or other relatives were identified as the primary determinant of satisfaction during retirement by 17 (33%) of the participants (see Table 3). Organizational activities such as church, clubs, civic and senior citizens' groups were identified by 14 (28%) of the sample as their primary source of satisfaction.

Factors ranked as secondary sources of satisfaction were organizational activities, 19 (38%); non-family relationships, such as friends and neighbors, 8 (16%); and hobbies, 6 (12%). Social

Table 3
Determinants of Satisfaction as Ranked by Sample

Categories	Rank 1	Frequencies	
		Rank 2	Rank 3
Family Relationships	17	2	6
Non-family Relationships	1	8	6
Organizational Activities	14	19	9
Social Activities	3	4	8
Hobbies	3	6	10
Health	1	0	0
Possessions	3	3	2
Service Agencies	0	0	0
Household Chores	0	0	0
Volunteer Activities	1	2	1
Economic Conditions	0	0	0
Emotions	0	0	0
None Identified	0	2	2
Freedom of Schedule	5	4	4
Others	<u>2</u>	<u>0</u>	<u>2</u>
Total	50	50	50

Note: N = 50.

activities and freedom of schedule were named by 4 (8%) of the group, and 3 (6%) or less of the sample identified family relationships, possessions, voluntary activities, or no factors as their second source of satisfaction during retirement.

Hobbies, organizational activities, social activities, and interpersonal relations were ranked as the third source of satisfaction by this group of retirees. Hobbies were ranked third by 10 (20%) of the sample, organizational activities by 9 (18%), and social activities by 8 (16%). Family and non-family relationships were named equally by the sample, 6 (12%). The remaining categories were selected by 4 (8%) or less of the sample.

Sources of dissatisfaction during retirement ranked by the sample are shown in Table 4. No sources of dissatisfaction were indicated by 20 (40%) members of the sample. The number of respondents who did not identify sources of dissatisfaction increased to 41 (82%) across all three ranks. Poor economic conditions, poor health, and emotional concerns were cited most frequently by those retirees who did identify sources of dissatisfaction. Summation of the number of persons at each rank naming economic conditions as a source of dissatisfaction yielded a total of 11 (22%) persons. Of the sample, 5 (10%) ranked economic conditions as their primary source of dissatisfaction, and the remaining 6 (12%) were divided equally between Ranks 2 and 3. A combined 8 (16%) of the sample ranked health as their primary or secondary source of dissatisfaction, with the sample being equally dispersed at each ranking. Emotional concerns were identified as areas of dissatisfaction by 4

Table 4
Determinants of Dissatisfaction as Ranked by Sample

Categories	Rank 1	Frequencies	
		Rank 2	Rank 3
Family Relationships	3	0	0
Non-family Relationships	1	2	1
Organizational Activities	1	0	0
Social Activities	0	0	0
Hobbies	0	0	1
Health	4	4	0
Possessions	0	0	0
Service Agencies	1	0	1
Household Chores	1	1	0
Volunteer Activities	0	0	1
Economic Conditions	5	3	3
Emotions	4	2	1
Freedom of Schedule	1	0	0
Others	9	7	1
None Identified	<u>20</u>	<u>31</u>	<u>41</u>
Total	50	50	50

Note: N = 50.

(8%), 2 (4%), and 1 (2%) members of the sample for Ranks 1, 2, and 3, respectively.

Interpersonal relations, organizational activities, service agencies, chores, and freedom of schedule were identified by 3 (6%) or less of the sample as their primary source of dissatisfaction. Nonfamily relationships and household chores were ranked as the second source of dissatisfaction by 2 (4%) and 1 (2%) of the sample, respectively. One (2%) member of the sample ranked each of the following as the third source of dissatisfaction: non-family relationships, hobbies, service agencies, volunteer activities, and other. Possessions such as housing and transportation were not named as sources of dissatisfaction. A mixture of factors such as poor physical appearance of the neighborhood, lack of sufficient time, numerous demands by others, and attempts by others to schedule the retirees' time were named by 9 (18%) respondents as their primary source of dissatisfaction, by 7 (14%) as their secondary source, and by 1 (2%) as the tertiary source.

The statistical hypotheses, stated in the null, were tested. The researcher used the Chi-squared test of association to determine if the observed frequencies for each of the determinants of satisfaction and dissatisfaction categorized by marital status, income, health status, gender, and length of retirement differed significantly from the expected theoretical frequencies. The crosstabulations resulted in 30 contingency tables, with three tables showing statistical significance. The contingency tables showed there was a statistically significant association between

Table 5
Cross-Tabulation of Determinants of Satisfaction
Rank 3 by Income

Determinants of Satisfaction	Income			Total
	\$201-\$500	\$501-\$1,000	\$1,000+	
Family Relationships	1	3	2	6
Non-family Relationships	2	3	1	6
Organizational Activities	6	0	3	9
Social Activities	0	2	6	8
Hobbies	3	5	2	10
Possessions	0	2	0	2
Volunteer Activities	0	0	1	1
Others	0	2	0	2
None Identified	1	1	0	2
Freedom of Schedule	1	0	3	4
Total	14	18	18	50

Note: $\chi^2 = 30.05$; $df = 18$; $p < .03$.
C.V. = 28.87

Table 6
Cross-Tabulation of Determinants of Dissatisfaction
Rank 2 by Marital Status

Determinants of Dissatisfaction	Marital Status				Total
	Never Married	Married	Divorced/ Separated	Widowed	
Non-family Relationship	0	2	0	0	2
Health	0	1	2	1	4
Household Chores	0	0	0	1	1
Others	0	5	1	1	7
None Identified	2	23	0	6	31
Economic Conditions	0	0	0	3	3
Emotions	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>2</u>
Total	2	33	3	12	50

Note: $X^2 = 33.12$; $df = 18$; $p < .01$.
C.V. = 28.87

Table 7
Cross-Tabulation of Determinants of Dissatisfaction
Rank 3 by Marital Status

Determinants of Dissatisfaction	Marital Status				Total
	Never Married	Married	Divorced/ Separated	Widowed	
Non-family Relationship	0	0	1	0	1
Hobbies	0	0	0	1	1
Service Agencies	0	0	1	0	1
Volunteer Activities	0	1	0	0	1
Others	0	1	0	0	1
None Identified	2	27	1	11	41
Economic Conditions	0	3	0	0	3
Emotions	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>
Total	2	33	3	12	50

Note: $X^2 = 38.67$; $df = 21$; $p < .01$.
C.V. = 32.67

the variables of determinants of satisfaction Rank 3 and income ($X^2 = 30.05$, $df = 18$, $p < .03$) (see Table 5); determinants of dissatisfaction Rank 2 and marital status ($X^2 = 33.12$, $df = 18$, $p < .01$) (see Table 6); and determinants of dissatisfaction Rank 3 and marital status ($X^2 = 38.67$, $df = 21$, $p < .01$) (see Table 7). The findings showed that a greater number of responses were observed for these variables than would be expected by chance alone.

Each of the variables included in the Chi-squared test of association was submitted to additional analysis utilizing other nonparametric statistics because of the number of zero entries or empty cells. The statistical hypotheses: There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to marital status and there is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to marital status were tested. A Kruskal-Wallis one-way analysis of variance by ranks was performed utilizing the variables of marital status and determinants of satisfaction and dissatisfaction. The following results were obtained for determinants of satisfaction: Rank 1 ($X^2 = 5.87$, $df = 3$, $p < .11$), Rank 2 ($X^2 = 1.16$, $df = 3$, $p < .76$), and Rank 3 ($X^2 = 2.87$, $df = 3$, $p < .41$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 4.85$, $df = 3$, $p < .18$), Rank 2 ($X^2 = 7.60$, $df = 3$, $p < .06$), and Rank 3 ($X^2 = 9.13$, $df = 3$, $p < .02$). These results indicated that there was no difference in determinants of satisfaction and dissatisfaction

across the four marital status categories except for determinants of dissatisfaction Rank 3. Manipulation of the data to code non-identification of determinants of satisfaction and dissatisfaction by respondents as missing data and use of the Kruskal-Wallis test revealed no statistically significant findings for the variables of marital status and determinants of satisfaction and dissatisfaction. The following results were obtained for determinants of satisfaction: Rank 1 ($X^2 = 5.87$, $df = 3$, $p < .11$), Rank 2 ($X^2 = 1.99$, $df = 3$, $p < .57$), and Rank 3 ($X^2 = 2.27$, $df = 3$, $p < .51$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 4.88$, $df = 3$, $p < .18$), Rank 2 ($X^2 = 1.74$, $df = 3$, $p < .41$), and Rank 3 ($X^2 = 5.58$, $df = 3$, $p < .06$). These results indicated that when there was no identification of determinants of satisfaction and dissatisfaction by respondents no statistically significant difference between the groups of marital status was noted. Additional analysis consisted of use of the Mann-Whitney U test. The marital status categories were collapsed into two categories, married and not married by re-grouping the categories of never married, divorced/separated, and widowed into a not married category. The following values were obtained for determinants of satisfaction: Rank 1 ($z = 1.05$, $p < .29$), Rank 2 ($z = -1.36$, $p < .17$), and Rank 3 ($z = -.93$, $p < .34$). The results for determinants of dissatisfaction were: Rank 1 ($z = 1.72$, $p < .08$), Rank 2 ($z = -.04$, $p < .96$), and Rank 3 ($z = -2.36$, $p < .01$). The variables of determinants of dissatisfaction Rank 3 and marital status were statistically significant thereby indicating that there was a

difference in the determinants of dissatisfaction Rank 3 among the respondents according to marital status when marital status was dichotomized as married and not married. Data analysis with non-identification of determinants of satisfaction and dissatisfaction recoded as missing data and collapsing of the marital status categories into categories of married and not married was performed utilizing the Mann-Whitney U test. The results obtained for determinants of satisfaction were: Rank 1 ($z = -1.05$, $p < .29$), Rank 2 ($z = -1.36$, $p < .17$), and Rank 3 ($z = -.93$, $p < .34$). The determinants of dissatisfaction results were as follows: Rank 1 ($z = -1.72$, $p < .08$), Rank 2 ($z = -.04$, $p < .96$), and Rank 3 ($z = -2.36$, $p < .01$). The results indicated that there was a difference in the determinants of dissatisfaction Rank 3 among the respondents according to marital status when marital status was dichotomized as married and not married and when only identified sources of dissatisfaction were considered. The statistical hypothesis: There is no difference in the determinants of dissatisfaction during retirement in a group of black retirees according to marital status was rejected for determinants of dissatisfaction Rank 3.

The statistical hypotheses: There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to income, and there is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to income, were tested. Perusal of the results of the Kruskal-Wallis test for determinants of satisfaction and dissatisfaction and income

revealed no statistically significant Chi-squared values for Ranks 1,2, and 3. The following results were obtained for determinants of satisfaction: Rank 1 ($X^2 = 1.42$, $df = 3$, $p < .49$), Rank 2 ($X^2 = 1.48$, $df = 3$, $p < .47$), and Rank 3 ($X^2 = .58$, $df = 3$, $p < .74$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 1.26$, $df = 3$, $p < .53$), Rank 2 ($X^2 = 2.00$, $df = 3$, $p < .36$), and Rank 3 ($X^2 = 3.51$, $df = 3$, $p < .17$). Collapsing of the income group into three groups by omission of the less than \$200 category which contained no persons, coding of nonidentification of determinants of satisfaction and dissatisfaction as missing data and thereafter application of the Kruskal-Wallis test resulted in no statistically significant results. The results obtained for determinants of satisfaction were: Rank 1 ($X^2 = 1.42$, $df = 2$, $p < .49$), Rank 2 ($X^2 = 1.63$, $df = 2$, $p < .44$), and Rank 3 ($X^2 = 1.10$, $df = 2$, $p < .57$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 2.08$, $df = 2$, $p < .35$), Rank 2 ($X^2 = .38$, $df = 2$, $p < .82$), and Rank 3 ($X^2 = .55$, $df = 2$, $p < .45$). These results indicated that income was not a significant variable in the naming of factors of satisfaction and dissatisfaction by these respondents and differed from the results of the Chi-squared test of association. The statistical hypotheses including the variable of income were accepted.

Utilization of the Kruskal-Wallis test for testing the statistical hypotheses including the variables of health status and determinants of satisfaction and dissatisfaction revealed no statistically significant findings. The following results were

obtained for determinants of satisfaction: Rank 1 ($X^2 = 3.30$, $df = 3$, $p < .34$), Rank 2 ($X^2 = 2.03$, $df = 3$, $p < .56$), and Rank 3 ($X^2 = 3.96$, $df = 3$, $p < .26$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 6.46$, $df = 3$, $p < .09$), Rank 2 ($X^2 = 1.48$, $df = 3$, $p < .68$), and Rank 3 ($X^2 = 2.98$, $df = 3$, $p < .39$). Manipulation of the data to code nonidentification of determinants of satisfaction and dissatisfaction by respondents as missing data and use of the Kruskal-Wallis test resulted in the following findings for determinants of satisfaction: Rank 1 ($X^2 = 3.30$, $df = 3$, $p < .34$), Rank 2 ($X^2 = 3.20$, $df = 3$, $p < .36$), and Rank 3 ($X^2 = 3.60$, $df = 3$, $p < .30$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 5.78$, $df = 3$, $p < .12$), Rank 2 ($X^2 = .71$, $df = 3$, $p < .87$), and Rank 3 ($X^2 = .73$, $df = 3$, $p < .69$). The Mann-Whitney U test was used to test these same variables after recoding of nonidentification of determinants of satisfaction and dissatisfaction as missing data and collapsing the health status categories to form two categories, poor and fair as the first category and good and excellent as the second category. No statistically significant results were noted. The values for determinants of satisfaction were: Rank 1 ($z = -1.17$, $p < .23$), Rank 2 ($z = -1.75$, $p < .07$), and Rank 3 ($z = -.70$, $p < .48$). The determinants of dissatisfaction results were as follows: Rank 1 ($z = -.99$, $p < .31$), Rank 2 ($z = -.72$, $p < .46$), and Rank 3 ($z = .00$, $p < 1.00$). These values indicate that health status was not a significant variable in the naming of factors of satisfaction and dissatisfaction by these respondents therefore, the statistical

hypotheses: There is no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to health status, and there is no difference in the determinants of dissatisfaction during retirement identified by a group of black retirees according to health, were accepted.

A statistically significant value ($\underline{z} = 2.23$, $p < .02$) was found for the variables of gender and determinants of satisfaction Rank 3 when the Mann-Whitney \underline{U} test was used in testing the statistical hypotheses for these variables. The values for determinants of satisfaction Rank 1 and Rank 2, respectively, were: ($\underline{z} = -.38$, $p .70$) and ($\underline{z} = -.99$, $p < .32$). The determinants of dissatisfaction results were as follows: Rank 1 ($\underline{z} = -.13$, $p < .89$), Rank 2 ($\underline{z} = -.29$, $p < .76$), and Rank 3 ($\underline{z} = -.84$, $p < .40$). Manipulation of the data to exclude those respondents not identifying a source of satisfaction or dissatisfaction and use of the Mann-Whitney \underline{U} test on the variables of gender and determinants of satisfaction and dissatisfaction resulted in no statistically significant values. The results obtained for determinants of satisfaction were: Rank 1 ($\underline{z} = -.38$, $p < .70$), Rank 2 ($\underline{z} = -.36$, $p < .71$), and Rank 3 ($\underline{z} = -1.73$, $p < .08$). The determinants of dissatisfaction results were as follows: Rank 1 ($\underline{z} = -.67$, $p < .50$), Rank 2 ($\underline{z} = -.92$, $p < .35$), and Rank 3 ($\underline{z} = .00$, $p < 1.00$). These results indicated that gender was not a significant variable in the naming of factors of satisfaction and dissatisfaction by these respondents therefore, the statistical hypotheses were accepted.

Analyses to determine if length of retirement influenced the respondents' identification of determinants of satisfaction and dissatisfaction were made. Results of the Kruskal-Wallis test showed that none of the variables was statistically significant. The following results were obtained for determinants of satisfaction: Rank 1 ($X^2 = 3.99$, $df = 4$, $p < .40$), Rank 2 ($X^2 = 3.90$, $df = 4$, $p < .42$), and Rank 3 ($X^2 = 2.64$, $df = 4$, $p < .61$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 8.03$, $df = 4$, $p < .09$), Rank 2 ($X^2 = 6.39$, $df = 4$, $p < .17$), and Rank 3 ($X^2 = 7.31$, $df = 4$, $p < .12$). The same test was administered after deletion of those respondents who failed to identify sources of satisfaction and dissatisfaction for each rank. No statistically significant results were noted. The following results were obtained for determinants of satisfaction: Rank 1 ($X^2 = 3.99$, $df = 4$, $p < .40$), Rank 2 ($X^2 = 3.47$, $df = 4$, $p < .48$), and Rank 3 ($X^2 = 2.46$, $df = 4$, $p < .65$). The determinants of dissatisfaction results were as follows: Rank 1 ($X^2 = 8.14$, $df = 4$, $p < .08$), Rank 2 ($X^2 = 2.65$, $df = 4$, $p < .61$), and Rank 3 ($X^2 = 4.69$, $df = 4$, $p < .32$). The Mann-Whitney U test was used to test the variables of length of retirement and determinants of satisfaction and dissatisfaction after recoding of nonidentification of determinants of satisfaction and dissatisfaction as missing data and collapsing the length of retirement categories into two groups, retired three years or less and retired more than three years. The following results were obtained for determinants of satisfaction: Rank 1 ($z = -.32$, $p < .74$), Rank 2 ($z = -.50$, $p < .61$), and Rank 3 ($z = -.46$,

$p < .63$). The determinants of dissatisfaction results were as follows: Rank 1 ($z = -2.39$, $p < .01$), Rank 2 ($z = -.84$, $p < .39$), and Rank 3 ($z = -2.10$, $p < .03$). The Chi-squared test of association did not reflect a statistically significant finding for determinants of dissatisfaction Rank 1 ($X^2 = 39.49$, $df = 40$, $p < .49$) and Rank 3 ($X^2 = 36.94$, $df = 28$, $p < .12$) and length of retirement as did the more powerful Mann-Whitney U test. The results from the Mann-Whitney U test indicated a difference in determinants of dissatisfaction based on length of retirement when tenure of retirement was dichotomized and when only identified sources of satisfaction and dissatisfaction were considered. The statistical hypothesis of no difference in the determinants of satisfaction during retirement identified by a group of black retirees according to length of retirement was accepted, however, the statistical hypothesis of no difference in the determinants of dissatisfaction according to length of retirement was rejected.

Life Satisfaction and Self-Concept

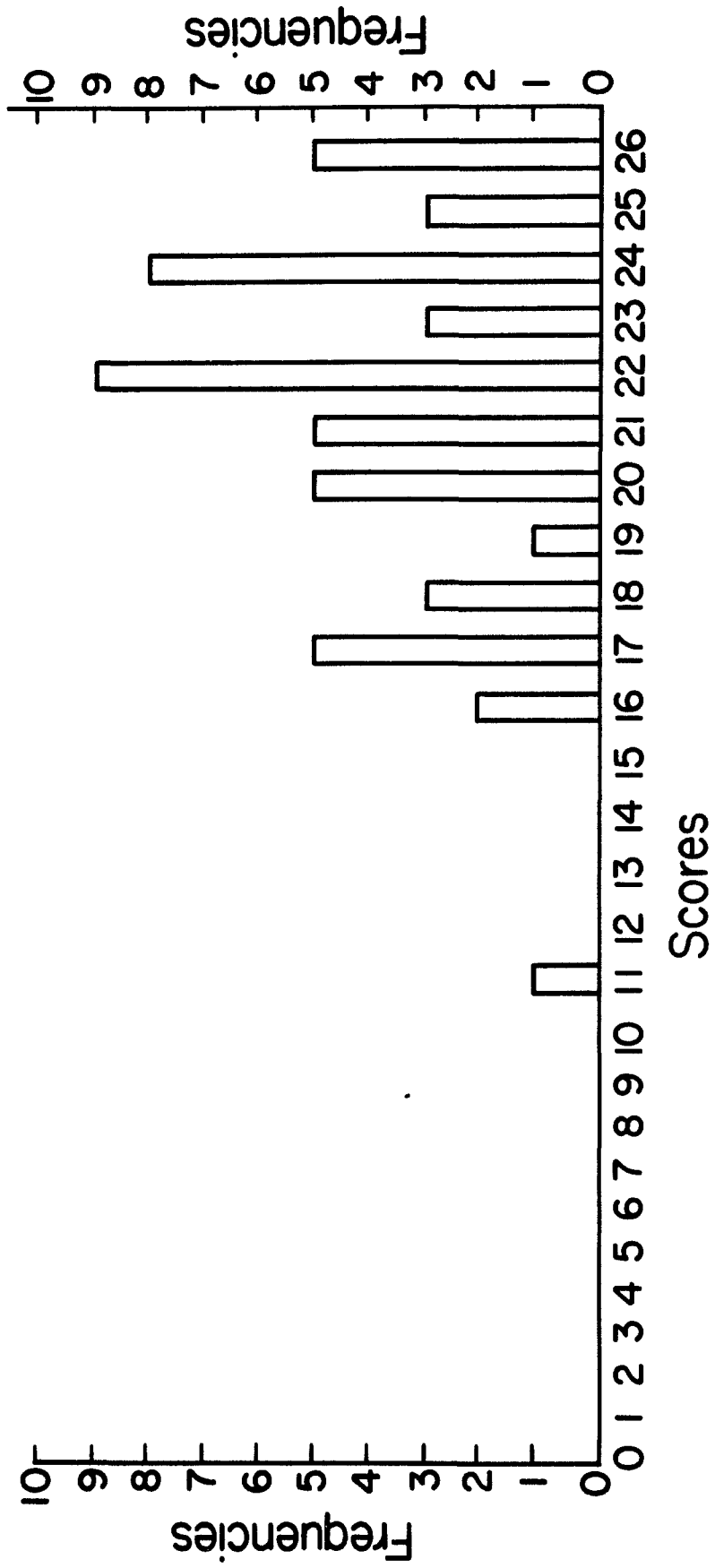
Analysis of the results on the LSI-Z and the TSCS showed that the respondents had high self-esteem and were moderately satisfied with life. The minimum and maximum scores on the LSI-Z were 11 and 26, respectively, with a range of 15 and a mean score of 21.4. The skewness of the distribution of scores is -0.748 . This value indicates that the distribution of the LSI-Z scores is to the right of the mean with most of the extreme scores to the left. One (2%)

score was in the low-score category of 0 to 12; 21 (42%) scores were in the median-score category of 13 to 21; and 28 (46%) scores were in the high-score category of 22 to 26. The number of respondents receiving each score is shown in Figure 1.

The sample's performance on the total positive score component of the TSCS ranged from 312 to 435, with a mean score of 381.6. The mean self-satisfaction score was 122.58, with scores ranging from 87 to 150. The mean self scores and ranges were 71.64 (59 to 85) for physical, 76.1 (50 to 86) for family, and 76.38 (58 to 87) for social. The sample's results on each component of the TSCS illustrated that the sample was above the mean on each component of the Scale except for self-criticism, physical self, and variability. The sample was at the 45th percentile on self-criticism, 49th percentile on physical self and at the 44th percentile on variability.

Additional analysis consisted of a crosstabulation of subscores on each component of the TSCS with each of the 15 categories utilized to group determinants of satisfaction and dissatisfaction. The subscores on the TSCS were partitioned at the mean of the sample into two groups, scores falling at or above the mean and scores falling below the mean. Crosstabulations were completed for determinants of satisfaction and dissatisfaction Rank 1, Rank 2, and Rank 3. Each individual's subscore was partitioned at the mean. The partitioned subscore was crosstabulated with the category corresponding to the individual's identified determinant of satisfaction and dissatisfaction at each rank. Approximately an

Figure 1. Frequencies of Life Satisfaction Index-Z Scores



equal number of person scoring at or above the mean of the sample and those persons scoring below the mean for each subscore of the TSCS was noted.

Pearson Product-Moment correlation and multiple linear regression were the statistical techniques utilized to answer the research question: What is the relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health? and to test the statistical hypothesis: There is no relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health. The correlation matrix (see Table 8) indicated a positive relationship among the variables of life satisfaction, self-concept, and health status which was not statistically significant inasmuch as the obtained values did not exceed the critical value of $r = .279$. The statistical hypothesis was accepted.

Table 8
Correlation Matrix for Life Satisfaction,
Self-Concept, and Health Status

	Life Satisfaction	Self- Concept	Health Status
Life Satisfaction	1.00000		
Self-Concept	0.27825	1.00000	
Health Status	0.11881	0.23604	1.00000

The life satisfaction, self-concept, and health status scores were entered into a stepwise regression equation. The model was:

$$Y^1 = a + b_1X_1 + b_2X_2$$

where Y^1 = Life Satisfaction

X_1 = Self-Concept

X_2 = Health Status

A full model, consisting of the variables of life satisfaction, self-concept, and health status, was tested against three restricted models. The hypotheses for the model were:

$$\text{FM: } Y^1 = a + b_1X_1 + b_2X_2$$

$$\text{RM: } Y^1 = 0$$

$$\text{RM}_2: Y^1 = a + b_1X_1$$

$$\text{RM}_3: Y^1 = a + b_2X_2$$

The obtained F values of 4.02 and 2.05 for restricted models two and three, respectively, were not statistically significant, thus indicating that the full model and the restricted models, as constituted, did not contain variables which differentiated or accounted for significant variance in life satisfaction. The R^2 values of .07 and .08 for self-concept and health status, respectively, were indicative of the amount of variance explained by knowledge of these two variables.

The test of linearity of the equation containing the dependent variable of life satisfaction and the independent variable of self-concept resulted in $t = 2.00$ ($p < .05$). The independent variable of health status was entered in step number two and resulted in $t = 1.43$ (NS). The tests of linearity indicated that life satisfaction had a linear relationship with self-concept and

was not linearly related to health status. The variable of life satisfaction was plotted with self-concept and health status on a scattergram. The scattergram reflected a linear relationship between the variables of life satisfaction and self-concept. Plotting of the categorical variable of health status with the continuous variable of life satisfaction resulted in plots in each of the separate categories as would be expected on this type of scattergram. The statistical hypothesis, that there is no relationship among the level of life satisfaction; self-concept; and self-reported, perceived level of health, was accepted.

Additional analysis included a second stepwise regression equation containing the variables of life satisfaction, determinants of satisfaction and dissatisfaction, self-concept, and health status. The test of linearity of this equation indicated only one variable, self-concept, having a linear relationship to life satisfaction, $t = 2.00$ ($p < .05$). Testing of the full model against the restricted models did not result in statistically significant findings, thus indicating that neither model contained variables which differentiated or accounted for significant variances in satisfaction. The R^2 value .25 indicated the amount of variance in life satisfaction explained by knowledge of these variables (see Table 9).

Table 9
Summary of R Square Values

Variables	R ²	R ² Change
Self-Concept	.07743	.07743
Determinants of Satisfaction, Rank 1	.12352	.04609
Determinants of Dissatisfaction, Rank 3	.15540	.03188
Determinants of Dissatisfaction, Rank 1	.20889	.05349
Determinants of Satisfaction, Rank 3	.23928	.03039
Health Status	.25118	.01190

Summary of Findings

1. Interpersonal relationships, organizational activities, and freedom of schedule and time were the primary sources of satisfaction for this group.

2. Most of the respondents did not identify sources of dissatisfaction.

3. Economic conditions, health, and emotional concerns were cited most frequently by those respondents who identified sources of dissatisfaction.

4. There is a difference in the determinants of dissatisfaction Rank 3 identified by the respondents and marital status.

5. There is a difference in the determinants of dissatisfaction Rank 1 and Rank 3 identified by the respondents and length of retirement.

6. The respondents had high self-concepts, were moderately satisfied with life, and self-reported their health as good.

7. The variables of self-concept, health status, and determinants of satisfaction and dissatisfaction did not differentiate or account for significant variance in life satisfaction.

8. There was a positive relationship with a low magnitude among the variables of life satisfaction, self-concept, and health status; a linear relationship between the variables of life satisfaction and self- concept; and a relationship which was not linear between the variables of life satisfaction and health status.

CHAPTER V

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion and Conclusions

The findings of this study provided a description of a group of black retirees, identification of determinants of satisfaction and dissatisfaction during retirement, and the nature of the relationship among level of life satisfaction; self-concept; and self-reported, perceived level of health. The description of this group of black retirees is inconsistent with the general descriptions of the black aged as presented by Jackson (1974), Jackson and Wood (1976), and Jackson and Walls (1978) in that the sample experienced fewer biopsychosocial liabilities. This group of retirees may represent the actualization of the predictions made by Binstock (1975) about the changing personal characteristics of aged persons to an aggregate of healthier, wealthier, and more educated persons. The inconsistencies may also be attributed to the fact that the sample was not randomly selected but was relatively homogeneous in nature and materially advantaged. Additionally the sample was comprised primarily of educators who may differ from the population of black retirees because of their educational preparation, occupational history, income, and experiences with successful goal

achievement. Cautious interpretation and application of the findings are therefore warranted. The material assets and personal support possessed by these black retirees may reduce or eliminate their need for some of the current environmental supports. Societal developments such as energy access, inflation, isolationism, and threats to family life may increase their needs for support in areas such as personal growth and satisfaction; mastery of one's own life despite physical, psychological, or economic circumstances; and, social relatedness.

Interpersonal relationships are of primary importance as a source of satisfaction during retirement, with the family playing a vital role. The sample's identification of interpersonal relationships and organizational activities as their primary sources of satisfaction compares favorably with Lambing's (1972) findings on the popularity of family gatherings, church, and church-related activities and Heisel's (1973) findings that retirees depend primarily on friends for companionship and participation in social activities. The findings of Messer (1968), that emphasis on religion may influence satisfaction with old-age status, and Medley's (1976) notation that satisfaction with family greatly impacts on life satisfaction, are illustrated by the results of this study. The impact of interpersonal relationships is further highlighted when it is considered that loneliness was viewed as a somewhat serious or very serious problem by 45% of the black aged polled in a national study by Jackson and Wood.

Family and friends may be a strong source of support in assisting the retiree in coping with the anxieties and tensions of life and in finding solutions to problems of living. Persons with significant, meaningful relationships are not as likely to become candidates for institutionalization when illness, disability, or the need for alternative living arrangements occur. An individual's choice of friends needs to include people of various ages in order to enhance mutual support and to guard against the liability of having only friends of a similar age who are involved in some of the same life tasks and circumstances and can, thus, offer only limited assistance and support. Considering the present life expectancy of 72 and 64 years respectively for black females and males, black retirees can expect to live less than 15 years in retirement even if the retirement event occurs during the early part of the sixth decade of life. Black retirees should therefore make some realistic plans regarding the pursuit of meaningful activities during this time. A person should strive for ways of satisfying basic needs, further development of the total person, and happiness from living, in addition to planning for fun, entertainment, and leisure.

Shanas' (1979) findings that old people turn first to their families for help, secondly to neighbors, and lastly to the bureaucratic system are suggestive of a network of helpers. Nursing is in a prime position to impact on this network and must continue to explore avenues of assisting those community members who will extend the first offers of help to the elderly, namely, the family.

The provision of professional support to the family is an important nursing role which can benefit both the retiree and his family. Therefore, it is incumbent on nursing to establish a role in the care of relatively healthy retirees which can increase the retirees' chances of maintaining health. Education will be a major component of this role. Education of the public regarding the retirement process, health, normal changes in aging, and practical interventions for the management of problems will greatly enhance the functioning of the non-bureaucratic helpers. Nursing's best help to the retiree may be to help his or her adult children and other kin in the realignment of their relationships with the retiree.

The vulnerability of the black retiree who has no meaningful relationships is highlighted by the findings of this study. On some occasions, nurses may be the other parties in the only meaningful human relationships some retirees have. If the present pattern of statistics on declining birth rate, increasing divorce rate, diverse family structures and styles, increased mobility, and isolationism continue, new and additional helping relationships will be needed, and the bureaucratic system may see its role changing. Greater understanding and respect must be shown for those retirees who choose to maintain very limited relationships or who choose not to enter into new relationships during late life. The value of this self-protective behavior must be weighed against the gain of support assumed to be derived from mutual relationships.

The importance attributed to organizational activities corresponds to Clemente, Rexroad, and Hirsch's (1975) conclusions that aged blacks are likely to belong to church groups and social and recreational associations. Increases in leisure time, independence, freedom from responsibilities and pressures, and retirement were named as the third most important sources of satisfaction during retirement. Voluntary retirement probably contributed to this favorable attitude toward retirement and may be reflective of the value of choice when a life change is made. Positive attitudes toward retirement are at a peak in the middle occupational levels since income is generally sufficient and there is no lasting commitment to the job (Atchley, 1977). The importance of leisure as a reason for retirement is increasing, and freedom of schedule may gain greater prominence with future generations of retirees.

Some areas of strength noted were the absence of dissatisfaction during retirement, the degree of life satisfaction, the level of self-esteem, and the perception of health. The finding that most of the respondents did not identify sources of dissatisfaction should not delude an individual into thinking that all is well with this segment of the population, but may indicate that the respondents have learned to appreciate and live with what they have. Additionally, the finding should increase cognizance of the fact that this group possesses some strengths and that these strengths should be capitalized on when policies are formulated to seek to reduce their liabilities. The conditions of health and economy

which were cited by those respondents citing sources of dissatisfaction correspond to the areas generally identified in the literature as being problematic and influencing adaptation to retirement (Atchley, 1978; Jackson and Walls, 1978; Jackson & Wood, 1976; Pollard, 1973). The percentage of persons in this sample naming health and economic conditions as sources of dissatisfaction was less than the percentage naming these sources in a national poll by Jackson and Wood. In comparison to the 75% of elderly blacks who named economic conditions as a serious problem in the national poll, only 22% of the respondents in the present sample did so. Examination of the health variable indicated that the 16% of this sample trailed the 70% of the sample from a national poll in reporting health as a problem. Poor housing was named by 37% of the national poll group; whereas, no members of this sample named possessions such as income, housing or transportation as a source of dissatisfaction.

Variables included in two of the significant Chi-squared tests were determinants of dissatisfaction and marital status, with the third being determinants of satisfaction and income. These results may be delusive since several of the cells contained zero frequencies, thereby reducing the usefulness of the Chi-square test. The Mann-Whitney U test result that there is a difference in the determinants of dissatisfaction Rank 3 among the respondents according to whether or not they are married is suggestive of the functions of a significant, intimate relationship and a support system to adjustment to retirement. However, the direction or the location of the difference are not indicated by the result. The

what, where, and why of the differences between these two variables are questions which remain to be answered. The differences in the determinants of dissatisfaction Rank 1 and Rank 3 and length of retirement may be explained on the basis of different problems occurring at different points in the retirement period, the period of adjustment necessary for certain problems, and availability of resources and coping skills. Identification of types of factors which are sources of dissatisfaction at different intervals in the retirement period would provide useful information for implementing anticipatory guidance for black retirees.

The finding on the variable of life satisfaction revealed that the respondents' mean score of 21.4 represents a high-medium life satisfaction score and exceeds the mean of 12.0 of the normative group for the scale. These black retirees can thus be described as persons with positive self-images who are happy, optimistic, and goal achievers. They take pleasure from life, see life as meaningful, and are accepting of life as it has been for them. All of these qualities are traits of psychological well-being (Neugarten et al., 1961). The 381.6 mean total positive score for the sample is at approximately the 87th percentile and exceeds the 345.6 mean score of the normative group (Fitts, 1965). This index of self-esteem indicates that these black retirees like themselves, are self-confident, behave in a confident manner, and feel they are persons of value and worth.

The findings on self-concept, life satisfaction, and health status compare favorably with the results of Beard (1976,1977),

Bracy (1976), Henry (1977), Jackson et al. (1977), Jackson and Wood (1976), and Pollman (1971). One explanation for these findings is that the perspective and frame of reference of black retirees for contrasting achievements against deprivations permit a realistic valuing and labeling of each and re-emphasize the "eye of the beholder" phenomenon. A lifetime dominated by few sources of positive reinforcement may have conditioned the retirees to become their own reinforcers and to define a smaller reference group whose opinions are significant. Abilities to transform obstacle courses into stairways of progress may have served to enhance self-esteem once the progress was actualized, rather than to devalue the individual and his efforts. Additionally, survival skills such as philosophical, psychological, and physical stamina may have enabled mastery of many of the barriers of life. A view of retirement as an earned privilege may very well have influenced the identified determinants of satisfaction and dissatisfaction.

Findings on the pattern of correlation and the predictive value of the variables differ from those noted in the literature. Jackson et al. (1977) indicated a positive relationship between life satisfaction and education, income, good health, and self-esteem. In addition, these researchers found that psychological factors were better predictors of life satisfaction. Edwards and Klemmack (1973) found that the best predictors of life satisfaction are socioeconomic status, perceived health status, and informal participation with non-relatives. Sauer (1977) found health and solitary activities to be the best predictors of morale in blacks.

Reasons for the disparities noted in the predictive value of the variables in the present study are unclear.

The findings of this study suggest that prominence and attention must be given to factors other than objective, materialistic status elements in accurately understanding and predicting satisfaction during retirement. Value and fullness of life may be found in other factors. Additionally, the high level of self-concept and life satisfaction are assets which will help this group cope with the changes inherent in retirement, make a positive adjustment, and increase the probability for a longer and higher quality of life.

Implications

The findings from this study point to several nursing and research implications. The changing demography of black retirees demands that the newly emerging data be used in defining areas of strength and deficit, be incorporated into the use of the nursing process and new program designs, and be the source of continued research which will contribute further to the statistical establishment of these emerging characteristics. The importance attributed to interpersonal relationships, organizational activities, and freedom of schedule and time indicates the necessity for obtaining assessment data on these parameters. Family assessment can yield valuable information concerning family dynamics; whereas, participation in organizational activities may suggest additional support resources, as well as indicate leisure-time preferences.

The incorporation of educational materials regarding the value of interpersonal relationships, activities, prevention of illness, promotion of health, and use of community resources into pre-retirement programs is warranted. The value of health counseling services, especially preventive services, must be propagandized so that this generation of self-reliant retirees will accept and increase their utilization of such services. Nursing must increase its involvement in retirement preparation programs and with civic, senior citizens' groups, and other organizations attracting black retirees. The development and marketing of retirement preparation programs which address the unique needs of black retirees are worthy of consideration. Retirement preparation programs are excellent mediums through which nursing might provide health promotion activities for a group of people who must adapt to all of the changes concomitant to retirement.

Considering that health status was named as one of the primary sources of dissatisfaction during retirement, the nursing role of health promoter must receive greater emphasis. People need assistance very early in life in the development of healthy life styles and in risk reduction of certain disease entities and disabilities. When life style choices and other circumstances have contributed to the development of certain deficits in health, the nurse can aid the retiree in learning to cope with chronicity, maximize his potential within the boundaries of his health level, and sustain a functional level of self-esteem and life satisfaction. Nursing interventions in the self-concept and self-esteem arena should be

directed toward maintenance activities and the replacement of stereotypes with truisms.

Recommendations

Recommendations stemming from this research include the following:

1. Restrict application of findings to segments of the population with similar demographics.
2. Replicate the study with a larger, randomly selected sample.
3. Conduct research to identify effective and efficient nursing interventions which will maximize the determinants of satisfaction, minimize the determinants of dissatisfaction, and assist the black retiree and his family as a system.
4. Conduct research on the identification of variables associated with self-concept and life satisfaction and determination of the predictive value of the variables.
5. Conduct research to identify the role of the family in the adaptation of the retiree to retirement and to identify mechanisms for the maximization of family competencies.
6. Conduct research to explore the role of community agencies and how they might be of assistance to the black retiree.

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APPENDICES

APPENDIX A**Life Satisfaction Index-Z Scale**

Appendix A

Life Satisfaction Index-Z Scale

Here are some statements about life in general that people feel differently about. Would you listen to each statement on the list, and if you agree with it, say "AGREE." If you do not agree with a statement, say "DISAGREE." If you are not sure one way or the other, say "NO" SURE."

(Key: Score 2 points for each "right" answer--marked with X.
 Score 1 point for "not sure" or no response.
 Score 0 points for each "wrong" answer.)

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>	<u>Score</u>
1. As I grow older, things seem better than I thought they would be.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
2. I have gotten more of the breaks in life than most of the people I know.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
3. This is the dreariest time of my life.	<u> </u>	<u> X </u>	<u> </u>	<u> </u>
4. I am just as happy as when I was younger.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
5. These are the best years of my life.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
6. Most of the things I do are boring or monotonous.	<u> </u>	<u> X </u>	<u> </u>	<u> </u>
7. The things I do are as interesting to me as they ever were.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
8. As I look back on my life, I am fairly well satisfied.	<u> X </u>	<u> </u>	<u> </u>	<u> </u>

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>	<u>Score</u>
9. I have made plans for things I'll be doing a month or a year from now.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
10. When I think back over life, I didn't get most of the important things I wanted.	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
11. Compared to other people, I get down in the dumps too often.	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
12. I've gotten pretty much what I expected out of life.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
13. In spite of what people say, the lot of the average man is getting worse, not better.	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
Total Score			<u> </u>	

Note. From Wood, V., Wylie, M. L., & Sheafor, B. An analysis of a short self-report measure for life satisfaction: Correlation with rater judgments. Journal of Gerontology, 1969, 24(4), 465-469.

APPENDIX B
Interview Schedule

Appendix B

Interview Schedule

Personal CharacteristicsDo Not Write
In This Space

Identification Number: _____ (01 to 50)

_____ 1 _____ 2

Age: _____

_____ 3 _____ 4

Sex: _____ 1. Female _____ 2. Male _____

_____ 5

Marital Status:

- _____ 1. Never married
 _____ 2. Married
 _____ 3. Divorced/Separated
 _____ 4. Widowed

_____ 6

Socioeconomic Status

Educational Level:

What was the highest grade you finished in
school?

_____ 7

- _____ 1. 3 grade or less
 _____ 2. 4 to 6 grade
 _____ 3. 7 to 8 grade
 _____ 4. 9 to 11 grade
 _____ 5. finished high school
 _____ 6. 1 year of college
 _____ 7. 2 years or more of college
 _____ 8. finished 4 years of college
 _____ 9. Other -- please specify _____

Income Level:

What is your current approximate monthly
income from all sources combined?

8

- ☐ 1. \$200.00 or less
- ☐ 2. \$201.00 to \$500.00
- ☐ 3. \$501.00 to \$1,000
- ☐ 4. over \$1,000.00

Health Status

I would rate my health as:

9

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent

Occupational Data

What was your occupation when you retired?

10

- ☐ 1. Registered Nurse
- ☐ 2. Licensed Practical Nurse
- ☐ 3. Nursing Assistant (Aide/Orderly)
- ☐ 4. Food Service Worker
- ☐ 5. Environmental Service Worker
- ☐ 6. Educator
- ☐ 7. Maintenance Worker
- ☐ 8. Other - Please specify _____

Length of Time Retired:

11

- ☐ 1. Less than one year
- ☐ 2. 1 to 2 years
- ☐ 3. 2 to 3 years
- ☐ 4. 3 to 4 years
- ☐ 5. 4 to 5 years

Type of Retirement: Voluntary or Involuntary

12

- _____ 1. Voluntary - You decided to retire even though company policies would have permitted you to continue work.
- _____ 2. Involuntary, Institutional Policy - Company policies would not permit you to continue to work.
- _____ 3. Involuntary, Disability - You had an illness or disability and was unable to continue to work in gainful employment.

Determinants of Satisfaction

It is normal for people to experience satisfaction and dissatisfaction during retirement. Assume that satisfaction is the acceptance and enjoyment of life, self, others, and resources.

- A. Name those factors which have provided you satisfaction during your retirement. For example, think of people with whom you have associated, activities in which you have participated, valuables and belongings you own, and any other factors which have provided you satisfaction.

List of Factors Identified by Respondent as Providing Satisfaction

- B. You have named several factors which have provided you satisfaction during your retirement. I will restate your responses and you tell me the three factors which provide you the greatest satisfaction, the next as number 2, and then number 3.

_____ 1. High _____	13	14
_____ 2. Medium _____	15	16
_____ 3. Low _____	17	18

- C. Name those factors which have provided you dissatisfaction during your retirement.

List of Factors Identified by Respondent as Providing Dissatisfaction

- D. You have named several factors which have provided you dissatisfaction during your retirement. I will restate your responses and you tell me the three factors which provide you the greatest dissatisfaction, naming as number 1 the factor which provides the greatest dissatisfaction, the next as number 2, and then number 3.

Rank Order of Determinants of Dissatisfaction

_____ 1. High _____	_____ 19 _____	_____ 20 _____
_____ 2. Medium _____	_____ 21 _____	_____ 22 _____
_____ 3. Low _____	_____ 23 _____	_____ 24 _____

APPENDIX C

Letter of Invitation to Participate in the Study

Appendix C

Letter of Invitation to Participate in the Study

Dear _____:

I am a doctoral student at the University of Alabama in Birmingham. I am conducting research as one of the requirements for the Doctor of Science in Nursing Degree. My research is about life satisfaction during retirement. I am inviting you to be a participant in this research. A consent form is enclosed which explains the research and your participation in the research. Please read the consent form carefully.

Once you have decided to participate in the research, please sign in the spaces provided the date, time, your name, and have another adult to sign as witness. Please note that your initials are to be signed on the first sheet of the consent form and your full name on the last page of the consent form. A self-addressed, stamped envelope is provided for you to return the signed form to me. Please return the signed form to me by _____.

Upon receipt of your signed consent form, I will contact you by letter or telephone to establish a time convenient to you when the interview can be conducted in your home. Please write your telephone number on the form so that I may telephone you.

I will be happy to answer any questions you may have about the research. You may contact me at the telephone numbers listed on the consent form.

Thank you very much for your consideration of this invitation, and I hope that you will assist me by agreeing to participate in this research.

Sincerely,

Mrs. Delois Skipwith, R.N., M.S.N.
School of Nursing, Room 420

APPENDIX D
Consent Form

Appendix D

Consent Form

Dear _____:

You are invited to participate in a study that will provide information about life satisfaction of blacks during retirement. The researcher hopes this study will help health care professionals to understand the retirement process and factors associated with satisfaction during retirement. You are being asked to participate in this study because you are a retired person.

If you decide to participate in this study, you will be asked to provide information about yourself during an interview and to complete two questionnaires. The interview and the completion of the questionnaires will take place in your home at a time agreed upon by you and the researcher. A total of about one and one-half hours of your time on one day will be necessary. The interview will last 5 to 10 minutes, and you will be asked to provide information about yourself such as age, marital status, educational level, health, your retirement, and life satisfaction. The interview will be tape recorded on a portable tape recorder. The purpose of the tape is to help the researcher record your responses correctly. You will not be identified by name during the taped interview. The tape recording will be available only to the researcher, and a person who will transcribe your responses from the tape to written form for study. The written transcription will be available only to the researcher and the persons assisting the researcher in the study of the information. The tape will be destroyed by erasing after the transcription of the tape has been obtained.

The two questionnaires will require a total of about 70 minutes to complete. One questionnaire is a 13-item questionnaire about life satisfaction to which you will be asked to agree, disagree, or state that you are unsure one way or the other. This questionnaire will require about 10 minutes to complete. The other questionnaire is a 100-item questionnaire to help you describe yourself as you see yourself. You will be asked to select one of the five responses ranging from completely false to completely true. This questionnaire will require about 60 minutes to complete. Your name will not appear on the questionnaires. Your responses to the two questionnaires will be available only to the researcher and the persons assisting the researcher in the study of the information.

Subject's Initials

Any information that is obtained in connection with this study which could identify you will remain confidential.

It is not anticipated that there are any risks to you in participating in this study. You will receive no compensation for participating in the study. Whether or not you decide to participate in this study will have no effect on your association with The University of Alabama in Birmingham. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

You should understand that The University of Alabama in Birmingham has made no provision for monetary compensation to persons in the event of physical injury resulting from the research procedures. Should physical injury occur, medical treatment is available, but treatment is not provided free of charge.

The researcher, Delois Skipwith, will answer any questions you have about the study. If you have any additional questions later, the researcher will be happy to answer them (Delois Skipwith, office: --- ---- or --- ----, 8:30 a.m. to 4:30 p.m.; or home: --- ---- between 6:00 a.m. and 8:00 a.m. and 6:00 p.m. and 11:00 p.m.).

You are making a decision whether or not to participate. Your signature below indicates that you have read the information above and that you have decided to participate.

Thank you very much.

Date

Time am/pm

Signature

Signature of Witness

Signature of Researcher

APPENDIX E

University of Alabama in Birmingham Institutional
Review Board Protocol Approval

TO: DELOIS SKIPWITH

FROM: THOMAS H. ALPHIN, M.D.
CHAIRMAN, INSTITUTIONAL REVIEW BOARD FOR HUMAN USE-UAB

AT THE INSTITUTIONAL REVIEW BOARD FOR HUMAN USE-UAB
MEETING OF JULY 11, 1979 YOUR PROTOCOL ENTITLED DETER-
MINANTS ASSOCIATED WITH LIFE SATISFACTION IN NON-INSTITU-
TIONALIZED, URBAN, BLACK RETIREES WAS APPROVED NOT AT
RISK.

IF YOU HAVE ANY QUESTIONS, PLEASE PHONE KAREN MESHAD OF THE INSTI-
TUTIONAL REVIEW BOARD OFFICE @ 934-3789.

RECOMMENDATION OF THE INSTITUTIONAL REVIEW BOARD FOR HUMAN USE-UAB
Your Study has been APPROVED as; HUMANS INVOLVED NOT AT RISK.
According to DHEW REGULATIONS ON THE PROTECTION OF HUMAN SUBJECTS,
use of the INFORMED CONSENT FORM IS NOT REQUIRED for your Study.
You as the PRINCIPAL INVESTIGATOR should make the final decision as
to the possible value of obtaining a signed INFORMED CONSENT.

UNIVERSITY OF ALABAMA IN BIRMINGHAM
IDENTIFICATION AND CERTIFICATION OF APPLICATIONS
FOR SUPPORT OF RESEARCH INVOLVING
HUMAN SUBJECTS

THIS FORM IS REQUIRED FOR ALL APPLICATIONS FOR RESEARCH AND RESEARCH TRAINING GRANTS, PROGRAM PROJECTS AND CENTER GRANTS, DEMONSTRATION GRANTS, FELLOWSHIPS, TRAINEESHIPS, AWARDS, AND OTHER PROPOSALS WHICH MIGHT INVOLVE THE USE OF HUMAN SUBJECTS, REGARDLESS OF ANY SOURCE OF FUNDING. THIS FORM IS NOT APPLICABLE TO APPLICATIONS FOR GRANTS LIMITED TO THE SUPPORT OF CONSTRUCTION, ALTERATIONS AND RENOVATIONS, OR RESEARCH RESOURCES.

THE PUBLIC HEALTH SERVICE REQUIRES ASSURANCE FROM GRANTEE INSTITUTIONS SPONSORING RESEARCH, INVESTIGATION AND CARE WHICH MAY INVOLVE HUMAN SUBJECTS THAT THEY WILL CARRY OUT REVIEW OF ALL SUCH PROJECTS IN AGREEMENT WITH THE POLICY AND INSTRUCTION PROVIDED IN "THE INSTITUTIONAL GUIDE TO DHEW POLICY ON PROTECTION OF HUMAN SUBJECTS," MARCH 13, 1975, AND PART 46 OF TITLE 45 OF THE CODE OF FEDERAL REGULATIONS, AS AMENDED. THE PUBLIC HEALTH SERVICE ALSO REQUIRES CERTIFICATION OF THE PERFORMANCE OF THE INITIAL REVIEW. THIS REVIEW SHOULD BE COMPLETED PRIOR TO SUBMISSION OF RELEVANT PROPOSALS, BUT IN ANY EVENT IT MUST BE DONE PRIOR TO AWARD OF FUNDS.

WITH SPECIFIC REFERENCE TO THE PROJECT NUMBER
ENTITLED DETERMINANTS ASSOCIATED WITH LIFE SATISFACTION IN NON-
INSTITUTIONALIZED, URBAN BLACK RETIREES

UNDER THE DIRECTION OF DELOIS SKIPWITH

- ____ 1. THIS APPLICATION DOES NOT INCLUDE RESEARCH INVOLVING HUMAN SUBJECTS, AS DEFINED IN THE FEDERAL REGISTER, MARCH 13, 1975 AND PART 46 OF TITLE 45 OF THE FEDERAL REGULATIONS, AS AMENDED.
- X 2. THIS APPLICATION INCLUDES RESEARCH INVOLVING HUMAN SUBJECTS. OUR INSTITUTIONAL REVIEW BOARD HAS REVIEWED AND APPROVED IT ON JULY 11, 1979 IN ACCORDANCE WITH OUR ASSURANCE APPROVED BY THE PUBLIC HEALTH SERVICE. THE PROJECT WILL BE SUBJECT TO CONTINUING REVIEW AS PROVIDED FOR IN THAT ASSURANCE. NOT AT RISK

- ____ 3. THIS APPLICATION, WHICH MAY INCLUDE RESEARCH INVOLVING HUMAN SUBJECTS, IS PENDING REVIEW BY THE INSTITUTIONAL REVIEW BOARD AS PROVIDED BY OUR ASSURANCE. CERTIFICATION OF COMPLETION OF THE REVIEW WILL BE PROVIDED AS SOON AS POSSIBLE. (THIS CERTIFICATION WILL BE IN THE FORM INDICATED IN 2, ABOVE, IDENTIFYING THE APPLICATION BY TITLE, INVESTIGATOR, AND, IF KNOWN, BY NUMBER.

CHAIRMAN, INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF ALABAMA IN BIRMINGHAM

July 11, 1979

DATE

APPENDIX F

Permission Letter, Board of Control of the Teachers'
Retirement System of Alabama

October 2, 1979

Dr. William Walsh
Alabama State Retirement System
135 South Union Street
Montgomery, Alabama 36130

Dear Dr. Walsh:

This letter is a follow-up to our telephone conversation on Friday, September 28, 1979.

I am a doctoral candidate in the Doctoral of Science in Nursing Program at the University of Alabama School of Nursing. I am in the process of implementing dissertation research and am specifically interested in investigating the determinants of and level of life satisfaction during retirement in a group of black retirees and the relationship of life satisfaction to self-concept and health status. Currently, I am trying to identify a population of retired black persons within Jefferson County whom I may invite to participate in the research. The criteria for potential participants are:

Age - 60-71 years
Length of retirement - 1974 to present
Race - Black
Residence - Jefferson County

I would appreciate it if your office could provide me with a list of the names and addresses of persons meeting the criteria who are included in the Alabama State Retirement System. I can still utilize the information to identify potential participants even if the information is not maintained with the specificity noted in the criteria. The information will be used only for the described purpose and will be handled confidentially.

The research protocol was approved July, 1979 by the Institutional Review Board for Human Use - University of Alabama in Birmingham. A copy of the protocol is enclosed.

I have requested that the Chairman of my doctoral committee and the Dean of the School of Nursing sign this letter as was discussed in our telephone conversation.

I can be contacted at Area Code 205, 934-5439 or 934-6216 if you need additional information or if you have questions.

Thank you very much for your assistance in my research endeavor.

Sincerely,

Delois H. Skipwith
R.N., M.S.N.

Dr. Carl Miller
Chairman
Doctoral Committee

Dr. Marie O'Koren
Dean
University of Alabama
School of Nursing

October 16, 1979

Dr. Marie O'Koren, Dean
University of Alabama in Birmingham
School of Nursing
University Station
Birmingham, Alabama 35294

Dear Dr. O'Koren:

Enclosed please find a list of retirees from the Retirement Systems of Alabama which includes the mailing address of the retiree, date of birth and date of retirement.

This information was requested by Delois H. Skipwith in a letter dated October 2, 1979 and is provided to the University of Alabama in Birmingham in compliance with the policies of the Board of Control of the Teachers' Retirement System of Alabama with the understanding that the names and addresses will be used for the purposes specified in the letter and that the information will be held confidential by the University of Alabama in Birmingham.

If I can provide any further information or clarification, please contact this office.

Sincerely yours,

William C. Walsh
Secretary-Treasurer

WCW/res

APPENDIX G

Permission Letter, Jefferson County Commission,
Office of Senior Citizen's Activities

November 1, 1979

Mrs. Barbara Bonfield, Director
Office of Senior Citizens' Activities
309 North 23 Street
Birmingham, Alabama 35203

Dear Mrs. Bonfield:

I am a doctoral candidate in the Doctoral of Science in Nursing Program at the University of Alabama School of Nursing. I am in the process of implementing dissertation research and am specifically interested in investigating the determinants of and level of life satisfaction during retirement in a group of black retirees and the relationship of life satisfaction to self-concept and health status. Currently, I am trying to identify a population of retired black persons within Jefferson County whom I may invite to participate in the research. The criteria for potential participants are:

Age - 60-71 years
Length of retirement - July 1974 to present
Race - Black
Residence - Jefferson County

I would appreciate it if your office would grant me permission to utilize selected nutrition centers as a resource for identifying persons who meet the research criteria. Upon receipt of written approval to utilize the centers, I will attend the center and extend an invitation to those in attendance to participate in the study. Once interested persons have been identified, I will arrange with each individual a time to conduct the interview.

The research protocol was approved July, 1979 by the Institutional Review Board for Human Use - University of Alabama in Birmingham.

I can be contacted at 934-5439 or 934-6216 if you need additional information or if you have questions.

Thank you very much for your assistance in my research endeavor.

Sincerely,

Delois H. Skipwith
R.N., M.S.N.

November 20, 1979

Ms. Delois Skipwith, R.N., MSN
School of Nursing
University of Alabama in Birmingham
University Station, AL 35294

Dear Delois,

I am pleased to hear of your research project regarding life satisfaction among elderly black retirees. We will be glad to assist you in every possible way in the conduct of your research and will make our resources accessible to you.

Enclosed is a current list of the congregate meals sites and attendant to the list our permission to contact older individuals at the sites regarding the project. You will need to coordinate your activities with Gary Spencer, Nutrition Project Coordinator and with the individual center managers.

Best of luck with your project. Please share with us any results!

Sincerely,

Barbara Bonfield
Director

BB:tb
Enclosure