ABSTRACT

GENDER, MEN, AND NURSING HOME ACTIVITY PROGRAMMING: MANICURES OR BASEBALL?

by Megan Lorraine Imka

F-tag 248 is the regulatory code for activity programs in nursing homes, and requires that activities are “person appropriate”. With 48 men for every 100 women, nursing home populations are heavily weighted toward females thus possibly biasing programming. Conversely, gender is underexplored in gerontological literature, and it is unclear as to whether activity programs create a disadvantage meeting the interests of minority male residents. In this study, semi-structured interviews were conducted with male residents and activities directors from three Ohio nursing homes, activities were observed, and a collection of 36 months of activity calendars were obtained. Data were analyzed using content analysis. Results demonstrated a possible gender bias in activity programming, however, men did not report feeling affected or disadvantaged. Activity programming is a valuable resource for residents and assists in healthy adjustment and well-being. Thus, future research should further investigate possible gender-oriented biases in nursing home activity programming.
GENDER, MEN, AND NURSING HOME ACTIVITY PROGRAMMING: MANICURES OR BASEBALL?

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by
Megan Lorraine Imka
Miami University
Oxford, Ohio
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Advisor __________________________
Dr. Suzanne R. Kunkel

Reader____________________________
Dr. Jane Karnes Straker

Reader____________________________
Dr. C. Lee Harrington
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Chapter One

Introduction and Literature Review

When one walks into a nursing home, there is a stereotype-based expectation that one will see a lively party of women enjoying their day at the beauty parlor, an intense game of bingo where the same cards always win, and a quiet ceramics class just around the corner. These typical activities, however, are more than just “fun and games” for residents. Rather, activity programming in a nursing facility provides an avenue for residents to combat the possible loss of self esteem and control that often occurs in the transition to a long-term care institutional setting. Of all the long-term care transitions, moving to the nursing home can be the most difficult as the transition is often from being an independent or semi-independent adult to an adult who no longer can function independently and must depend on others. Meaningful activities can ease that transition. As a result of the significance of activity programming in nursing facilities, the Centers for Medicare and Medicaid (CMS) established rules and regulations in 1987 that would ensure the quality and success of current and future activity programs. What has become known as “F-tag 248” requires that activity directors and programs provide an ongoing program of activities that will maximize the resident’s highest practicable quality of life and meet each individual’s interests, physical, mental, and psychological well-being (Centers for Medicare and Medicaid, n.d.). Activity programs and their directors are subject to inspection by their state’s Department of Health and Division of Quality Assurance. Thus, facilities, programs, and directors are responsible for ensuring that activity programs are meeting their goals to soften the transition to life in a nursing facility, as well as meeting each resident’s needs and right to a fulfilling life.

In following the requirement that nursing homes meet every individual’s needs and interests and based on study results, CMS also clarifies that by meeting “individual needs”, activities must therefore be gender specific. This regulation is highly relevant to nursing homes as the majority of the long-term care nursing home population is female. In addition to the imbalanced sex demographics of nursing home populations, the current cohort of residents has been heavily socialized to follow archetypal gender roles and stereotypes such as the male breadwinner and female homemaker. With a focus on meeting individual needs (including traditional gender-based preferences), activity programs are nicely aligned with a current trend in long-term care, which is a move toward person-centered care. Therefore, as both male and
females have unique interests, expectations, past- times, and needs, and as the provided care increasingly becomes more focused on the individual, it is the responsibility of the facility, particularly the activities director, to meet the needs and expectations of residents through the activity program. To ensure that the individual is content and satisfied also ensures that the rules and regulations set forth by CMS are adequately met and followed.

Although the importance of both activity programming and the sex imbalanced demographics of nursing home populations have been widely documented and discussed independently in various disciplines, empirical investigations in the gerontological literature are limited or incomplete. Of greater concern is the fact that these topics have rarely been investigated as interrelated or interdependent topics. It should be clear from both the literature on gender and everyday experience that one’s sex and gender-orientation will very likely affect the types of activities one finds interesting and enjoyable. Thus, with the importance of activities and the imbalanced sex ratios in the nursing home population, it is very possible that men, the minority population, may be at a disadvantage when it comes to activity programming that meets their needs. In order to fill the existing gap in the gerontological literature, it is important to investigate the extent to which nursing home activity programs take gender into account, and to determine whether or not males are at a disadvantage when it comes to meeting their needs and interests in activities. Therefore, an exploratory study will be conducted that will consist of semi-structured interviews with nursing home activities directors and male residents, a collection of a series of activities calendars, and observations of activities. Through data collection, this study will answer the questions about the extent to which gender is a consideration in the materials and activities planned by activities directors in nursing homes, if male-oriented activities are part of the typical calendar in a nursing home, and male nursing home residents’ opinions and attitudes toward current activity programming.

Nursing Homes: An Unpleasant and Unfamiliar Way of Life

As previously stated the transition to nursing home placement can be a difficult and trying time for older adults. Older adults who enter a nursing home often do so because they can no longer independently care for themselves or manage every day responsibilities. With a decrease in independence that warrants nursing facility placement, older adults who are not able to manage daily life on their own may begin to have a different definition of life satisfaction than those with preserved self-care capacity (Borg, Hallberg, & Blomqvist, 2006). Due to the frailty
and/or impairments experienced by older adults entering nursing facilities as well as the negative attitude often involved with the transition, long-term care nursing homes often take on an atmosphere of depressing institutionalized living where older adults are expected to passively live out their remaining years. Moving to a nursing home is viewed by the majority as a loss of self where one is unable to live in one’s own home and continue with the lifestyle, roles, and independent functioning so well known for the past 65 plus years (Choi, Ransom, & Wyllie, 2008). Although not all nursing homes are alike and not every negative assessment is accurate, as a collective, long-term care institutions are seen as places with loss of independence, loss of freedom and continuity with one’s past life, socially isolating and lonely with limited privacy and frustration at the inconvenience of having a roommate and sharing a bathroom, places void of autonomy due to institutional regimens and regulations and ambivalence toward cognitively impaired residents, ever-present death and grief, little quality help from staff due to shortage and turnover, and stale programming with little to no meaningful activity (Choi, Ransom, & Wyllie, 2008). In a sense, older adults who transition to a nursing home can feel useless compared to their “free and independent” self as they become cut off from their previous active lives.

These descriptions of life in long-term nursing facilities are supported by the literature that documents the widespread prevalence of depression among nursing home residents. According to Teresi, Abrams, Holmes, Ramierz, and Eimicke (2001), prevalence rates of all types of depression among nursing home residents ranged from 9 to 75 percent and rates of major depressive disorder ranged from 5 to 31 percent. Research suggests that higher prevalence rates of depression among nursing home residents compared to their community-dwelling peers should be expected given their higher rates of physical illness, pain, comorbidity, disability, cognitive problems, and nutritional deficits (Meeks & Tennyson, 2003; Williams, 1999). Even though these physical and cognitive problems might explain part of the difference in depression rates, these are not the only variables that affect a resident’s well-being and satisfaction, however. As often argued throughout the depression literature, people also have roles and responsibilities throughout their entire lives. These roles can include spouse, parent, and employee among others, and these roles provide individuals with opportunities to contribute to society and feel valued. In a nursing home, the opportunities to either continue previous roles or modify and create new meaningful roles are significantly altered (Anderson & Dabelko-Shoeny, 2010).
cooked food for all three meals, share living spaces with numerous unfamiliar individuals, reduce a life’s worth of history and belongings to a single room, and allow somewhat unfamiliar individuals to help in what is a fairly private act such as bathing or toileting. Choi, Ransom, and Wyllie (2008) offer these quotes from nursing home residents as examples of these dramatic shifts: A 99 year old female resident stated, “It’s a lonesome place. Lots of lonely souls here. There are many people whose children don’t even show up. Some people never come out of their rooms...just imagine living here.” Another older gentleman who had been a professional athlete but had become wheelchair-bound stated, “I mean, when you can’t do all those things you used to, it’s a hell of a feeling. When I sleep at night, I do nothing but walk and run in my dreams” (p.539; p.540). For people living outside a nursing home, it is easy to take for granted the simple pleasures a nursing home resident can no longer participate in such as planting flowers, grocery shopping, and cooking and cleaning. Although some older adults may welcome the transition to a nursing home as it may remove them from community isolation and may be the best setting to meet their needs, the majority of older adults hold the opposing opinion (Baker, 2007).

Importance of Activity Programming

The literature on nursing home transitions and depression may paint a bleak picture of life in a nursing facility. However, the literature also provides positive messages. One of the most common coping strategies for combating depression of residents is, in fact, the activities program. In one study of nursing home staff opinions about what helps residents adjust to life in a nursing home, all interviewees identified activities and in-house programs. Staff stated that activities and programs are designed to get people out and with other people (Choi, Wyllie, & Ransom, 2009). In a similar study, two thirds of the residents stated that they were participating in many in-house programs and that the programs were very helpful in keeping their minds occupied and preventing them from having too much time on hand to mull over their illnesses and other frustrations (Choi, Wyllie, & Ransom, 2008). The benefits of activity programs have been known for quite some time as Ardis Stevens was one of the first to document the therapeutic value of recreation for nursing home residents in 1972. Stevens found that activity programs were shown to be essential in helping residents adjust to everyday life in the facility with benefits including higher levels of physical functioning and mental alertness, increased feelings of independence and control, and enhanced morale and self-esteem (as cited in Haberkost, Dellmann-Jenkins, & Bennett, 1996). Activities do in fact appear to be a logical way
of involving and incorporating residents of a nursing home into their new lives, providing them with opportunities to demonstrate one’s abilities and even if for a moment, allow a resident to recall and express who he or she is as a person. All of these benefits can easily be seen as compensations for the losses and hardships previously discussed as part of the transition to a nursing facility. Therefore, it would appear as though older adults in nursing homes are more in need of recreation and activity programs than any other segment of the older adult population (Haberkost, Dellman-Jenkins, & Bennett, 1996; Leitner & Leitner, 2004).

As suggested, activity programs are more than just a calendar of scheduled activities, a bingo card, and a ribbon won by the best picture in an art show. Activities are a time for residents to concentrate on what they can do rather than what they cannot do as well as provide vivid, provocative, and positive images of persons living rather than dying, participating rather than withdrawing, and coping rather than giving up (Debolt, 1994). Activities are there for residents to utilize the skills they still possess and also to develop supportive and meaningful relationships with each other and the facility staff. Developing supportive and meaningful relationships provides residents a sense of security and safety, a social network of individuals who share common interests, and reassures residents that their skills and abilities are acknowledged and worthy (Drageset, 2004). Knowing that there may be at least someone in the relatively new environment of a nursing home who appreciates one’s knowledge and shares a similar interest is more of a comfort for a resident that can make a life that seems foreign much more tolerable and enjoyable. Activity programs provide a structure for the development of community among residents, and encourage them to get involved and tap into their inner strengths.

Another important aspect of activity programming is that within the supportive community created by activity programs, residents are not the only members of the community. Activities often involve other individuals such as volunteers, family members, nursing home staff, and outside community organizations. For example, staff of a facility often report seeing residents in new roles and in ways they never considered before (Haberkost, Dellmann-Jenkins, & Bennett, 1996). By participating, staff and other individuals are able to gain more insight into the personalities and levels of functioning of the residents they work with. This in turn can make for better and more rewarding experiences in the lives and in the care between resident and staff. In addition to affecting the immediate community of a nursing home, activity programs also have
the benefit of promoting aging as a natural process and reducing the fear of aging and ageism to
the much larger community of families, volunteers, and outside organizations. Intergenerational
programs offer a perfect example of an activity program’s ability to teach and demonstrate to
others how to understand and accept the aging process. Through interaction with older adults,
younger adults participating in the activity learn and are able to see the strengths and abilities of
older adults and the aging process. They then mature with the idea of older adult empowerment,
spreading this notion throughout their life experiences (Flora & Faulkner, 2006). Through
involvement with older adults, similar situations arise with all those who are able to witness and
interact during an activity program. In this sense, activities are beneficial to everyone remotely
involved by not only improving the life and transition for the resident, but also by expanding the
knowledge and acceptance of aging by the facility and others at large.

Movement toward person-centered care.

In addition to the benefits to both residents and facilities, activity programs coincide
nicely with a current trend in long-term care, which is the move toward person-centered care.
Person-centered care is a frame of mind or status that translates into an action or a practice and is
bestowed upon one human being, by others, in the context of relationship and social being
(Koren, 2010). Person-centered care recognizes the total uniqueness of each person and respects
the individual subjective viewpoint of each resident. Thus, the goal of this movement is to
provide required and necessary care while respecting and following individual wishes and
requests for what individuals desire in regards to their care and stay in a facility. The ultimate
goal of person-centered care is to transform nursing homes from impersonal health care
institutions into true person-centered homes offering long-term care services in a way that is
respectful, familiar, and desired by the residents (Fazio, 2008; Geboy, 2009; Koren, 2010). In
person-centered care, the care of a resident becomes more about what the resident wants as
opposed to following strict and rigid medical schedules. For example, nursing homes are
typically seen as institutions with hard and fast rules where nurses wake up residents at 5:30 a.m.
to make sure everyone is ready for breakfast and in the dining room by 8:00 a.m. However, with
person-centered care this rigid, institutionalized assembly line approach is eliminated; residents
are welcome to sleep in and attend breakfast when ready. Person-centered care is entirely
focused on the individual’s needs and interest, rather than the institution’s efficient, standardized
operation.
Activities are an excellent way to incorporate the idea of person-centered care, which ultimately seeks to support the older adult resident to live a more satisfying life. Using the input of residents and calling upon their talents and expertise, activity programming provides an environment in which residents can express themselves and fulfill different roles. When activity programs truly focus on the resident and give each person voice and choice, numerous benefits emerge. The positive results of resident involvement in design of activities includes more activities, more activities generated from internal sources like current participants, more cognitive activities, fewer generic activities, more activities that feature participants, fewer activities that feature staff or volunteers, more choice and opportunities for resident input, and more creative expression activities (Geboy, 2009). Although not all nursing homes are practicing person-centered care, all do have activity programs and these programs can promote the ideals of person-centered care. As more and more nursing homes begin to adopt a model of person-centered care, however, the importance of activity programs will continue to grow, whether the programs are scheduled group activities or impromptu individual activities. Activities can empower residents, honor their individuality, and provide a structure in which their interests are acknowledged, needs are met, and personal histories are respected.

**Regulations.**

Finally, in addition to the benefits and positive impact of activity programs, the importance of activity programming in quality of life and well-being of a resident is clearly demonstrated by the fact that the Centers for Medicare and Medicaid (CMS) regulate requirements for activity programs. By virtue of “F-tag 248” (the specific regulation related to activities that is routinely monitored for all nursing homes), CMS mandates that activity directors and programs provide an ongoing program of activities that will maximize a resident’s highest practicable quality of life and meet each individual’s interests, physical, mental, and psychological well-being (Centers for Medicare and Medicaid, n.d.). F-tag 248 was a result of the Nursing Home Reform Act section of The Omnibus Budget Reconciliation Act of 1987, legislation that changed the previous federal system of nursing home regulations and established more resident focused standards with an emphasis on quality of life. An enforcement system was also set in place to identify noncompliant nursing homes. As a result, activity programs are now carefully monitored by nursing home surveyors and subject to more rigorous monitoring and harsher federal and state penalties (Harper-Ice, 2002; Mockbees, 2008). To ensure the benefits
previously discussed, the rules of F-tag 248 are very specific. In order to maximize each resident’s highest practicable quality of life, F-tag 248 specifically requires that each resident’s needs and interest must be identified, and activities must be designed to his or her interests while enhancing the resident’s ability to function. Activities no longer need to be “age appropriate”, but rather activities must be “person appropriate”; each resident’s personal history involves more than just their medical illnesses or functional impairments. Activities should be relevant to the specific needs, interests, culture, and background of the resident and should be a continuation of each resident’s life roles (Centers for Medicare and Medicaid, n.d.). CMS also suggests that each activities department is run by a trained and certified director. Specific courses, the Modular Education Program for Activity Professionals (MEPAP) I & II as well as designated hours must be completed by an individual in order to practice as an activities director. A National Association of Activity Professionals (NAAP) was also developed in order to promote the certificate credentials and to serve as a central hub of information and connection among activities directors (National Association of Activity Professionals, n.d.).

With up to 50 percent of the older adult population expected to live in long-term nursing care at some point in their lives, it is clear there is a significant need for quality activity programs (Leitner & Leitner, 2004). It is important to note however, that even though the importance of activity programs as well as supportive rules and regulations have been established, little evidence exists in regards to actual evaluation of developed programming and little has changed in the area of activity programming in the past 25 years. Even with newer ideas and concepts for programs, residents still spend an astounding 56 percent of their day doing nothing—either inactive, immobile, or alone (Harper-Ice, 2002). Although great strides have been made when recognizing the need for and benefit of activity programs, it is unclear whether current programming specifically addresses and meets the needs of nursing home residents, as evidenced by the stagnant nature of the activity literature. Activity programming research has yet to explore the specific variables that affect activity programming. Even though it may be known that sex of residents and number of impairments has an effect on who participates in activity programming, this is only a small portion of the larger questions about how activities are implemented and which are most beneficial (Voelkl, Fries, & Galecki, 1995). It is another portion of the picture to determine why certain programs are better than others for certain individuals and whether or not current activity programs are actually meeting the needs of every individual, like those who may
not often participate (Resnick, Fries, & Verbrugge, 1997; Voelkl, Fries, & Galecki, 1995) Thus, although existing programming literature is able to demonstrate the importance of activity programming, little is understood about the current state of activity programs, the ability of programs to meet the expectations of residents, and what specific resident characteristics interact with such programming.

**Influence of Gender on Activity Programming**

As briefly mentioned, the sex of a resident has been related to activity participation. Specifically, Voelkl, Fries, and Galecki (1995) found that male residents spent significantly less time participating in activities than female residents. This finding is perhaps explained by the assumption that fewer male residents have the opportunity to develop activity interests in a nursing home (Greenblatt, 1988). Regrettably, little more can be said in regards to gender-based differences in the nursing home long-term care environment; gender is an area in the study of aging in general that is under-explored (Calasanti, 2001). This is not to say that great strides have not been made over the past years that truly view the importance of gender as an organizing societal principle in relation to older adults. However, there is still quite a bit of unexplored territory when it comes to viewing age and the aging process through what Calasanti (2001) refers to as a gendered lens, particularly in regards to nursing home activity programming. This is especially unfortunate given the significance of gender and gender differences in nursing homes, with the majority of nursing home residents consisting of women, strong gender socialization within the cohort currently residing in nursing homes, and most importantly, the requirement within CMS regulations that requires activity programs to be individually specific and thus gender-specific. Also, although there is significant literature on gender roles within the larger society, the topics of gender, gender roles, and gender differences in later life have received much less attention. It has been argued that as individuals age, gender becomes less of an identifying characteristic and that the age of an individual becomes the new identifier (Fleming, 1999; Thompson, 2006). Essentially, gender is presumed to become less relevant in later life. Thus, the broad shouldered, competitive, athletic, and honorable man, and the delicate, creative, social, and nurturing woman simply become reduced to frail and dependent older adults. However, this assumption about the reduced importance of gender is problematic. To be old does not mean one has completely lost one’s previous self and identity. Gender helps shape and defines individuals throughout their entire lifespan (Brown & Diekman, 2010).
Older adults and sex ratios.

The ratio of women to men in later life in general and in the nursing home population specifically should warrant concern that men might be at a disadvantage since they are such a small minority. Women substantially outnumber men among older Americans, and among the population of nursing home residents, the sex ratios are even more pronounced. Among residents of nursing homes ages 75 to 84, for every 100 men there are 246 women, and among those aged 85 and older, for every 100 men there are 425 women (Gurwitz, 2005). In 2009 for every 100 women 85 and older in the general population, there were only 48 men (AARP, 2009). In addition to the unbalanced and distinct male to female ratio in nursing home populations, women have a higher life expectancy of roughly five years, which further emphasizes that nursing home populations tend to favor women (Shrestha, 2006). There is also no prediction that the current sex ratio will change anytime in the near future (Thompson, 2006). With such an imbalance in sex ratios in the nursing home population, there should be a clear distinction between the gender-oriented masculine and feminine needs of residents. Taking gender into consideration and combining it with activity programming can ensure CMS regulations that require all individual’s needs to be met and gender-appropriate activities are properly followed. In doing so, it is first important to determine if a gender-based bias exists in the development of activity programming as well as in the implementation of the developed programming.

Depression/GI cohort.

In addition to the demographics of nursing home populations, an investigation of gender and activity programming is highly relevant given the fact that the cohort who currently resides in nursing homes has been heavily socialized to follow archetypal gender roles and stereotypes. This current cohort is typically known as the “Depression/GI” cohort, and these men and women were socialized to fulfill the traditional roles as male breadwinners and female homemakers (Sala & Zhang, 2006). Men are often associated with their work or career, tend to be more content-oriented, both psychologically and socially, and tend to focus on factual details of a situation whereas women tend to be more process, or feeling oriented (Kavanaugh & Quattrochi-Tubin, 1996). The masculine role encourages men to have a greater desire to feel wanted, productive, and as though they have a purpose, which again stems back to their socialization of bread-winning heads of households. Several studies have documented the typical traits associated with older males. Canetto, Kaminski, and Felicio found that older men are often
evaluated more favorably in terms of intellectual competence and autonomy than older women, and are seen as more self-reliant and less passive and dependent (1995). In general, the language used to define male roles and masculinity has included instrumentality, agency, hairy face, autonomy, leadership, aggression, and interests such as sports and cars. Women on the other hand are often described using words such as expressive, communion, care, connectedness, nagging, kind, and with interests such as painting and dancing (Canetto, Kaminski, & Felicio, 1995; Robertson et al., 2002). It is clear from traditional gender roles and socialization that cohort and gender will interact in influencing activity needs and preferences. In a 2005 study by Lippa, pretests were conducted with both male and female adult participants to determine what types of hobbies were more female-oriented or male-oriented based on the notion of preexisting gender roles and stereotypes. Results confirmed the traditional instrumental male role with the most enjoyable activities to participate in identified by men as computers, fishing, going to car shows, home electronics, playing basketball, playing poker, video games, watching sports on TV, watching thriller and action movies, weight lifting, and working on cars. Results similarly demonstrated the expressive role of females by women identifying the most enjoyable activities to participate in as aerobics, clothes shopping, collecting stuffed animals, cooking, dancing, interior decorating, keeping up with new fashions, reading romance novels, singing, talking, collecting photos of family and friends, and watching romance movies. If gender-based preferences and needs exist among current nursing home residents, it is important to explore whether or not there is a diverse enough array of activity options for both male and female nursing home residents to meet each individual’s interests. One must ask if the arts and crafts, guest performers, and bingo are enough to satisfy a male resident’s interests and needs, or is something more required for men who have gender roles that call for more instrumental activity and less emotional creativity?

*The double standard of aging.*

In addition to unique gender roles, some studies have found that there is a double standard between men and women when it comes to the aging process. Traditionally, the history of feminist scholarship would argue that older women are judged more negatively than older men (Berman, O’Nan, & Floyd, 1981; Calasanti, 2005; Deutsch, Zalenski, & Clark, 1986; Sontag, 1972). This literature argues that women’s femininity is perceived to decrease with age, such that modern societies only allow one standard of female beauty, the girl, and a woman’s
decrease in physical attractiveness and sexuality with age makes maintaining the girl nearly impossible. For men, male beauty has two standards, the boy and the man, and with age older men (unlike women) maintain their sexuality and are able to adapt, continue, and maintain the acceptable standard of the man (Teuscher & Tuescher, 2007). Men residing in nursing homes however, create a unique and different picture in regard to the double standard of aging, such that men are not the majority. Therefore they are surrounded by a more popular feminine atmosphere and female standards. More recent literature has found that older women however, are rated significantly more positively than older men by younger and middle-aged adults. This is perhaps because men are no longer able to perform the role of the breadwinner as their main role, and a nursing home is more conducive to creative or emotional interactions and connections (Narayan, 2008).

Some studies hypothesize that as one ages, age becomes the dominant identifying characteristic as opposed to other characteristics such as gender. Evidence for such a claim has been produced for men, but not for women. When younger adults and middle-aged adults were asked to compare older male adults to younger male adults, they did not use as many masculine traits for older males and replaced them with typical age descriptions such as frail and old-fashioned. No difference was found between the descriptions of gender between older and younger women (Thompson, 2006). Other literature suggests the salience and influence of gender in older adults (Brown & Diekman, 2010; Green & DeBacker, 2004). As one ages one does not become a different person, but instead people possess a continuity of self that guides one’s decisions and experiences of which gender roles and gender-based expectations are an important guiding variable. People seek role congruity and avoid role incongruity; therefore, the salience of socially developed gender roles and expectations should remain salient throughout one’s life (Diekman & Eagly, 2008). Thus, the literature that argues for an increased absence of gender with age is a cause for concern. Support for the absence of gender in older adults could prove particularly problematic considering that often times those younger and middle-aged adults who neglect the gender of older adults are the same individuals planning the activities and operating the nursing facility.

Finally, in addition to the unique double standard of aging faced by male nursing home residents, further evidence on male and female differences in nursing homes demonstrates unequal ability of residents to adjust to nursing home care. Men were found to take a
considerably longer time to adjust to nursing home life than women (Claridge, Rowell, Duffy, & Duffy, 1995). With the overall difficulty present in transitioning to a nursing home, if males are taking much longer to adjust to life in a nursing home, it is that much more important to pay attention to the gender-related needs of residents, again particularly men, to ensure that satisfaction, quality of life, and well-being are well established.

As discussed, gender is a highly significant variable to consider when discussing the nursing home population. Even though there is limited literature on gender and aging, it is very significant when focusing on males in the nursing home population. The literature suggests that male residents have the most difficulty transitioning and living a satisfied life in a nursing home. This information combined with the fact that there is a clear distinction between the gender-related needs of the current nursing home cohort as well as the demonstrated significance of activity programming, highlights that male residents’ experiences are an important topic to investigate. The focus of research pertaining to activity programming is sparse, and the existing literature tends to focus on why activity programs are beneficial and resident characteristics that enhance or impede activities (Harper-Ice, 2002). The major finding on gender and activity is that women spend significantly more time in activities than men (Voelkl, Fries, & Galecki, 1995). No existing literature attempts to systematically explore activity programming and gender, or why male participation is lower than female participation, and whether it could be due to a bias in the programming. Only inferences can be made from the existing literature about the uniqueness of the male role and how it interacts with life in a nursing home. Using those inferences one could highlight possible support for gender-based activity programming that places male residents at a disadvantage when it comes to meeting their activity needs and interests.

**Males in Long-Term Care and Activity Programming**

Although no current literature investigates gender-based activity programs, there is a single focal piece of literature that provides a solid foundation for a study of possible gender-based biases in nursing home activities. This piece of literature is Moss and Moss’s 2007 qualitative piece that addressed “being a man in long-term care”. Moss and Moss interviewed 21 men living in long-term care and discovered that the traditional male stereotypes such as self-reliance, competitiveness, avoidance of empathy and intimacy in attachments, and problem solving all had an impact on the way in which male residents experienced their lives in long-term
care. The triple threat of the socio-cultural perspective of ageism, the negative view of the context of long-term care, and recognition of increasing frailty and dependency are at odds with the archetypal masculine role. The answers provided by the male residents uncovered three major themes regarding life in long-term care for a man: the centrality of work, salience of the wife, and regulation of social ties.

As evidenced by the breadwinner role in the current resident cohort, work has been a prominent identity in a man’s life, and coming to live in a nursing home reduces a man’s independence and essentially strips him of his predominant role. Unlike women of the current cohort, men obtained and maintained their social relationships from co-workers. In a nursing home those social relationships and ties are no longer present. Men also mentioned taking pride in the skills they once possessed, yet feeling unhappy or not needed when they no longer possess the ability to perform such skills or do not have the opportunity to do so. For example, many men with a business background felt they could contribute to the administration and operation of the facility, yet they were given no opportunity to exercise their talents. Overall, the interviews indicated that even though many of these men had been retired for decades, their memory of work was fresh in their minds. One man responded when asked what he wanted to be remembered for, “Just an honest guy who worked for a living” (p. 46). More unsettling however, is a comment made by a man when asked what gives meaning to his life. The man responded with, “Nothing…my main wish is that I would die. I have a wonderful daughter, great son-in-law. But that isn’t life. I’m not doing anything. Sitting here and twiddling my fingers isn’t doing things. And reading books doesn’t make up for it” (p.47). Based on this statement, it would appear as though the facility has nothing to offer this man in regards to providing a meaningful existence that would allow him to utilize the talents he had become so well known for because of his career.

The emphasis on wives pointed to the masculine role’s emphasis to remain protective and needed, which is ultimately jeopardized by declining health and an increased need for assistance from others. Men of the current nursing home population were socialized to embrace the meaning of couplehood, a man’s protectiveness, and responsibility for his wife’s well-being (Moss & Moss, 2007). The bond with the wife is central to men’s presentation of themselves as long-term care residents; however, most men who end up residing in a nursing home often do not have a wife or partner who is alive or able to take care of him. Thus, the defining sense of
couplehood is easily diminished in a nursing home setting. Men appear to be strengthened by an “ethic of caring and protecting” that is lost with the loss of couplehood. It is a vicious cycle between the drive to care and protect when those are no longer in existence or required. The same man who stated there was no meaning in his life in long-term care was later asked why he should live if he is just wasting away. His response clearly demonstrates the need to play the role of protector and provider when he replied, “Well, I live for my wife. Otherwise what have I got” (p. 49). Through socialization there becomes a need in men to protect and provide, and it is the responsibility of the long-term care facility to make sure a man’s meaningful needs are fulfilled.

Finally, the interpretation of regulating social ties told the story of men distancing themselves from any sort of relationship as it would define them by association as old and frail. Living in a long-term care facility provides the opportunity to interact with other residents, and potentially to develop meaningful ties with them. Men however, as indicated by their roles as breadwinners and protectors, speak of placing their work and family above interest in other relationships (Moss & Moss, 2007). As previously stated, work is where the majority of social relationships form for men. The few number of men residing in long-term care facilities was also discussed as an inhibitor for forming meaningful relationships, which indicated an inability to connect to others based on gender similarities in addition to the stigma of nursing home residents as frail and incapable beings. The relationships that men did form however, were based solely on their ability to help others who could not help themselves. By forming relationships that involved instrumental activity, men were able to achieve a sense of contribution and feeling of being needed (Moss & Moss, 2007). Men find it difficult to fit into an environment that does not recognize and support their traditional masculinity, allowing them to maintain a continuity with their previous self (Choi, Ransom, & Wylli, 2008). For anyone entering a nursing home, continuity is of upmost importance, but for a unique population entering a world that is so far removed from one’s typical self, the journey is much more difficult.

The concept of continuity is important in gerontological literature and is directly applicable to questions about male nursing home residents and activity programming. Continuity theory originated from the observation that despite widespread changes in health, functioning, and social circumstances, a large proportion of older adults show considerable consistency over time in their patterns of thinking, activity profiles, and social relationships (Atchley, 2006). Continuity is not a homeostatic equilibrium, but rather continuity is conceived as flexible; as a
strong relationship between past, present, and anticipated patterns of thought, behavior, and social arrangements (Atchley, n.d.). Individuals invest themselves in created frameworks of their lives, which allows for individuals to accommodate a considerable amount of evolutionary change without experiencing crisis (Atchley, 2006). By developing certain frameworks and personal identities or thought patterns, an individual is able to remain their identified self while using their unique characteristics to understand the past, live in the present, and move into the future. When transitioning into long-term care, individuals do not become an entirely different person. Those characteristics, traits, and behaviors developed earlier on in life will follow each individual into the nursing home, and it is unfortunately difficult to maintain one’s sense of self and continuity in an environment that is much more restricted in opportunities than normal. The previous study by Moss and Moss provides some examples of typical patterns and themes of the masculine role which may be important to identity continuity. Thus, as continuity of self creates one’s identity and serves as a developing coping mechanism, long-term care, particularly nursing homes should recognize and be sensitive to the importance of a man’s gender identity and continuity of self. Doing so could ultimately lead to the development of gender sensitivity and gender-sensitive programming. The ultimate result of gender-sensitive programming in nursing homes would be the promotion of resident continuity, support of one’s identity, and the cumulative result of increased life satisfaction and well-being.

A select number of facilities have implemented programs developed specifically for older men in long-term care that do attempt to recognize continuity and the unique gender-based roles of men. These programs include among many similar others, a monthly “no girls allowed” discussion group, the Green Hat Society, Calendar Guys, and a breakfast for men. The “no girls allowed” discussion group is a monthly opportunity for male residents to break away from the female residents and talk about whatever comes to mind. The “invisible men” gather in a room over coffee and doughnuts and discuss sports, news, war experiences, philosophy, women, and cars (Hoban, 2004). The Green Hat Society is a play on the Red Hat Society. This too is a group of men led by a King who meet regularly, hold discussions, and occasionally go on outings pertaining to male interests (Lott, 2008). The Calendar Guys unite the men of a Cleveland, Ohio facility by designing and featuring the men of the facility in a calendar, which is sold to raise profits for local community projects (Peck, 2002). Finally, the breakfast for men is a quarterly
breakfast of bacon and eggs held just for male residents with guest speakers requested by the men who cover various topics of interest (American Association of Homes and Services for the Aging [AAHSA], 1999). These four examples of activities offered to men in nursing facilities exemplify the majority of male activities. It would appear from the literature that the common practice is to create a larger gathering that allows all men of the facility to unite in order to socialize with one another and take part in discussion on topics and activities classified as masculine interests. While offering activities designed to meet the interests of male residents seems to be in line with the CMS mandate and the philosophy of person-centered care, these activities must also be critically evaluated.

*Critiques of male-oriented activity programming.*

Each of these activities and groups provide excellent outlets for a marginal population of residents, but as a group activity they ignore the specific interests of the individual. Not every man has the exact same interest; therefore combining all male residents together may limit the ability of the program to fulfill each individual’s needs (Kavanaugh & Quattrochi-Tubin, 1996). In addition, group activities may be ignoring the disinterest in social activities expressed by the men in the Moss & Moss study (2007). Some men may not wish to attach themselves to others as the attachment by association creates images and reputations of frailty. Also, the attachments one would create in the nursing home are not the once experienced social attachment of co-workers that is so important to men. According to some literature, solving male activity programming concerns by group activities may not be the best solution. It was also mentioned in a few of the descriptions of the programs for men that women often gradually “invade” these meetings, encroaching on what could be the only male-oriented outlet available in a nursing home. Often times, women may become jealous that men are allowed to have a certain group or special occasion, so a group similar to the men’s group is formed for women residents (AAHSA, 1999). This happened in the facility that created the breakfast for men. A women’s breakfast was created as a result of the requests by women, yet there are times when both the men’s and women’s breakfast is held together defeating the entire purpose behind a male-centered activity. Another important and final critique of men’s groups and activities is that they often only meet once a month or once a quarter. Such a limited schedule might not fulfill the needs of male residents, since it ignores male residents who are in need of entertainment and activity throughout the entire month. Activity literature in general finds that nursing home residents still
spend a significant portion of their day doing nothing, even in spite of an increased emphasis on activity programming over the last 25 years (Harper-Ice, 2002). Therefore, if there is little activity programming in general or specifically focused toward men, adding an occasional program for men still leaves this minority population at a disadvantage. There are examples throughout the literature of men who mention wanting to get away from the women residents and partaking in another activity of their choice. In particular, one study participant said he felt outnumbered in a room full of women and desired an opportunity to do an alternative activity but was too afraid to say anything because he and the men in general, were outnumbered (Choi, Ranson, & Wyllie, 2008). Although there may exist opportunities for male activities in current programming, activities for male residents are few in number and may not be sufficient to meet male interests and support identity continuity.

It is clear from the literature that there is a distinct difference between male and female gender roles and orientation toward activities. It is a unique position to be a man in long-term care, particularly nursing homes. Planning meaningful, individualized activities for nursing home residents is a challenging issue for policy and practice. Planning activities for nursing home residents is probably the most challenging of all long-term care settings and the additional consideration of gender only makes the task more challenging. The challenge is worthy of investigation however, as gender and gender roles, although they may change throughout an individual’s life and across cohorts, will always affect how people interact, view the world, and interpret life experiences. The extent to which gender is a significant dimension of activity planning and implementation is relatively unexplored in the gerontological literature. Each topic has been explored to some degree individually, yet there still exists a need to examine both activities and gender simultaneously. Thus, this study seeks to explore whether or not nursing home activity programs are biased in a way that creates a disadvantage for male residents. The specific questions this exploratory study will address are:

1.) To what extent is gender a consideration in the materials and activities planned by activities directors in nursing homes?
2.) Are activities specifically for men part of the typical calendar in a nursing home?
3.) What are male nursing home residents’ opinions and attitudes toward current activity programming?
Chapter Two  

Methods  

In order to achieve the goals of this study, this research collected a series of activity calendars from local area nursing homes, conducted semi-structured interviews with both male residents and the facility activities directors, and observed a scheduled activity from the calendar at each facility.  

Sample  

A purposive sample for this study was derived from three Southwestern Ohio nursing homes located within continuous care retirement communities from both smaller and larger cities. All nursing homes were comparable in characteristics and resident demographics; this comparability avoided any differences in activities or activity resources, including staff and budget or individualized approaches, among the facilities. All three facilities were non-profit organizations and Medicare and Medicaid certified. The number of nursing home beds among the facilities ranged from 62 to 162.  

The activities director and up to ten male residents were selected to participate in the study. Each of the three activities directors were the sole activities director in the nursing home, all were white females, and each was currently certified or working toward certification as an activities director as recommended by the Centers for Medicare and Medicaid. Activities directors were asked to select and identify male residents who would likely agree and were able to participate in the study. Male residents referred for participation met the following sample inclusion criteria: 1.) aged sixty-five or older; 2.) long-term care nursing home resident; 3.) cognitively competent such that the resident was able to fully and independently comprehend interview questions and appropriately respond; 4.) could verbally communicate and respond to interview questions; 5.) had no severe hearing or speech impairment that might interfere with active participation in the interview; and 6.) possessed the mental and/or physical ability to participate in daily scheduled activities. Race and ethnic background of the resident were not factors in this study.  

Data Collection  

Upon selection of the facilities, the administrator was approached for permission to contact activities directors and collect data at the facility. The administrator provided the contact information for activities directors. An initial meeting was held with the activities director to
complete an interview and collect the most recent year’s worth of monthly activity calendars. A total of thirty-six activities calendars were collected from the three facilities. The purpose of the collection of activities calendars was to provide an unambiguous picture of the types and nature of the activities offered at each facility, such that the prevalence of male-oriented activities could be determined (See Appendix A for a sample activities calendar).

The interviews with activities directors were semi-structured, focusing on questions that would reveal the extent to which gender was a consideration in the materials used and the planning of activities. Activities directors, although confined by rules and regulations to an extent, have a fair amount of flexibility and creative reign when it comes to planning activities. The resources activities directors can access are unlimited and can vary from large conferences and networking with fellow activities directors to a simple request from a resident or the required consideration of residents’ cognitive and physical abilities. Although residents’ abilities and needs are a regulatory requirement that must be considered, it is ultimately the activities director’s decision as to what other resources or information he or she utilizes in the end. Interviews lasted between thirty and sixty minutes. All interviews were audio taped and later transcribed verbatim for content analysis (See Appendix B for interview schedule).

Each activities director identified five to seven male residents who would voluntarily participate as well as have a cognitive level high enough, which would allow for participation. The researcher was introduced to each potential resident respondent and explained the purpose of the research. If the resident agreed to participate an interview was conducted with the resident. A total of 17 residents were interviewed from the three facilities. The purpose of the interview was to understand male residents’ opinions and attitudes toward current activity programming. Resident interviews were conducted in a quiet setting and lasted between fifteen and twenty minutes. The interview process for male residents occurred throughout the data collection process as interviews had to be scheduled when convenient for the resident. All interviews were audio taped and later transcribed verbatim for content analysis (See Appendix C for interview schedule).

Once interviews were completed with activities directors, the series of activities calendars were collected, and male residents were identified as possible participants, an activity was chosen from the present month’s calendar for the researcher to attend and observe. The activity was chosen based on the suggestion and permission of the activities director and occurred in a
natural setting. A gender-neutral activity was observed, meaning the nature of the activity was neither oriented toward specifically male or female interest, but easily interesting to both male and female residents. Choosing a gender-neutral activity allowed for the observation of actual involvement of male residents, male reactions to the programming, and the interactions between male residents, female residents, and activities directors. At the start of the activity, the researcher was introduced by the activities director to the participating residents, who were told there would be an observer for the day; no other information was given regarding the purpose or presence of the researcher. The observation period varied between facilities as the observation lasted until the activity ended. One scheduled activity was observed at each facility for a total of three observations (See Appendix D for observation protocol).

Analysis Plan

Once all data were collected, content analysis was performed on all activity calendars, semi-structured activity director interviews, and the semi-structured male resident interviews. Content analysis has had a long history and is widely used on a continuum of both quantitative and qualitative research (Hoslit, 1969; Krippendorff, 2004; Schutt, 2009). Content analysis can be defined as an empirically grounded research technique for making replicable and valid inferences from texts, or other meaningful matter, to contexts of their use (Krippendorff, p. 18). Content analysis has extended to include all forms of messages like visual messages, sounds, interaction patters, as well as written text (Neuendorf, 2002). In its origin, content analysis has been used to analyze political propaganda, hymns, newspapers, magazines, speeches, and advertisements, most of which originated in the 19th century (Elo & Kynga, 2008). It has been over the last several decades however, that content analysis has broadened what is considered useful content by being used and included in various other disciplines such as communication, sociology, psychology, journalism, business, and most recently gerontological studies (Elo & Kynga, 2008; Neuendorf, 2002).

Although disagreement exists as to what labels are given to the different approaches to content analysis, there are together three distinct approaches within this technique. The approaches include conventional or text-driven content analysis, directed or problem-driven content analysis, and summative or method-driven content analysis (Hsieh & Shannon, 2005; Krippendorff, 2004). These approaches differ based on the coding scheme used, the origins of the codes, and the threats to validity. In text-driven or conventional content analysis, analyses are
motivated by the availability of texts where the coding categories originate from the text data. Problem-driven or direct content analysis is motivated by epistemic questions about currently inaccessible phenomena, events, or processes that individuals believe texts could answer and uses a theory or relevant research findings for guiding the initial codes. Finally, in method-driven or summative content analysis, the desire is to apply known analytical procedures to areas previously explored by other means and involves counting and comparing key words or contents that are then used to interpret the underlying context (Hsieh & Shannon, 2005; Krippendorff, 2004).

In this research, problem-directed or directed content analysis was used because this study was guided by existent literature on both activity programming and gender to answer a research question existing as a currently inaccessible phenomenon. Although the literature on activity programming and gender is not conclusive, it provides guiding themes on gender roles and stereotypes and the importance of activity programming. Major themes and categories of responses were drawn from themes and categories presented throughout the literature such as the presence or absence of gender in activity planning as well as the importance of the work role and preferences of men for independent activities versus social activities. Examined content from interviews and calendars provided a first-hand understanding and applied insight and information about the gender-based nature of nursing home activity programming. Breaking down and coding text in pertinent themes and categories in this exploratory research allows for future research and investigations to expand on existent themes and findings.

*Semi-structured activities director interviews.*

The purpose of conducting semi-structured interviews with activities directors was to understand the extent of the consideration given to gender when planning activities including resources used and the recognition of gender in those resources. For the purpose of this study, planning resources mentioned by activities directors were identified as either resident characteristics, such as diet and cognitive ability, or external resources to the facility, such as family members, magazines, staff, and fellow activities directors. Thus, when asked about what resident characteristics the directors take into consideration when planning activities, responses were categorized whether gender was specifically mentioned as a specific variable. If gender was not specifically stated, each director was asked whether gender of residents was something normally considered. The extent of consideration given to gender was then determined based on
the activities directors’ responses, which ranged from not at all considering gender, sometimes or on occasion considering gender, to always considering gender.

Similarly, activities directors were then asked what materials or resources they have used or do use when planning activities. Answers again were categorized by whether there was a presence or absence of gender in the resources. For example, whether or not the resources offer a highlighted section on male-oriented activities or provided specific examples of male-oriented programs. To aid in the categorization of external sources, content was analyzed to determine if there were any male individuals, whether they were family members, staff, or residents, mentioned as a resource, or the extent to which the resources and materials used addressed gender-based needs and interests. Finally, content was analyzed to determine whether there was a theme of awareness or a desire to focus on or consider gender when planning and scheduling activities. The importance of understanding the extent to which gender is considered when activity planning, stemmed from the literature that points to the male nursing home population as a minority population as well as the literature that consistently demonstrates the importance of activity programming to residents’ adjustment, health, and well-being (AARP, 2009; Claridge, Rowell, Duffy, & Duffy, 1995; Debolt, 1994; Drageset, 2004; Flora & Faulkner, 2006; Haberkost, Dellman-Jenkins, & Bennett, 1996; Harper-Ice, 2002; Shrestha, 2006; Voelkl, Fries, & Galecki, 1995).

Activities calendars.

The purpose of the collection of calendars was to understand whether male-based or male-oriented activities were part of the typical activities calendar in a nursing home. Activities were classified as either programs that emphasized male-oriented, female-oriented, or gender-neutral interests and hobbies (See Appendix E for examples of gender-oriented activities). The literature on gender has continuously documented a difference between male and female traits and characteristics, which have extended into stereotypical and archetypal gender-specific interests and hobbies (Canetto, Kaminski, and Felicio, 1995; Kavanaugh & Quattrochi-Tubin, 1996; Lippa, 2005; Robertson et al., 2002; Salari & Zhang, 2006; Thompson, 2006). Gender roles have their origin in cultural beliefs, institutions, and practices and as such culture and society have consistently denoted male characteristics as aggressive, strong-willed, competitive, and content oriented, leading to more instrumental activities such as working on home
electronics, weight lifting, and playing basketball. Women, on the other hand, have been shown to be more passive, social, warm, and controversial, which has led to more emotional or expressive activities like cooking, dancing, and clothes shopping (Ickes, 1993; Thompson, 2006; Lippa, 2005). For the cohort currently residing in nursing homes, the recognition of the gender-based socialization process and gender-based difference in hobbies and interest is of upmost importance as they were and are a cohort who placed heavy emphasis on these gender-based roles and interests. Therefore, activities in this research were categorized based on the well documented archetypal gender roles and interests previously described.

When classifying activities, those activities that presented a much more creative and homemaker type role were identified as female-oriented activities. Specific examples of these activities were painting photo frames, manicures, and cooking. It is not to say that male residents would not enjoy participating in activities such as the ones previously mentioned, but historically and stereotypically, the more relational and emotional activities that allow a specific expression of one’s self and one’s emotions were saved for women. For male-oriented activities, attention was given to those activities that were much more instrumental and less emotionally connected or creative. Specific examples of these activities were a men’s group lunch, basic science projects, and sports related activities such as kickball and watching sporting events on television. As with female-oriented activities, it is not to say that women would not be interested in participating in these male-oriented activities. Again however, historically and stereotypically, more instrumental and concrete activities were assigned to the realm of male interests. As an effort to highlight those activities that neither precisely fit in a female-oriented or male-oriented category, gender-neutral activities were identified. The category gender-neutral consists of activities that neither emphasize concrete instrumentality or emotional creativity. These types of activities have no obvious gender influence and are more likely to be enjoyed by both women and men. Games such as bingo and checkers as well as pet visits are examples of activities classified as gender-neutral. Once the classification of activities was complete, totals for each category were determined in order to present the percentages and number of each category of activities and determine the presence of male-oriented activities in a typical monthly calendar.

Semi-structured male resident interviews.

The purpose of conducting semi-structured interviews with male residents was to
better understand and answer the question, “What are male nursing home residents’ opinions and attitudes toward current activity programming?” Interview questions were developed to reflect the small body of existent literature in regards to being a man in long-term care. From the questions, several themes were determined or identified as categories for classification. As with the interview questions, these themes were drawn from existing themes and concepts in the literature. The first theme used to classify responses was “Feeling neglected or marginalized”. This theme addressed the uneven sex ratio that exists in nursing homes and the opportunity for programming to therefore favor the needs and interests of the more dominant group; women (AARP, 2009; Shrestha, 2006). Within this theme are responses that would indicate a sense of unease with the larger number of women in the facility and feelings of little attention to or interest in one’s personal interests.

The next three themes stemmed from the Moss and Moss article, which specifically regarded being a man in long-term care (2007). The second theme was “Preference for social or independent activities”, drawn from the concept in the article of regulating social ties with other residents. This theme is best stated by Thompson (2004), who argues that separateness continues to be tied to masculinity over the life cycle. Thus, within the theme of “Preference for social or independent activities” were responses that expressed desires to remain by one’s self and a dislike of group activities. Similarly, the third theme drawn from the Moss and Moss literature is “Camaraderie with other male residents”. This again emphasizes the regulation of social ties and the distancing of social ties (2007). There is also evidence from existing literature that some male residents would enjoy male friendship and camaraderie (Hoban, 2004; Lott, 2008; Peck, 2002). Within this theme, responses were analyzed for expression of distance from other male residents or lack of desire to form relationships with other male residents as well as desire to form relationships with other male residents. Finally, the fourth theme drawn from the Moss and Moss article addressed “Importance of work, family, and past roles”. With the centrality of work and family (2007), there may have been little time for recreational activities and enjoyment in the Depression/GI cohort currently residing in nursing homes. Thus, activities currently offered in facilities may not tap into these work and family related interests of male residents. Responses were analyzed for expressions of pride and enjoyment in past careers and jobs as well as the importance of family and providing. The extent of information provided on these topics was also noted.
Finally, in addition to the four themes previously discussed, the theme “Desire for activities relevant to interests and needs” was also created to understand male nursing home residents’ opinions and attitudes regarding current activity programming. This theme’s foundation can be found throughout the literature regarding depression and adjustment difficulties in nursing homes. Multiple pieces of literature have cited residents’ dissatisfaction with activity programming as well as the negative effect of stale programming (Choi, Ransom, & Wyllie, 2008; Harper-Ice 2002; Choi, Wyllie, & Ransom, 2009). In the study by Choi et al. (2008), an 84 year old man was quoted stating, “Well, not everyone has to have the same tastes. If there were something that was interesting like a lecture or talk-something that has substance to it-but playing bingo, blah” (p. 542). This statement exemplifies the unique interest of male residents for activities much more instrumental and productive. Therefore, expressions were coded for desires and requests for activities that met the interests and needs of the male residents.

Observation.

In addition to performing content analysis on activities calendars, activities director interviews, and male resident interviews, observations were also conducted in order to develop an overall understanding of the research questions. Observations served as a supplement to the content obtained during the interviews and the collection of activities calendars. As previously stated, activities were chosen from the calendar of the current month of data collection with permission and suggestion of the activities director. The activities director was specifically asked to select an activity classified as gender-neutral since such an activity allowed for a greater chance of male participation and a broader perspective on the roles, behaviors, and interactions among men, women, and activities directors. Each period of observation consisted of in-depth note taking guided by various questions and specific issues of interest. One point of interest consisted of noting the time of the activity as well as the setting in which the activity took place, such as whether the activity took place in a public gathering room frequented with foot traffic and distractions or a room dedicated specifically for activity participation. The arrangement and set up of the activity was also noted, including seating arrangements of residents and activities staff and the director and whether or not such seating could facilitate or inhibit interaction and participation. The second point of interest was to note whether men were present during the activity. If men were present, observations were guided by how involved men were in the activity, how involved men were with other participating residents and the activities director,
who the men were associating with, expressed attitudes and body language, as well as the
general tone and content of the conversation and activity. For example, observations included
noting the depth of conversation such as the length of conversation as well as the intensity and
content of the conversation between two male residents, male and female residents, activities
directors and male residents, and activities directors and female residents. Pleasant greetings or
instructions for how to continue the activity were considered to be fairly formal, and not
particularly in-depth. Other examples of interaction included body language of both male and
female participants such as smiling, slouched posture, sleeping, and wandering away from the
activity with the eyes or body. Observations provided another way in which to assess the
dynamics of male participation and male presence in activity programs.
Chapter Three

Results

Results were obtained by analyzing semi-structured interviews with three activities directors and 17 male nursing home residents, a collection of 36 monthly activities calendars, and observations of three scheduled activities. The purpose of these analyses was to determine whether a gender bias exists in nursing home activity programming planning and implementation in such a way that would create a disadvantage for male residents. Specifically, semi-structured interviews were conducted with activities directors to determine the extent to which gender is a consideration in the materials and activities planned. Activities calendars were analyzed to determine if male-oriented activities are part of the typical calendar in a nursing home, and semi-structured interviews were conducted with male residents in order to determine male nursing home residents’ opinions and attitudes toward current activity programming. Observations were conducted in order to gain a better and more complete understanding of the three research questions.

Semi-Structured Activities Director Interviews

When asked about certification and experience as an activities director, none of the three activities directors were currently certified under the National Certification Council for Activity Professionals (NCCAP), but all three were in the process of becoming certified. The certification to be an activities director requires a Bachelor’s degree, 4,000 hours of experience within five years, 30 clock hours of continuing education, and passing the MEPAP, or Modular Education Program for Activity Professionals, of which there are two courses (NCCAP, n.d.). All three activities directors were in the process of planning or finishing up the required MEPAP coursework. One activities director held a Bachelors in Recreational Therapy and had been certified as a Therapeutic Recreational Therapist, and another activities director held a Bachelors in Music Therapy. The experience of the three activities directors in the activities field ranged from six to 28 years.

In response to questions about what resident characteristics are taken into consideration when planning activities, none of the three participating activities directors specifically mentioned gender as an important characteristic. All three activities directors identified these characteristics as important in their planning: cognitive level, specific interests, diet, care level, religion, and individual personalities and habits. Since gender was not listed spontaneously by
any of the activities directors, each activities director was asked specifically if gender was a characteristic considered when planning activities appropriate for their residents. In response to this probe, two of the three activities directors agreed that they take gender of residents into consideration at least sometimes. This was exemplified in one of the activities director’s answers when they stated:

We try not to…we try to make everything non gender-oriented so that everyone can get involved. But we do have a few programs we try to develop…there’s a men’s group once a week, but I feel we’re lacking for men…need some help.

The other activities director who stated that some consideration was given to gender also focused on the challenge of balancing gender-neutral and gender-specific options:

We try to…mmm…We have a monthly men’s group. We take them to the auditorium and they eat lunch together. We also have a monthly women’s group.

The one activities director who responded by saying gender was not given consideration also recognized the need for gender-based programs and discussed future plans for a male-oriented group. This particular director stated:

I’d have to be honest with you, on that one I think that’s what we’re lacking. Now in this newsletter, we’d like to start a [name] group…ya know, you have a group and they can talk about their war experiences or they can talk about if they like sporting events…or anything that men like to do, that’s what we want to do. We’re trying to get that organized, so that will be in the next newsletter.

It was clear from the interviews that gender of residents was not a primary focus for these activities directors, but there was an awareness of the potential value of gender-specific programming as some activities or groups did exist or were in progress. It was also important to note that the activities directors focused completely on group activities when talking about gender-oriented programs.

Although gender was not fully incorporated into resident -centered activity planning, it was present in the external materials and resources used by activities directors. There was quite a bit of agreement among the activities directors about the types of materials and resources used. Collectively, they mentioned: the current Minimum Data Set (MDS), residents, families, staff, common knowledge, seminars and conferences, other facilities’ calendars and activities
directors, activityconnection.com, and a monthly magazine called *Creative Forecasting*. Of all of the resources mentioned, both the activityconnection.com and the magazine *Creative Forecasting* were mentioned by all three activities directors as important and frequently used resources.

According to the activities directors, activityconnection.com and *Creative Forecasting* are similar in the material that is offered such that there is a monthly calendar where one can print his or her own calendar, a “newsy” section about current information and events related to activity programs, a chronicle that can be distributed to residents, daily trivia, a variety of different types of activities to perform with residents, and a special section of activities with Alzheimer’s residents. As an external resource, activityconnection.com and *Creative Forecasting* were identified by activities directors as identifying and addressing the importance of gender in activity programming. However, gender is discussed sporadically in these publications, and is not a continuous concern of the magazine or website. One of the activities directors stated:

> Every once in a while there will be an article submitted about activities for men. And then they’ll usually have a blurb about the different kinds of activities you can do…like fishing gear, work related activities…But it’s a periodic thing. Activityconnection.com has a little bit more manly type programming.

As can be inferred from the activities directors’ statements, gender is an important variable recognized by the activity community at large; however, gender is not given systematic or extensive attention.

In addition to activityconnection.com and *Creative Forecasting*, gender was also present in other external resources and materials but the degree to which it was present differed. Similar to the website and magazine, conferences were another professional source that offered occasional consideration of gender as was explained by an activities director. Conferences often host seminars, workshops, and networking opportunities that focus on innovative activities, occasionally including an activity suited for men, or a presentation addressing the unique interests and needs of men compared to women. When asked about the consideration of gender during professional conferences, an activities director replied:

> Ya know, I’d have to say that mostly they don’t usually. If they’re doing it they’ll do it sometimes. And they’ll say ya know men will prefer instead of going out to lunch, they’ll prefer fishing. Or men will prefer to... um... go talk about World War II where the women may rather talk about the next movie.
they’re going to go see…ya know it's different stuff like that.

Two of the three activities directors were “fortunate” and “lucky” to have male staff members who were interested in attending to the interests and needs of male residents. One facility’s administrator is instrumental in coordinating and developing “social circles with food” so that the men of the facility can join together and celebrate a holiday or enjoy a certain theme such as an important baseball game or a fishing themed party. The other facility is unique in the fact that they have a male activities staff member. This particular facility’s activities director stated:

Well, I do feel somewhat uncomfortable planning activities for some men, but we are fortunate enough to have a male on our staff…so he is instrumental in running the men’s group and facilitating or creating certain activities just for the men here in the facility.

When asked if there were any other specific male staff, residents, or family members that were specifically asked to provide ideas for male-oriented programs, all three activities directors said no. Although there are two facilities fortunate enough to have male staff instrumental in running and creating programs for male residents, these men have never been specifically approached for male-oriented activity ideas. In fact two of the activities directors had never thought about specifically seeking out male individuals and were enthusiastic to consider this as a possibility in the future.

These results demonstrate a very basic awareness in the professional community of activities directors to recognize and address the importance of gender differences in interests of nursing home residents. This level of awareness is reflected in the materials available from professional websites and conferences, and in responses from the activities directors, who expressed an interest in gender issues in activity programming as well as a need for more male-oriented activities. As one facility’s activities director stated:

They’re the minority in the nursing home and it’s really hard to come up with things for them to do that they would enjoy doing. The programming here is lopsided toward females…I would like to see them participate more and just…um…different programs for them. I’d like to have at least one or two other activities on the calendar just for men besides the [name of men’s group].

All three of the activities directors also felt they had a fairly good understanding as to why male residents participate less than female residents or why it may be so difficult to plan for male residents. As reflected throughout the literature, activities directors responses emphasized the
The traditional male role of breadwinner and importance of instrumental activity. One activities director responded in regards to the social nature of activities programs that, “Men usually don’t take the initiative unless they’re really really outgoing…and then they do it. It’s not in their nature”. Another activities director discussed the issue of cohort and the possible difficulty associated with getting male residents involved and participating in activities, stating:

I think we’re working with a generation whose men worked all the time. And I’ve come across a lot of men…I’ll ask them what did you do for fun. They respond I never had fun. I never had time for fun. I worked all day. I worked and then I went home, and then I ate dinner and I went to bed, and I got up and I worked again. And I think they just never developed the…I don’t know…if it’s the opportunities or the skills to develop leisure interests.

Activities directors did note that participation in activities is dependent on individual preferences and lifelong characteristics, and that there are those who have been “loners” throughout their lives, and those who “don’t feel comfortable in group activities for whatever reason”. However, activities directors were also aware of those male residents who do participate and felt that there should be another way to provide activities that meet the interests and needs of those male residents who do not participate. One activities director admitted that “Maybe we aren’t offering the right types of activities…the ones that peak their interests, but I’m not sure how” (See Table 1 for interview summary). It is clear that gender is somewhat of a consideration when activity planning, and that activities directors and the professional community are aware of the challenges; however, due to the minimal attention gender receives, it is still unclear as to how tailoring programming to gender-based interests and needs can be successfully accomplished, given individual variation and cohort patterns of preferences and interests.

Activities Calendars

Results for each facility demonstrated a smaller number of male-oriented activities than female-oriented activities or gender-neutral activities. What will be referred to as Facility 1 reported a total of 33(2.77%) male-oriented activities, 143(12%) female-oriented activities and 1,016(85.23%) gender-neutral activities for a total of 1,192 activities throughout an entire year. Facility 2 reported 5(.28%) male-oriented activities, 79(4.51%) female-oriented activities, and 1,671(95.21%) gender-neutral activities for a total of 1,755 activities throughout an entire year. Facility 3 reported the most male-oriented activities of the three facilities with a count of 64(4.23%). Facility 3 also reported 266(17.58%) female-oriented activities, 1,183(78.19%)
gender-neutral activities, and a total of 1,513 activities for the entire year. Combining all three facilities therefore still produced a sizably smaller number of total male-oriented activities compared to female-oriented and gender-neutral activities with a summative total of 102(2.29%) male-oriented activities, 488(10.94%) female-oriented activities, 3,870(86.77%) gender-neutral activities, and a total of 4,460 activities conducted by all three facilities throughout the year. (See Table 2). It is clear from the results that female-oriented activities are offered much more than male-oriented activities, but also that activities considered gender-neutral were offered the most by the three facilities.

As an overall annual total, it is clear that male activities were offered the least, followed by female-oriented activities and then gender-neutral activities. Based on annual numbers, each facility should have provided a certain number of oriented activities on average per month. Facility 1 would offer on a monthly average 5 male-oriented activities, 22 female-oriented activities, and 99 gender-neutral activities. Facility 2 would offer 0 to 1 male-oriented activities, 7 female-oriented activities, and 139 gender-neutral activities per month. Facility 3’s monthly average would be 3 male-oriented activities, 12 female-oriented activities, and 85 gender-neutral activities. As a combined total, a monthly average of 3 male-oriented activities, 14 female-oriented activities, and 108 gender-neutral activities would be offered with a total of 124 total activities offered per month. Although a significant amount of total activities are offered on average per month, it is still clear that gender-based activities, particularly male-oriented activities are offered the least followed by female-oriented activities. These findings reflect the information provided in the semi-structured interviews with activities directors. The limited amount of male-oriented activities included in the calendars reflects the recognition expressed by the activities directors of gender as an important variable in the fact of limited knowledge or ideas as how to create programming that would be efficient and effective in satisfying the unique interests and needs of a unique resident population.

Semi-Structured Male Resident Interviews

The purpose of conducting semi-structured interviews with male residents was to better understand and answer the question, “What are male nursing home residents’ opinions and attitudes toward current activity programming?” Interview questions were developed to reflect the small body of existent literature about being a man in long-term care. (See Appendix B/Interview Schedule). From the questions, several themes were determined or identified as
categories for classification of resident responses. As with the interview questions, these themes were drawn from existing themes and concepts in the literature and included “Feeling neglected or marginalized”, “Preference for social or independent activities”, “Camaraderie with other male residents”, Importance of work, family, and past roles”, and “Desire for activities relevant to interests and needs”.

*Feeling neglected or marginalized.*

When asked whether or not male residents feel outnumbered or marginalized by the greater number of women, all 17 residents responded by answering “no” or “not really”. Residents were first asked however, if they were even aware of the greater number and presence of women in the facility whether the women were residents or staff. Fifteen of the residents were well aware of the difference in numbers, however, two of the residents had never really thought about it but agreed upon having the information highlighted for them. One unaware resident responded to the question and stated:

Ya know, I never thought of it (laughs). But to think of it, I’m usually the only man in the room at meal time. In fact, just the other day an aid…helper said to me, ‘Well aren’t you surrounded by lovely ladies today.’ I don’t mind it (laughs).

The majority of residents responded along the lines of:

Oh definitely, but I don’t mind. I don’t think I’m disadvantaged because of it. I get everything I need and I can do what I like. But I do notice it…particularly at meal time, ya know in the dining room. There are a lot more women than men.

Whether residents initially recognized the greater number of women or not, the majority of residents voluntarily attributed this difference as a natural reflection of “longevity” and that “women simply live longer than men”. Interestingly, one male resident who, although not bothered by the greater presence of women and did not feel neglected, recognized that there may be more opportunities for women because of their greater number.

In addition to the male residents stating they did not feel neglected or marginalized and that they did not mind the greater presence of women, the majority of men also made comments about preferring the company of women. One man reflected this statement stating, “The guys they got here are kinda jerks anyways”. A few of the men even expressed their greater appreciation for women and the desire to have them around. One man stated, “No it doesn’t bother me. I think you can get more help from women…I mean organizations and clubs, etc;
can…they’re more volunteer friendly.” Another man expressed his preference for women as friends or acquaintances when he said, “Yeah, I notice it. I’d rather talk to women than men. You can learn stuff from them. All women need to be treated in a respected way”. Similarly, another man was quoted stating, “…I prefer women to men. I’ve got a couple ladies around here I’m friends with them. I enjoy it more because there’s more to talk about”. Some men also stated that they felt women simply do things better than men. Although not all men expressed an opinion favoring women as better companions, roughly half of the residents made statements about having a better ability to communicate with women, a superiority of women, and a better friendship with women because they show more concern and are more interesting to talk to.

Preference for social or independent activities.

Residents were specifically asked about their preferences for independent or social activities. Responses illustrated a variety of preferences with roughly half of residents preferring independent activities, and the remainder expressed a preference for social activities or having no preference for independent activities or social activities, stating that they enjoyed both types. For those individuals who identified a preference for independent activities, the majority commented on the fact that the only social activity they enjoy or wish to participate in is the social engagement that occurs during meals. Among those who prefer individual activities, the most common activities mentioned included watching TV, reading, walking, crossword puzzles, and listening to music. Most of these men expressed that they had always been “loners” or that, due to age, decline in health, or a grown preference, they had come to enjoy independent activities. One man stated, “I’ve gotten to a place where I really kind of make my own amusement, my own activities…I get along pretty well by myself”. A similar comment was made by a man who expressed a level of fulfillment that does not require any social interaction. This particular man said:

I’m self contained ya know. I have enough in my life that uh…I don’t feel desperate for that…I don’t feel I need any interaction or that I need to seek it out…I have enough in my life.

Those who expressed interest in more social activities or both types of activities said that they had always been social individuals and enjoy interaction with others. One man stated, “I love people. I prefer more social activities because I love people. They are so interesting”. Another man found social activities to be an opportunity to learn and meet new people, or to
speak with individuals he has not seen in awhile. This particular man stated:

You’re kind of boxed off here, so you don’t get to see everybody. Social activities are good for that. If there’s a new resident, I like to meet ‘em, but ya can’t do that sitting in your room. Some of the social activities give me ideas or things I find interesting and want to pursue further…takes up my time ya see.

Social activities or interests mentioned by these particular residents included holiday parties, hunting, fishing, lectures/guest speakers, card games, and visiting select friends or acquaintances. It is important to note that aside from special holiday parties provided by the activities department, the majority of social activity examples offered by residents had a somewhat independent or individualistic aspect. These were activities that would be done in a group, but did not require much interaction with others. For example, a resident who mentioned lectures/guest speakers highlighted the fact that an activity like guest speakers kept him “informed and allowed him to keep learning and expanding his knowledge”.

Camaraderie with other male residents.

When asked about friendships and camaraderie with other male residents, the majority stated that they had few or no friendships with other male residents. A total of 15 residents reported not having male friendships whereas only two residents identified having friendships or close relationships with other male residents in their facility. In response to the question about whether the men desired or wanted closer relationships and friendships with other male residents, the majority of residents said no, although there were a few who expressed interest. Of the men who did not have friendships nor wished to have friendships, their responses tended to reflect discomfort with the poor health or lower functioning of other male residents, as well as a lack of similar interests. One man stated, “Not really. I’ve contacted most of the men but that’s it…not much to talk about. I’m also fairly busy as it is…I sleep a lot…There just aren’t friends here like my old ones”. Another man similarly stated:

I have no close relationships except for my wife…No, I’m not interested. Everybody here has their own interests. I have made several very close friends over the years and although we don’t see each other we feel we don’t really need new ones. No external friends.

For those men who stated having friendships with other male residents, the camaraderie was somewhat limited. One male resident stated, “I wouldn’t say we’re close friends, but we are friends. Like we eat with the same people at our table and so we’ve gotten to know each other...
and appreciate each other”. Two residents had bowled together at one point in their lives and were now residing in the same facility. Their relationship was also limited, however. The one man stated, “Well there’s one that comes in quite a bit. I bowled with him for quite awhile. He comes in to visit and we’ll talk but uh…no I don’t talk much. I stay quiet mostly”. The majority of men note that any interaction that happens between male residents is usually a “casual interaction…if it happens, it happens”. One man summarized this view when he said:

No, we speak and nod and we’re pleasant towards each other. And I’m sure there are people out there that I nod to and smile at whose interests are similar to mine if we’d ever found ourselves in the situation with the chance to find out.

Of those individuals who expressed not having any close friendships or camaraderie among male residents, four residents expressed some interest in developing closer friendships and relationships. However, they also recognized some difficulty in doing so for various reasons. One of the reasons addressed by a resident was the difficulty in even meeting or becoming acquainted with people. This resident said:

I don’t know any of them. Hard to get acquainted with…because we’re all boxed off. It’s harder to get to know each other. We get to know each other going to eat at the same table or something like that, but other than that you’re compartmentalized.

Other than the brief interactions during meals and activities, which some men may not be interested in, it’s difficult to come in contact with or seek out other male residents. The other reason given by residents, and probably the most common, was the idea that other male residents aren’t healthy enough or are too frail to be capable of closer interaction and friendship. One male resident described his roommate as well as the other men in the facility as “out of the box”, meaning they’re not well enough to be friends with or have the cognitive ability to participate in closer or meaningful friendships. Another man also supported this notion when he stated:

Oh these aren’t…I meet ‘em and I may just talk to ‘em while I’m eating or something of that nature, but uh…They’re kind of…a lot of ‘em are…I shouldn’t say this, but they aren’t well. They don’t have the ability…they can’t think.

*Importance of work, family, and past roles.*

Based on the responses from male resident interviewees, the importance of work, family, and past roles to these men was clear. Each resident was asked to describe or discuss past careers, experiences, and family. Compared to all other information gathered throughout the
interview process, the question about past careers and families sparked the most interest and response. The amount of text available for each resident in response to this question outweighs the amount of text available for other questions asked during the interview. The spontaneity with which resident interviewees addressed this topic was also support for its importance to them. One resident was so preoccupied with trying to find pictures and explain stories about his family, the interview had to be stopped and completed at a later time. Every resident also spoke with high regard and pride about one’s careers, past activities and family. One man stated:

Well I came to Miami University in 1946 and they hired me. Miami University is my school (laughs). I love the University and I loved my work there. I still have friends who are associated with it and I love hearing from them…money wasn’t too plentiful in the summer months though so I had to find other ways to occupy my time. I worked in maintenance, drove trucks, painted, washed walls…I thoroughly enjoyed that kind of thing. You learned a lot and it made you feel good.

Another man spoke of family stating, “Family is very important to me. I would be very upset if my family didn’t visit me. Life hasn’t been bad, and I’ve been able to provide for them”. The detail with which the male interviewees could recall their past careers and experiences with family was also a testament to the importance of jobs, families, and past roles.

Through the interview process, important links were also made between the interests in activity programming and a man’s past experience and roles. A few men identified or implied that the current activities offered were not compatible with their interests and needs based on their careers, families, and past roles. These topics are so salient in a man’s life that, for some, the current programming is unable to foster continuity of self. For example, one man stated, “They don’t do a lot here of what I’m used to from being in the University. I don’t mean to criticize, but I’m used to different things”. There was one resident who also offered family as a reason for not participating in activities. His family visited quite often and held an important place in his life, thus he preferred being with family over fraternizing with fellow residents. Finally, as a final example of the disconnect between important roles and activities, a male interviewee stated, “Activities don’t really tap into my past…my hobbies and interests…but I would like them to”.

Desire for activities relevant to interests and needs.

There was a mixture of responses to the question about whether men participated in scheduled activities. Five male residents responded that they do participate, five male residents
indicated that they do not participate in activities, and seven residents responded that they participate only sometimes in scheduled activities. Of those who participate in the activities sometimes, the tone set by these men was that sometimes meant a rare occurrence, depending on the activity. For example, a man only participated when it was an activity he felt worthwhile and he had to make sure it did not interfere with his television programs. Another man only preferred to go if it did not interfere with him reading. He said, “As long as I’m not about to start reading a book I’ll go down, but that’s only on occasion”.

Men were also asked if they felt the programming at the facility offered enough variety in the way of being able to meet everyone’s interests and needs. Of the 17 interviewees, almost all (15) residents said they felt that there was enough variety while only two residents felt the programming could be expanded. This was interesting given that between five and 12 residents said they do not or rarely participate in activities. This finding possibly highlights the inability of programs to address male interests and needs as exemplified by a statement from a resident. Although this resident does not participate in activities and stated that there was a decent variety of activities offered, this particular resident stated:

The one or two programs I’ve gone to have gotten kind of silly…really that’s the best word I can come up with right now…I’m not really who the activities they sponsor are slanted to. But I don’t mean that as a criticism.

Another resident who held a similar opinion of program variety and rate of participation blatanty said, “I don’t participate because it’s nothing I’m interested in. I’ve outgrown these things and games they do”. Although these men demonstrated a lack of adequate programming to meet their interests, their responses also simultaneously conveyed ambivalence and approval of programming. This theme was often demonstrated through other resident interviews; it did not seem to matter that although a general satisfaction was expressed with the programming, current programming still did not meet the interests and needs of male residents. Overall, men were ambivalent about participating and the fact that programs were not entertaining. One resident made this point clear by stating, “Yes, they offer enough and if you like to participate you do and if you don’t you go somewhere else and you do something else. I do what I can do here and that’s that”. For those residents who said they do participate in activities they were satisfied with the variety in programming and clearly stated that through their responses.
The possible explanation for the attitude of ambivalence was found in the responses to a question that asked whether or not they would enjoy more male-oriented programming or more programming that tapped into their specific interests. Ten residents responded with a no, while only seven residents wished for more interest-specific activities. For those who responded no, when asked why they wouldn’t want more interest-specific activities, the most common answer revolved around age and the inability to do what one used to or what one would like to do. One resident replied, “Well I’m 97 years old so at this age…uh…I don’t have the ability to do what I want”. Another man talked about how he had become “quite disabled” and therefore unable to do what he used to. One man when talking about how he would like to fish and hunt again, stated, “I just can’t anymore, but oh if I could I would yes. I think that’s about what upsets me more than anything that I can’t do a lot of the things I want to”.

Individuals who said they would like more interest-oriented programming were asked for some examples as to what they would like. Only two of the seven residents were able to discuss some activities or ideas they would like to participate in. The rest were unsure with one man responding, “I just haven’t had these opportunities before. These things didn’t exist when I was growing up”. Another male resident responded with, “I haven’t really thought about what I would like to do here. Not sure what I would like to do…not sure at all”. The idea of not knowing or not having the opportunities to participate in activities of interest relates back to the theories presented by activities directors and the literature which point to the characteristics of this unique cohort where little time or thought was paid to leisure activity.

In regards to the attention paid to whether male residents do or do not participate in activities, a point must also be made in regards to specific participation in those facilities that have group activities dedicated solely for men such as a men’s group. All three facilities had a group for men or were in the process of creating a men’s group that met or would meet from once a week to once a month. When residents were asked if they attended those meetings or programs only five said yes. One man expressed frustration with the fact that women often times are present during the meeting, even though this meeting is supposed to be solely for men. This particular resident stated:

Right, we’re doing that and this last month there was just two of us down there with a couple of women. But we’re called the [name, men]!..just once a month. They traded it some damn way or something so that they could be there. I mean it’s ours…but there’s two men and two women!
A couple of the men felt the groups did not have very much to offer as exemplified by the following statement from a male resident, “Well, we do have a men’s meeting once a month. I attended once, but didn’t think there was anything interesting going on. I haven’t gone back. I want something more stimulating”. The twelve individuals who do not attend the men’s groups had reasons including no interest, occupation with other activities, as well as a lack of knowledge about these specific men’s groups and when and where they were held (See Table 3 for interview summary). Although designed as an activity to involve and entertain a minority population in the nursing home, men’s groups as suggested by the critiques of current literature may not in fact truly serve their purpose. Men’s groups often ignore the unique interests and needs of individuals by combining all men together as a homogenous group. Men’s groups are also not offered enough, and their sporadic occurrence may not coincide with the availability of those residents who wish to participate due to previous engagements. Although men’s groups have the ability to meet and entertain some residents’ interests, they are not the sole solution to providing male-oriented activities.

Observations

The first observation was of an activity known as Happy Hour. Happy Hour was scheduled to bring residents to a central location where residents listened to music, ate snacks such as chips and pretzels, and were able to have a limited number of alcoholic beverages if their diets allowed for alcohol. On the day of observation, Happy Hour took place in a central lobby of the nursing home located next to the rear entrance/exit of the nursing home. The activity commenced at 5:00 p.m., which was the time when all doors are locked and censored to detect those who leave. Thus, the alarm continuously was set off by visitors coming after their work hours and residents who got too close to the door. Residents were usually brought in wheelchairs; a few capable of ambulating came themselves. Some furniture was moved to accommodate those who were chair bound. Residents were seated in a semi circle facing what was considered the front of the room, which held the table that held the beverages and snacks, as well as where the activities director and staff remained throughout the entire activity. Music that the residents were familiar with and recognized was playing. Happy Hour took place an hour before dinner, and the dining room was located immediately behind the lobby. A total of 13 residents participated; nine women and six men. Five of the six men were seated in the back corner with one man sitting on the opposite side of the semi circle. Women were seated
throughout. The activity came to a gradual stop as residents randomly chose to leave and move to the dining room to wait for dinner. The activity officially ended at 5:45 p.m.

Aside from the music playing in the background, the atmosphere and tone of the activity was relaxing and quiet. Interactions between residents, no matter the sex of the resident, was at a minimum. Most residents seemed to enjoy eating foods not normally provided by the facility and drinking beverages that perhaps they have not had in quite some time, while also enjoying music from their past. One woman even said, “Gosh, I don’t remember the last time I had a beer” with quite a bit of enthusiasm and a smile on her face. The interaction that did occur between residents was characterized by pleasantries and greetings. A couple of men greeted each other and were clearly familiar with one another. Most of the interaction however, occurred between staff and residents as staff tried to engage residents in conversation and refill drinks and snack plates. A male resident did however purposely move and find a seat for a female resident who was looking to sit down. Another male resident spoke up for a fellow male resident who was too shy to ask for another drink. Diets were monitored as some residents were refused a second drink or helping of snacks. Although there was little verbal engagement, 12 of the 13 residents appeared completely engaged in the activity as evidenced by actively listening to the music, sitting up straight, maintaining eye contact with other residents and the activities staff, and actively asking for more drinks and snacks. It was interesting to note that toward the end a female resident asked to be wheeled over to a male resident and they both decided to leave the activity a little early to go into the dining room. This sparked a movement by most residents to the dining room, and once in the dining room conversation began among many residents.

The second observation was of a facility’s resident council meeting, held for residents to become aware of what was going on at the facility, and to express their complaints, voice concerns, and make suggestions regarding any aspect of their care or the nursing facility. On that particular day, resident council took place in the nursing home’s fourth floor dining room, which included various tables and sets of chairs around each table that were placed throughout the room. The activity commenced at 3:00 p.m. There were a total of 16 residents in attendance; three were male. All residents were seated around the tables facing the front of the room where there was a longer table at which seated the resident council president, who was a woman, the activities director, and an activities staff member. The three men were dispersed throughout the room, with two men sitting among women and one man seated at the very back of the room by
himself. Last council’s minutes were passed out by the activities director to all residents, and then the meeting began. Dining services were discussed first and had the most responses from residents followed by activities with a few requests and responses for more “active” activities such as volleyball that would require more physical activity. The meeting ended with the reading of a portion of the residents’ rights, an approval of old business, and any new business. Resident council ended at 3:30 p.m., and there were snacks served immediately after, which only 12 women and 1 man stayed for. The snack period lasted until 3:50 p.m.

The atmosphere of the activity was very open and supported communication between all individuals involved. Before resident council began there was quite a bit of conversation between residents, although the conversation was restricted by table and mostly women of each table participated in the conversation with a select few women dominating the conversation. As residents came in, there were lively greetings from those already present welcoming the resident to the meeting. There was also a new resident of the facility who was introduced to everybody, and everybody was very welcoming to her. Most of the welcome was extended by the women, although one man greeted her. During the council meeting, interaction was focused between activities staff and residents. Residents spoke very freely during the meeting making suggestions and complaints, and the same man who greeted the new resident spoke up with a suggestion for an activity. The activity he suggested was volleyball. During snack after the meeting the atmosphere remained open and relaxed, although conversation did not flow as freely as before the council meeting. Again, mostly women were conversing with one another about families and cookies, and the one man who spoke up during resident council was talking with a woman next to him; they seemed to have some sort of friendship. Throughout both the resident council meeting and the snack afterwards, the majority of residents appeared to stay engaged as was evidenced by eye contact held with the activities staff and other residents as well as an active participation. There were a select few residents however, all women, who lost interest in the meeting and snack session. These individuals had slumped body posture, read other material they had with them, closed their eyes or wandered their gaze to something else unrelated to the meeting.

The third observation was of a facility’s music biography program. This program gathered residents together to listen to a biography read by activities staff about a popular singer/musician from their cohort as well as listen to the music performed by the highlighted
The activity took place in what was known as the common area of the nursing home. The area resembled a living room such that there were various couches and chairs as well as a fireplace along the back wall with shelves of books. On the left side of the common area there were two chairs facing away from the center of the room and towards the left wall which housed a large television. Residents sat in a semi circle facing the wall with the fireplace, which faced the activities staff member who was sitting at the front of the semi circle. There was a total of eight residents, one of whom was male. There were two male residents sitting in the chairs behind the activity watching the television. The activity started at 2:00 p.m. with the activities staff member introducing the singer of the day who was Dean Martin. Pictures were passed around of Dean Martin before the reading began to spark comments and conversation among the residents in regards to the highlighted artist. The female residents easily responded to this with expressions of attractiveness, while the male resident remained silent. The rest of the activity included reading from a biography about Dean Martin with an occasional break to listen to various songs of the artist. The activity ended at 3:15 p.m.

The atmosphere of the activity was very light and enthusiastic as the activities staff read with enthusiasm and tried to interact or engage those residents who appeared interested in the topic. No interaction occurred between residents, although various residents participated in sing-a-longs with each other. The majority of interaction took place between the activities staff and the residents. This interaction was also limited as only two residents actively listened and participated with commentary in the activity. Commentary was limited to singing of songs, acknowledging they knew a certain fact that had just been read, or stating a favorite song or individual mentioned in the biography. There were occasional attempts to involve other residents, particularly the sole male resident in the group, but there was little response from the residents to the activities staff’s cues. At times the male residents watching television were engaged by the activities director, but there was no interest or further engagement by these men with the other residents. Attempts at dancing with or for the residents was made by the staff member, which was the only engagement that sparked a minimal response from the male resident which consisted of a smile and a small laugh. Toward the end of the activity, the level of engagement and enthusiasm began to wane for the residents; more than half of the residents were slumped over or fell asleep. The select few who were previously actively engaged became quiet and only spoke on occasion. When the activity was over, residents gradually left
the room. However, some remained to ask specific questions of the activities staff about what was read and how she got the music and information. Any opportunity that arose where information could be related to a resident, the activities staff took the time to do so and to engage that specific resident. It was noted that more attempts were made to engage the male resident compared to the other female residents as a whole.

It was clear from the observation that overall participation in activities was somewhat limited, but in particular male participation was much less than female participation in all three activities as evidenced by the smaller number of men present during the activities. It was interesting that aside from the resident council meeting which is held for the purpose of communication and discussion, the other two activities were not designed in a way that would facilitate communication or interaction among residents. The shape of the semi-circle makes it more difficult to communicate to others, and some residents who are chair-bound did not have the luxury of picking who they sat by. Another interesting point was the difference between activities where male residents actively participated compared to those activities where they did not. Specifically, a male resident was vocal and actively engaged and listening in the resident council meeting; this was quite different from Happy Hour and the music biography program. This is interesting because as has been documented in the literature, males enjoy more instrumental and concrete activities such as the business-like atmosphere of a resident council meeting as opposed to a more social and expressive activity that required socialization and connecting with others like a Happy Hour. The amount of participation in general for all three activities may provoke concern that perhaps current activity programs are not entirely conducive to the purposes of empowerment, belonging, and ease of transition that they are supposed to fulfill; thus perhaps one should consider instead of gender specificity in activity programming, the quality and ability of current programming to address all residents’ needs and interests both male and female. Possibly activities programs overall should be evaluated and refined, and gender-specific activities should be considered after more effective gender-neutral programming is in place. If activities are unable to meet the interests and needs of the nursing home population in general and supply enough activity to keep residents entertained than the ability to create gender-specific programs and meet gender-specific needs is limited. Once the success of gender-neutral activities has been achieved, the creativity and success will extend to meeting the supplementary gender-specific needs and interests that are not met through gender-neutral
programming.

Summary

When taken as a whole, these results describe a unique cycle of planning and implementation in activity programs as they relate to gender-oriented programming. The activity planning process begins with the activities directors; as was previously discussed, activities directors have a wide variety of resources and tools to choose from when planning activities. Within those tools and resources discussed throughout activities director interviews, gender was identified as a recognized variable, although it was not something intentionally or explicitly considered by the directors. It was clear from the interviews however, that gender of residents is barely recognized as an important consideration by the professional community. Surprisingly, although activities directors were aware of gender, the activities directors expressed concern in their abilities and current programming to fully meet residents’ needs as they relate to gender. Two of the activities directors felt more versed in creating gender-oriented activity programs than the other, but there was still an awareness of a lack of adequate programming and a desire for more concrete ideas and suggestions.

From the initial planning process of the activities directors, the next phase in the cycle is the production of the activities calendars. Activities on the calendars are the sole creation of decisions made by the activities directors. Thus, based on the responses of the activities directors there should be little surprise as to the imbalance of gender-oriented activities on the activities calendars. If activities directors are unsure as to how to remedy a situation they see pressing or important, it would seem logical that it would be reflected on the types of activities listed on a monthly calendar. In this instance, gender, particularly the needs and interests of men, is the variable of interest which with activities directors struggle. The collection of activities calendars demonstrated a much lower number of both male and female-oriented activities compared to gender-neutral activities, but more importantly the collection of activities calendars demonstrated a much lower number of male-oriented activities compared to both female-oriented and gender-neutral activities. Therefore, it may be appropriate to assume that there exists a gender-based bias in nursing home activity programming that would place men at a disadvantage when meeting their needs and interests.

The final component of the cycle is the actual interest and participation of male residents. Although there were a variety of responses from residents when asked about their current...
satisfaction with activity programming and male-oriented foci, the majority of men had a somewhat ambivalent opinion of the current programming. The majority of interviewees expressed an interest in keeping to one’s self or independent activities such as reading or watching television. When asked specifically about male-oriented programs, the majority of men did not express an interest. For interviewees who were asked about what types of activities they would like to see, almost no one was able to make a suggestion because they “had never thought about it”. With an ambivalent attitude or little desire to want or make new suggestions to staff, the cycle completes itself as the activities directors have little guidance from which to plan more male-oriented activities. One could argue that although it may appear that there is a gender-based bias in activity programming, it is irrelevant as male residents expressed little to no concern regarding specific male-oriented programming. Perhaps the real challenge for activities directors is to not only find a balance between gender-oriented program, but also more importantly to nurture the current individualized and independent interests and needs expressed by male residents; this would represent a different mindset in activity planning where the sole focus would no longer be on creating activities that are created for the general or entire male nursing home population using stereotypical and archetypal male-oriented activities. Rather the focus of activity planning for gender-oriented programs would be to focus more closely on offering independent activities that would address each man’s needs as much as possible while still providing for the larger male population for those interested in the stereotypical group nursing home activity. Focus would refrain from viewing men as a collective and almost homogenous group to a collective and heterogeneous group where men will always have archetypal and stereotypical interests, yet each man is unique and different.

The idea of a different mindset or reference for activity planning was also demonstrated by the observations made of three different activities. In general, these activities were not conducive to active resident participation or social relationships as was evidenced by seating arrangements that made conversation difficult or activities that could not hold the attention or engagement of the participants. This is not to say that current programming must change completely and cancel all social and holiday functions. Rather overall activities must be designed to actively engage and interest residents. That may stem from redesigning seating patterns for social arrangements, changing the location of an activity, or simply focusing on the individual as was evidenced by the majority needs and interests of male residents. As the move towards
person-centered care becomes more prevalent and the Centers for Medicare and Medicaid enforce activity policies and procedures more diligently, it will be important for the activities program to really focus on the single person and the individual needs and interests of every resident, which could prove useful not only to activities programs in general, but could also address the unique gender-based interests and needs that exist within the nursing home population. Overall, the results highlighted a possible gender-based bias in activity programming particularly disadvantaging male residents; however it appeared as though the activity programming was of little concern to male residents and that perhaps focus should be placed on activity programming in general that would emphasize the individual and meeting each person’s unique interests and needs.
Chapter Four

Discussion and Conclusion

Transition into an institutional long-term care setting, particularly a nursing home, is a significant life change which has the potential to create a difficult experience for those who must adjust to an unfamiliar way of living. The difficult transition and adjustment is demonstrated by the prevalence of depression experienced by nursing home residents (Anderson & Dabelko-Shoeny, 2010; Choi, Ransom, & Wyllie, 2008; Choi, Ransom, & Wyllie, 2009; Meeks & Tennyson, 2003; Teresi, Abrams, Holmes, Ramierz, & Eimicke, 2001; Williams, 1999).

Fortunately, however, activity programming has been demonstrated as an effective tool against depression and transition difficulties; activities offer a secure community and an opportunity for residents to display the talents and capabilities they still possess, thus contributing to a sense of well-being (Debolt, 1994; Flora & Faulkner, 2006; Haberkost, Dellman-Jenkins, & Bennett, 1996). With men as the minority population in a nursing home, the ability of activities to meet and address unique gender socialized roles and interests warrants attention. Traditionally, the studies of gender and aging focus on the situation of women, with good reason as women have historically experienced a lifetime of gender inequality and life course disadvantages coupled with their greater life expectancy. This study however, focused on a different kind of gender issue—men in nursing homes are in a unique position such that unlike traditional gender and aging studies, men in nursing homes live inside a world that is predominantly female-oriented. Thus, it is important to understand the extent to which nursing home activity programs take gender into account, and to determine whether or not males are at a disadvantage when it comes to meeting their needs and interests in activities. Specifically, this study examined the extent to which gender is a consideration in the materials used and activities planned by activities directors in nursing homes, whether male-oriented programs are part of a typical calendar in a nursing home, and the male nursing home residents’ opinions and attitudes toward current activity programming.

To consider both the highly unequal male to female ratio in nursing homes and the fact that females in general have a longer life expectancy, it is clear male residents are a unique population. In fact, all activities directors readily recognized the unique circumstances faced when trying to create appropriate and satisfying activities that would address the gender-based
needs and interests of a highly imbalanced population. Activities directors emphasized the desire to find a way to involve male residents and get them more involved in activities. However, activities directors also admitted to seldom, if ever, explicitly taking gender into consideration when planning activities. These statements appear somewhat contradictory: they want to provide more male-oriented activities and promote the involvement of men, but do not place a great deal of emphasis on the gender and gender-based interest of residents when planning activities. Perhaps activities directors are in fact taking gender and gender-based interests and roles into consideration to an extent greater than they are aware. Although the activities directors said they do not offer a great deal in line with male-oriented activities and have a difficult time creating activities for men, the concept of gender was a constant awareness expressed by the directors. Activities directors were highly aware of gender-based differences, thus activities directors displayed a constant awareness or consciousness of the issue in trying to pursue gender-oriented activities as well as the emphasis on maintaining a gender-neutral atmosphere. Just because a facility does not have gender-specific activities does not make the efforts and awareness of gender by the activities directors less valid. One could then argue that the focus should not be about the activities directors’ abilities as individuals to meet gender-based needs, but rather perhaps the focus should be placed on the responsibility and ability of the professional community of activities directors to provide guidance in the development of resources, materials, and principles.

When asked about the extent to which gender and gender differences were addressed in the materials and resources used in planning, activities directors reported that there was not much consideration to these issues. In addition to resident requests, the most common planning resources included a monthly magazine and website. The extent to which these materials address gender, specifically male-oriented interests, consisted of an occasional activity or a single page of tips and ideas. To ensure the validity of such materials and resources, professional associations of activities directors are created to monitor and guide the profession. Therefore, one could argue it is the responsibility of the larger professional community to take the issue of gender differences and the minority male population more seriously and to better guide its constituents. A similar example arose when activities directors discussed attendance at professional conferences as a resource or planning tool. Again, gender differences and the unique male-oriented interests and activities were said to be an occasional topic of discussion or an
occasional presentation. Gender-sensitive practices and planning for male residents do not have a clear and continuous presence among the professional community. Activities directors unanimously said they were aware of the gender differences and the difficulty in meeting male interests and needs particularly for the current “breadwinning” cohort of men, but they were at a loss for how to improve the situation. In hearing about the purpose of this study, activities directors were more than excited to participate and were even looking for what they hoped would be ideas and answers from the results of the research. Perhaps a greater awareness and a stronger presence in the professional community at large could serve as a catalyst for better gender-based programming that would ensure the needs and interests of male residents are met. Future research about the role of the professional community in activity programming is warranted.

The minimal consideration given to gender in activity planning and programming was evidenced by the smaller totals of both male-oriented and female-oriented activities compared to gender-neutral activities. In particular however, male-oriented activities were the least common compared to female-oriented and gender-neutral activities. As a reminder, activities were categorized by gender orientation based on literature that has continuously documented stereotypical gender-specific interests and hobbies. Existent literature classifies male-oriented characteristics as aggressive, strong-willing competitive, and content oriented, which has lead to more instrumental activities like working on home electronics, weight lifting, and playing basketball. Women on the other hand have been shown to be more passive, social, warm, and controversial, which has led to more emotional or expressive activities like cooking, dancing, and clothes shopping (Ickes, 1993, Thompson, 2006; Lippa, 2005). Gender-neutral activities were then classified as those activities that had no obvious gender-orientation or influence and were more likely to be enjoyed by both women and men. On average only 3 male-oriented activities were offered per month compared to 14 female-oriented activities and 108 gender-neutral activities per month. Although concern about the amount of male-oriented activities offered per month is warranted, there were various other notable concerns worthy of mention. Male-oriented activities were often scheduled as a group and/or to celebrate special holidays and occasions. The most popular male-oriented activities included Father’s Day brunches and important sporting events that only occur once a year such as a home opener for a baseball team or Super Bowl parties. Rarely did a male-oriented activity occur as an every day or weekly activity without a special reason or holiday as motivation. It should be
acknowledged that some male-oriented activities were offered throughout the everyday schedule, but only a limited number.

Another notable observation related to male-oriented activities was that for those activities not connected to a significant holiday or event, such activities were offered sporadically, and tended to cluster around warmer months when outdoor activities are appropriate such as fishing or baseball; often considered or associated with male-oriented interests and hobbies. For example, some months may contain the average two or three male-oriented activities such as an active men’s group and a game of kickball. The following month however might have five or six male-oriented activities with one or two every week. Women on the other hand appeared to have more consistent offerings aimed at their interests, such as a weekly knitting club, a weekly baking club, and weekly manicures. Those activities would be in addition to the more sporadic female-oriented activities. Not all months or calendars consistently demonstrated this pattern, but it was enough to deserve observation. It appears as though the sporadic schedule of male-oriented activities reflects the occasional consideration given to gender and male residents by the professional community. By this reasoning, men did appear at a disadvantage in having activities that might address their gender-based interests.

One final observation worthy of mention in regards to activities calendars was the gender-neutral activities. It is possible to assume that a larger number of gender-neutral activities would actually help resolve the issue of gender differences in activity interests in such a way that no matter one’s gender orientation the activity would be enjoyable. In this instance, gender is a consideration such that an activity was scheduled or designed to entertain all residents. However, the 36 monthly calendars that were reviewed demonstrated that perhaps gender-neutral activities are not always neutral. In the instances where gender-neutral activities were not entirely neutral, the subject matter of the activity tended to lean toward female-oriented interests. The most prominent example was movie matinees. Although movie titles were not consistently listed for every week, those titles that were listed tended to be those that reflect a genre more likely to appeal to women—movies that are popularly identified as romantic comedies or “chick flicks”. Another example demonstrating this emergent concern showed up throughout the month of February when Valentine’s Day is quite popular. Although a variety of gender-neutral activities were scheduled such as the movie matinees, readings of stories and poetry, and activities such as word games, the material tended to remain true to the Valentine’s
Day theme and was saturated with “love” stories and romance. Although not all gender-neutral activities demonstrated this pattern, it was obvious for some; this observation suggests that even a presumptively gender-neutral activity can possibly leave male residents at a disadvantage. Again, the calendars reflected the inconsistent consideration given to gender by activities directors and the professional community and provide basic evidence for concern of gender-based biases in activity programming.

Although activities director interviews and calendars both indicated a possible bias in programming, male interviews surprisingly indicated that such a possible bias was not important. Despite the lack of male-oriented programming, the majority of male interviewees were satisfied with current programming and were ambivalent or did not desire additional male-oriented programming. There were only a few male residents who expressed a desire for more male-oriented programming and an opportunity to form closer relationships with other men in the facility. Overall, men did not report that they felt outnumbered or disadvantaged due to the larger number of women; they did express preference for independent activities, and emphasized the importance of work and family.

The previous patterns of responses produced by residents were particularly interesting because the cohort aspect of gender roles resounded throughout. These men are members of their generation, the Depression/GI cohort; they had very strong socialization to specific roles and understanding of being masculine and being a man. One’s cohort serves as an important guiding principle that establishes and instills socially acceptable norms and mores for the present time. The roles and norms established during the aging of this particular cohort reflected the stereotypical gender roles that have been continuously demonstrated throughout history, like the strong, providing, competitive, content-oriented, instrumental, and purposeful man. This cohort is unique because unlike future cohorts who have begun to mesh both male and female-oriented roles and stereotypes, the Depression/GI cohort has remained true to their socialized roles as breadwinners and independent men whose family role and work role are most salient. This idea is best demonstrated by those residents who described current programming along the lines of “silly”. These same individuals were looking for more intellectual or instrumental activities—something with a purpose or something that would even marginally reflect the work and family roles once possessed. Most men had described a transformation in themselves such that “at this age” they’ve adapted to entertaining themselves and enjoy more independent activities. This
finding is consistent with Moss and Moss’s (2007) depiction that men in long-term care do not have the ability or desire to fill the more important roles that stemmed from one’s career and family. Even activities directors recognized the unique cohort’s specific interests and gender roles. One activities director specifically spoke of the importance of work in this cohort of men’s lives, and hypothesized that men of this cohort are not equipped for the social and leisure atmosphere offered by activity programs. A couple of male interviewees further confirmed this reasoning when they specifically mentioned never having time for leisure activity when younger. For this cohort of men, activities “are fine for the other people”, but may not coincide with or reflect this cohort’s philosophy and socialization process. The idea of cohort playing a significant part in resident attitudes and practices appears an important factor and no doubt will continue to play an important role in the shaping and practices of future nursing home residents.

By keeping the idea of cohort salient when planning and implementing activities, programs will also be able to encourage, respect, and maintain residents’ identity continuity. Continuity allows older adults, despite changes in health functioning and social circumstances, to maintain consistent patterns of thinking, activity profiles, and social relationships that can accommodate a considerable amount of evolutionary change without experiencing crisis (Atchley, 2006). When transitioning into long-term care, individuals do not become an entirely different person. Those characteristics, traits, and behaviors developed earlier on in life will follow each individual into the nursing home, and it is unfortunately difficult to maintain one’s sense of self and continuity in an environment that is much more restricted in opportunities than normal. The current cohort of men residing in nursing homes have developed specific identities and thought patterns that reflect archetypal masculine roles, which need to be fostered and respected in a setting predominated by women. Ultimately recognizing the importance of cohort respects the identities and frameworks developed by individuals belonging to a certain cohort. In turn, it permits and encourages continuity of self in male nursing home residents.

Summary

No firm conclusions can be made from this exploratory study. However, based on key interviews and a sample of activities calendars, evidence suggests that activity programming does appear to have a gender bias that would disadvantage men in its planning and implementation phases. Nevertheless, the effects of what appears to be a planning and implementation bias does not affect current male nursing home residents. These conclusions are
not to say that activities directors and the professional community at large should continue to take gender lightly and cease efforts to create gender-based specific programming. Having gender-specific activities still provides an opportunity to express identity in ways that are linked to lifelong gender roles. Although not the majority, there were some men who enjoyed the male-oriented programming and wanted to see more. Perhaps more importantly, activity programming should be sensitive to the needs and interests of different cohorts as they continue to transition in and out of the nursing home. Instead of focusing on male-oriented programs to motivate male participation, activities directors may be able to better cater to the current cohort of men by putting resources into activities and materials such as larger libraries and crossword collections that would satisfy those men who prefer more independent forms of activity. In doing so, activities directors and programs guarantee the Centers for Medicare and Medicaid’s rules and regulations are followed and that each individual’s needs are being met while simultaneously respecting the individual as exemplified through person-centered care.

As previously demonstrated, activities directors and staff are charged with providing activities that can cater to all residents’ individual preferences. Even though gender is an important consideration in the design of person-centered care, the results of this study suggest that gender-patterned preferences of men in nursing homes today are not explicitly considered in design of activities. But male residents do not seem to be negatively affected. Perhaps the more significant finding of this study has to do with the quality of activities programming overall. As discussed in the observation of scheduled activities, activity programming in general may have to readjust in order to provide meaningful activities for residents. For example, observations of social activities indicated very little support or encouragement for interaction among residents. During these activities residents were often seated in a pattern that solely directed their gaze in one direction, which was toward the activities director or staff person and limited connection between residents farther than those sitting next to one another. Few attempts were made by the director or staff member to engage residents, and those they did engage were often more vocal to begin with. Favoritism for more active participatory residents also tended to develop as well, with little to no attention to those residents who wandered away from the activity or fell asleep. That residents disengaged from the activity is evidence of the programs’ abilities to address resident interests. Perhaps a new approach or re-evaluation of current programming is necessary. The new approach to activities would be about embracing a different way of thinking in order to
see the individual as an individual and simultaneously a part of a larger social process. Activities have clearly been linked to numerous benefits and enhance the strength and well-being of residents. Thus, in order to maintain such benefits, activity programs must keep in mind both the individual aspect of a resident as well as the overarching cohort and socialization processes that influence residents. Doing so will result in continuous adjustment in order to meet the ever-changing needs and interests of the nursing home population.

**Limitations**

The lack of generalizability of this study is one limitation, but this exploratory study was designed to gather in-depth information from a small convenience sample of older adults and activities directors. The study participants were mostly non-Hispanic white individuals from select nursing homes in a geographically limited area. Conclusions are based on this small sample and on one-time interviews and observations. As an exploratory study, this research did not take into consideration the various variables that could affect activity programming planning and implementation as well as resident opinions and attitudes toward current programming. Variables such as the educational background of the activities director, budget appropriations for activity departments, and the size of the facility could have a great impact on a facility’s activity program. For example, a larger facility may have difficulty meeting the needs of every resident under a certain budget whereas a smaller facility with a similar budget may be able to adequately provide for all resident needs. The number of male residents compared to the total number of residents as well as the sex of activities directors, and the match between race and ethnicity of activities directors with residents may also have an effect on the effectiveness and customization of activity programs. These and other variables should be taken into consideration in future research.

Even though there are multiple limitations to this study in regards to generalizability, sampling, and comparability, the purpose of this study was not to produce generalizable results. Rather, the purpose of this study was to provide information of an under-explored topic in the gerontological and activity literature from which future research can expand. Data collected throughout this study provided rich information that highlighted the experience of men in long-term care, and confirmed some earlier findings described in the 2007 Moss and Moss article. Men expressed preferences for independent activities and instrumental activities; they were not particularly interested in closer relationships with other residents. The lifelong salience of work
and family for identity and roles was clearly evident. All of these gender-based characteristics shape a unique experience for men in nursing facilities. Evidence was further produced that highlighted and confirmed the influence of traditional gender roles and differences as well as the influence of cohort and cohort specific gender roles that have been clearly established over time (Canetto, Kaminski, & Felicio, 1995; Jadva, Hines, & Golombek, 2010; Kavanugh & Quattrochi-Tubin, 1996; Lippa, 2005; Salari & Zhang, 2006; Thompson, 2006). Men and women of the Depression/GI cohort were heavily socialized to be breadwinners or homemakers, respectively. Male residents who were part of this study confirmed the impact of work-based role expectations; they reported an inability or lack of desire to pursue active leisure activities. Activities directors confirmed this pattern. The findings of this study indeed underscore the importance of understanding the relationship between gender and activity programming, particularly the relationship between male residents and activity programming.

**Future Research and Conclusions**

There is no research in the gerontological literature that empirically investigates the interrelationship between nursing home activity programming and gender. Such knowledge about how gender and activity programming interact is important especially for nursing home residents who are the recipients of the effects and benefits of activity programs. With its potential impact on greater life satisfaction and well-being, high quality person-centered activity programming should be more fully explored in future research. Future research should focus on a deeper understanding of gender-based biases in nursing home activity programming, including the multiple variables that could affect the relationship between gender and activity programs as previously stated. In addition, future research should also collect a more representative sample, keeping in mind the investigation of gender and activity programs would remain incomplete without the inclusion of women. More importantly, future research might possibly benefit from an investigation or evaluation of current activities programming overall. Based on this study, the effectiveness and ability of current programming to entertain and meet residents’ needs appears questionable. Thus, the first priority of future research should be on establishing and understanding the effectiveness of current activity programming as a whole; gender is only a piece of the picture.

The field of gerontology and the profession of activities directors will benefit from a greater understanding of activity programs in general as well as the intricacies and nuances of
effective planning and implementation of activities in nursing homes. It is problematic that even though activities have been demonstrated as important transition and coping mechanisms, little is known about why or how certain programs are implemented or effective. It is alarming to know that, according to Harper-Ice (2002), residents still spend an astounding 56% of their daily lives doing nothing or not being involved. The intricacies of activity programming will continue to be a pressing research and practice issue as resident preferences and needs will continue to change with new cohorts of older people, and considerably more racial and ethnic diversity among constituents in the long-term care system. It is predicted that by 2050, Hispanics will constitute 67% of the total older adult population, with the African American older adult population increasing by 300%, Asian and Pacific Islanders increasing eightfold to 5 million older adults, and American Indians tripling their older adult population to 473,000. Ethnic minority older adults are increasing and will continue to increase at a faster rate than their majority counterparts (as cited in Williams & Wilson, 2001). Not only will activity programs in nursing homes and long-term care have to take into consideration gender-based interests and needs, but programs will also have to begin to consider the unique elements of various racial, ethnic, and cultural backgrounds and practices. In order to evolve with changing times and cohorts, activity programs must begin to understand, explore, and investigate activity programming at a deeper level.
References


account. In J.Y. Shah & W.L. Gardner (Eds.), *Handbook of motivation science* (pp. 434-447), New York: Guilford.


# Appendix A

## Sample Activities Calendar

### March 2011 Health Care Pavilion

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**ACTIVITIES ARE SUBJECT TO CHANGE.**

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**6:00 – 6:30** Ball Toss – AR
12:00 Sunflower Cart – South Hall
2:30 Oxford Baptist Church – AR

**7:30 – 8:00** Baking/Cooking Club: Fruit Pizza – NORTHERN HALL
6:00 Sunflower Cart – South Hall
7:00 Bingo – AR

**8:00 – 8:30** Breakfast Buffet – DR
12:00 Lunch at Larson – NORTHERN HALL
6:00 Sunflower Cart – West Hall
6:00 Dinner Puzzle: Puzzles – DR

**9:00 – 9:30** Baking/Cooking Club: Cheese Waffle – NORTHERN HALL
6:00 Sunflower Cart – West Hall
6:00 Dinner Puzzle: Puzzles – DR

**10:00 – 10:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous March – Word Search – AR

**11:00 – 11:30** Baking/Cooking Club: Pies in Basket – NORTHERN HALL
6:00 Art & Crafts: Jewelry Making – NORTHERN HALL
6:00 Dinner Puzzle: Puzzles – DR

**12:00 – 12:30** Bingo – AR
3:00 “What’s Cookin’?” & “Who’s Who in Food?” – AR

**13:00 – 13:30** Coffee Shop – HCP LOBBY
12:00 Cafe Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**14:00 – 14:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**15:00 – 15:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**16:00 – 16:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**17:00 – 17:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**18:00 – 18:30** Bingo – AR
12:00 Café Lunch – CAFÉ
2:00 Friday Movie Matinee – AR
3:30 OMA Art Class – CK & AS
6:00 Dinner Puzzle: Famous Irish-American Word Search – DR

**19:00 – 19:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**20:00 – 20:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**21:00 – 21:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**22:00 – 22:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**23:00 – 23:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**24:00 – 24:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**25:00 – 25:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**26:00 – 26:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**27:00 – 27:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**28:00 – 28:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**29:00 – 29:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**30:00 – 30:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

**31:00 – 31:30** Bingo – AR
3:00 “Some Food for Thought” Trivia & Food Finish Lines – AR
7:00 Pageant – O

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**HAPPY BIRTHDAY!!**
Appendix B

Interview Schedule: Activities Director

− What sort of training or certification do you have in activity programming and activities planning/directing?
− How long have you been an activities director?
− I’m interested in how activities are planned, how do you go about planning daily activities?

  - Probe for:
    · What do you think about when planning activities?
    · Are there certain resident characteristics you use to determine the activities?
    · What, if any, tools or books do you use to plan activities?

  - If gender not mentioned, specifically ask if gender is considered:
    · Do you ever consider gender of the residents?
    · Is there any mention or consideration given to gender in the books and tools you use to plan activities?

− Where do you get your activities ideas?
− Do residents have a direct input in what activities are implemented throughout the month?
− Are there any specific activities dedicated solely for men and the male resident’s interests?
− Would you like to offer more gender-based activities?
Appendix C

Interview Schedule: Resident

- What types of activities and/or hobbies do you enjoy?
  - Probe for past jobs/careers/families/roles if voluntarily do not provide information
- Do you enjoy more social or individual activities? (Give examples)
- Are you able to participate in or enjoy activities that are related to your interests and hobbies?
- Do you feel like there are enough options for things to participate in throughout the week?
- Are you satisfied with the activities program?
- Are there times when you feel outnumbered by women or as if the facility caters to women interest and needs? Do you feel disadvantaged because of it?
- Do you have any friendships with other male residents?
  - If not: Would you like to form closer relationships or friendships with the other men in the facility?
- Are there programs here dedicated just for men? Or are there programs here you think are male-oriented?
- What kind of activities do the men’s programs offer? Do you participate?
  - If not: Why don’t you participate?
  - If do participate: What do you like about them? Why do you participate?
- Do you want more activities for just the men? Would you like more opportunities to get together with the other men or participate in activities with a more masculine focus?
Appendix D

Observation Protocol

Each period of observation consisted of in-depth note taking guided by the following points of interest:

- Time and duration of activity
- Setting in which the activity took place
- Arrangement/set up of the activity i.e.) seating arrangements, location of residents
- Number of men involved
- Involvement/engagement of men in the activity
- Involvement/engagement of men with other residents and the activities staff
  
  · Depth of conversations and interactions
- Who men associate with
- Expressed attitudes and body language
- General tone and content of conversations
- General tone and content of activity
Appendix E

Examples of Gender-based Activities

<table>
<thead>
<tr>
<th>Gender-based Categories</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Female-oriented</td>
<td>Manicures</td>
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<td></td>
<td>“Golden Girls” Luncheon</td>
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<td></td>
<td>Floral Arranging</td>
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<td>Pageants</td>
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<td></td>
<td>Baking Club</td>
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<td></td>
<td>Knitting</td>
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<td></td>
<td>Mother’s Day Luncheon</td>
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<tr>
<td>Male-oriented</td>
<td>Kickball</td>
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<td></td>
<td>Men’s Group</td>
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<td></td>
<td>Fishing</td>
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<td></td>
<td>Father’s Day Cookout</td>
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<td>Veteran’s Day Dinner</td>
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<td></td>
<td>Horseracing</td>
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<td></td>
<td>Frisbee Golf</td>
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<tr>
<td>Gender-neutral</td>
<td>Movie Matinee</td>
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<td>Music Biography</td>
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<td></td>
<td>Pet Visit</td>
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<td>Religious Services</td>
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<td></td>
<td>Bingo</td>
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<td>Birthday Parties</td>
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<td></td>
<td>Dinner Puzzles/Word Puzzles</td>
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<tr>
<td>Point of Interest</td>
<td>Responses</td>
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<tr>
<td>Resident Characteristics Considered When Planning</td>
<td>Cognitive level, specific interests, diet, care level, religion, and individual personalities and habits; no gender.</td>
</tr>
<tr>
<td>Probe for Gender Consideration</td>
<td>“We try not to...we try to make everything non gender-oriented so that everyone can get involved. But we do have a few programs we try to develop...there’s a men’s group once a week, but I feel we’re lacking for me...need some help.”</td>
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<td></td>
<td>“I’d have to be honest with you, on that one I think that’s what we’re lacking.”</td>
</tr>
<tr>
<td>External Materials and Resources Used In Activity Planning</td>
<td>Current Minimum Data Set, residents, families, staff, common knowledge, seminars and conferences, other facilities’ calendars and activities directors, activityconnection.com, Creative Forecasting.</td>
</tr>
<tr>
<td>Occasional Presence of Gender in External Materials and Resources</td>
<td>“Every once in awhile there will be an article submitted about activities for men. And then they’ll usually have a blurb about the different kinds of activities you can do...like fishing gear, work related activities...But it’s a periodic thing. Activityconnection.com has a little bit more manly type programming.”</td>
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<td>“Ya know, I’d have to say that mostly they don’t usually. If they’re doing it they’ll do it sometimes. And they’ll say ya know men will prefer instead of going out to lunch, they’ll prefer fishing. Or men will prefer to go talk about World War II where the women may rather talk about the next movie they’re going to go see...ya know it’s different stuff like that.”</td>
</tr>
<tr>
<td>Awareness of/Desire to Address Gender</td>
<td>“They’re the minority in the nursing home and it’s really hard to come up with things for them to do that they would enjoy doing. The programming here is lopsided toward females...I would like to see them [men] participate more and just...different</td>
</tr>
<tr>
<td>Points of Interest</td>
<td>Responses</td>
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<td>programs for them. I’d like to have at least one or two other activities on the calendar just for men besides the [name of men’s group].”</td>
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<td>Recognition of Unique Cohort</td>
<td>“I think we’re working with a generation whose men worked all the time. And I’ve come across a lot of men. I’ll ask them what did you do for fun. They respond I never had fun. I never had time for fun. I worked all day. I worked and then I went home, and then I ate dinner and I went to bed, and I got up and I worked again. And I think they just never developed the…I don’t know…if it’s the opportunities or the skills to develop leisure interests.”</td>
</tr>
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</table>
Table 2
Totals and Percents of Gender-oriented Activities by Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>Male-oriented</th>
<th>Female-oriented</th>
<th>Gender- Neutral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility 1</td>
<td>33 (2.77%)</td>
<td>143 (12%)</td>
<td>1016 (85.23%)</td>
<td>1192</td>
</tr>
<tr>
<td>Facility 2</td>
<td>5 (.28%)</td>
<td>79 (4.51%)</td>
<td>1671 (95.21%)</td>
<td>1755</td>
</tr>
<tr>
<td>Facility 3</td>
<td>64 (4.23%)</td>
<td>266 (17.58%)</td>
<td>1183 (78.19%)</td>
<td>1513</td>
</tr>
<tr>
<td>Total</td>
<td>102 (2.29%)</td>
<td>488 (10.94%)</td>
<td>3870 (86.77%)</td>
<td>4460</td>
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<tr>
<td>Themes</td>
<td>Main Points/Sub themes</td>
<td>Responses</td>
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<td>Feeling Neglected or</td>
<td>No resident felt neglected or disadvantaged due to a greater number of women. One resident did recognize that women may have more opportunities because of their high numbers.</td>
<td>“Oh definitely, but I don’t mind. I don’t think I’m disadvantaged because of it. I get everything I need and I can do what I like. But I do notice it.”</td>
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<td>Marginalized</td>
<td>Majority of men indicated a preference for the company of women.</td>
<td>“Yeah, I notice it. I’d rather talk to women than men. You can learn stuff from them.”</td>
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<td></td>
<td>“I prefer women to men. I’ve got a couple ladies around here I’m friends with. I enjoy it more because there’s more to talk about.”</td>
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<td>Preference for Social</td>
<td>Responses indicated a variety of preferences Those who preferred independent activities claimed to have always been “loners” or due to age, decline in health, or a grown preference had come to enjoy independent activities.</td>
<td>“I’ve gotten to a place where I really kind of make my own amusement, my own amusement, my own activities. I get along pretty well by myself.”</td>
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<tr>
<td>or Independent Activities</td>
<td></td>
<td>“I’m self contained ya know. I have enough in my life that I don’t feel desperate for that. I don’t feel I need any interaction or that I need to seek it out. I have enough in my life.”</td>
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<td>Those individuals who said they enjoy social activities or a mixture of both had always been social individuals, or saw social activities as ways to keep in touch and meet new people.</td>
<td>“I love people. I prefer more social activities because I love people. They are so interesting.”</td>
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<td></td>
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<td>“You’re kind of boxed off here, so you don’t get to see everybody. Social activities are</td>
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<tr>
<td>Themes</td>
<td>Main Points/Sub themes</td>
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<tr>
<td>Camaraderie With Other Male Residents</td>
<td>Majority of residents identified few or no friendships with other male residents. For those men without friendships discomfort with poor health and lower functioning, and dissimilar interests deterred creating friendships.</td>
<td>“I have no close relationships except my wife. No, I’m not interested. Everybody has their own interests. I have made several very close friends over the years and although we don’t see each other we feel we don’t really need new ones. No external friends.”</td>
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<td>A select number of men without friendships identified a desire for closer relationships, but identified difficulties in doing so. Focus was on difficulty in even meeting people and poor health.</td>
<td>“I don’t know any of them. Hard to get with because we’re all boxed off. It’s harder to get to know each other. We get to know each other going to eat at the same table or something like that, but other than that you’re compartmentalized.”</td>
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<td></td>
<td>For the few men who identified friendships, the nature of friendships were limited and “casual” and brief.</td>
<td>“Oh these aren’t…I meet ‘em and I may just talk to ‘em while I’m eating or something of that nature, but uh…they’re kind of…I shouldn’t say this but they aren’t well. They don’t have the ability…they can’t think.”</td>
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</tbody>
</table>

Good for that. If there’s a new resident, I like to meet ‘em, but ya can’t do that sitting in your room. Some of the social activities give me ideas or things I find interesting and want to pursue further. Takes up my time ya see.”
<table>
<thead>
<tr>
<th>Themes</th>
<th>Main Points/Sub themes</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of Work, Family, And Past Roles</td>
<td>Topic sparked the most interest for residents and provided the most information on family and past experiences. The importance of this topic was also highlighted by the spontaneity with which residents addressed their families and work.</td>
<td>“Well I came to Miami University in 1946 and they hired me. Miami University is my school. I love the University and I loved my work there. I still have close friends who are associated with it and I love hearing from them…Money wasn’t too plentiful in the summer months so I had to find other ways to occupy my time. I worked in maintenance, drove trucks, painted, washed walls…I thoroughly enjoyed that kind of thing. You learned a lot and it made you feel good.”</td>
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<td></td>
<td>A few men indicated that current programming did not tap into their past interests, but wished that it would.</td>
<td>“Family is very important to me. I would be very upset if my family didn’t visit me. Life hasn’t been bad, and I’ve been able to provide for them.”</td>
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<td></td>
<td></td>
<td>“They don’t do a lot here of what I’m used to from the University. I don’t mean to criticize, but I’m used to different things.”</td>
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<tr>
<td>Themes</td>
<td>Main Points/Sub themes</td>
<td>Responses</td>
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<tr>
<td>Majority of men did not participate or very rarely participated in activities. Reasons included having other things to do, disability, age, and a dislike for the programming, calling it silly or childish.</td>
<td>“Activities don’t really tap into my past... my hobbies and interests…but I would like them too.”</td>
<td>“As long as I’m not about to start reading a book I’ll go down, but that is only on occasion.”</td>
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<tr>
<td>“The one or two programs I’ve gone to have gotten kind of silly. Really that’s the best word I can come up with right now. I’m not really who the activities they sponsor are slanted to.”</td>
<td>“The one or two programs I’ve gone to have gotten kind of silly. Really that’s the best word I can come up with right now. I’m not really who the activities they sponsor are slanted to.”</td>
<td></td>
</tr>
<tr>
<td>“I don’t participate because it’s nothing I’m interested in. I’ve outgrown these things and games they do.”</td>
<td>“I don’t participate because it’s nothing I’m interested in. I’ve outgrown these things and games they do.”</td>
<td>“Well I’m 97 years old so at this age I don’t have the ability to do what I want.”</td>
</tr>
<tr>
<td>“I just can’t anymore, but oh if I could I would yes. I think that’s about what upsets me more than anything that I can’t do a lot of the things I want to.”</td>
<td>“I just can’t anymore, but oh if I could I would yes. I think that’s about what upsets me more than anything that I can’t do a lot of the things I want to.”</td>
<td>“Yes they offer enough and if you like to participate you do and if you don’t you go somewhere else and you do something else.”</td>
</tr>
<tr>
<td>Themes</td>
<td>Main Points/Sub themes</td>
<td>Responses</td>
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<td>For those men who indicated an interest in male-oriented programming only a couple could offer suggestions. Majority exemplified cohort characteristics by saying they had never thought about leisure activity ideas.</td>
<td>“I just haven’t had these opportunities before. These things didn’t exist when I was growing up.” “I haven’t really thought about what I would like to do here. Not sure what I would like to do…not sure at all.”</td>
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<tr>
<td>In regards to specific men’s groups, the majority of men expressed a dissatisfaction with the program for various reasons including no interest, occupation with other activities, lack of knowledge about such programs, and frustration with the program itself.</td>
<td>“Right, we’re doing that and this last month there were just two of us down there with a couple of women. But we’re called the [name Men]! Just once a month. They traded it some damn way or something so that they could be there. I mean it’s ours but there’s two men and two women!” “Well, we do have a men’s meeting once a month. I attended once, but didn’t think there was anything interesting going on. I haven’t gone back. I want something more stimulating.”</td>
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