

**IDENTIFYING LEARNING NEEDS OF THE
INSTITUTIONALIZED ELDERLY**

© MYRA PARCHER 1993

B.S.N., University of Saskatchewan, 1980

**A Thesis
Submitted to the Faculty of Education
of The University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree**

MASTER OF EDUCATION

LETHBRIDGE, ALBERTA

January, 1993

TABLE OF CONTENTS

	PAGE
List of Tables.....	i
List of Figures.....	ii
 I. CHAPTER ONE	
INTRODUCTION.....	1
Purpose of Study.....	9
Definitions.....	10
Delimitations of the Study.....	11
Significance of the Study.....	12
 II. CHAPTER TWO	
LITERATURE REVIEW.....	14
Normal Aging.....	14
Theories of Aging.....	18
Erikson's Developmental Theory.....	18
Atchley's Continuity Theory.....	23
Third Age Theory.....	24
Other Theories of Aging.....	25
Lifelong Learning.....	26
The Pedagogical Model.....	27
The Andragogical Model.....	29
Motivating Factors for Learning.....	37
Barriers to Learning.....	38
Lifelong Learning Opportunities.....	38
Learning and the Older Adult.....	41
Fear of Aging.....	45
The Institutional Setting.....	46
Past Research on Learning Needs Among the Elderly...	53
Summary.....	57
 III. CHAPTER THREE	
RESEARCH DESIGN.....	59
Setting and Sample.....	60
Data Collection Instrument.....	62
Data Collection Procedures.....	66
Pilot Study Procedures.....	68
Main Study Procedures.....	72
Validity.....	72
Data Analysis and Interpretation.....	73

	PAGE
IV. CHAPTER FOUR.....	80
FINDINGS.....	80
Research Question One.....	82
Research Question Two.....	84
Research Question Three.....	103
Research Question Four.....	110
Research Question Five.....	117
Summary of Findings and Recommendations.....	121
Findings Related to the Research Questions.....	122
General Findings.....	130
Recommendations.....	136
References.....	138
Appendices.....	146
1. Consent Letter.....	147
2. Interview Guide.....	148

LIST OF TABLES

	PAGE
Table 1.....	19
Table 2.....	21
Table 3.....	63

LIST OF FIGURES

	PAGE
Figure 1.....	28
Figure 2.....	40

CHAPTER ONE

INTRODUCTION

Global populations are aging and by the turn of the century elderly populations will have increased significantly. The United Nations predicts that by the year 2025 the elderly will constitute 25 percent of the global population (UN Chronicle, 1988). Specifically, the global population of people over 60 years of age was 380 million in 1980, is expected to rise to 610 million in the year 2000 and will reach an alarming billion plus by 2025 (UN Chronicle, 1988). The UN Chronicle anticipates faster increases in the 80 plus age group with 34 million in 1980, 58 million in 2000 and 114 million in the year 2025.

The Canadian population is not excluded in the United Nations predictions. Canadians are also growing older and grayer. The "graying of Canada" is a phrase frequently coined by the media, in the latter years of the past decade. It is predicted that by the year 2025 approximately one in five Canadians will be over the age of 65 (Cooper, 1989). Senior citizens, in Canada, are now being subcategorized into the "young-old", the "old-old", the "well-elderly" and the "frail-elderly" (Cooper, 1989, p. 114). The new era of Canadian seniors boasts a philosophy of living longer and

dying younger (at heart).

The UN Chronicle suggests that the trend towards aging could significantly affect a society's development potential, particularly if dependency rates among the elderly are high. Eight percent of older Canadians reside in long term care institutions compared with five percent of older Americans (Tamarkin, 1988). This may suggest that Canadian dependency rates among the elderly population is higher than the United States of America or it may reflect the availability of programs specific to the elderly in Canada.

Provincial governments within Canada are attempting to decrease dependency rates among the elderly by initiating health care programs which will promote individual independence. Present day long term care facilities encourage independence among the elderly, replacing the once predominant philosophy of promoting individual dependency. This theoretical framework attempts to decrease dependency rates within long term care institutions while promoting personal independence, decision making autonomy and lifestyle flexibility. The promotion of the above named concepts assumes that the institutionalized adult's quality of life is enhanced and maintained.

The provincial government of Alberta, specifically the

Department of Health or Alberta Health, has in the last decade researched and implemented program changes in long term care facilities. These initiatives have had a significant impact on the delivery of care, services and programs provided to the institutionalized elderly of Alberta. Policy and program changes introduced at the nursing home level have greatly improved and enhanced the resources and quality of existing health care services provided to the institutionalized elderly.

In 1985 the revised Nursing Home Act of Alberta was introduced. This document governs all nursing homes or long term care facilities within the province. Professional staff was increased in these facilities to better meet the demands of an aging institutionalized elderly population. The previous Nursing Home Act had established minimum standards of care and services to be delivered to the elderly but the revised 1985 Nursing Home Act further developed these standards in an effort to increase or maintain the individual's quality of life within an institution and to further promote independence among the institutionalized elderly.

Alberta Health then introduced, in 1987, a classification system for all nursing homes. The ultimate goal of the classification system is to fund facilities in

a more equitable manner taking into account individual facility care requirements. For example, a nursing home with heavy or intense care requirements will be funded at a higher rate compared with facilities which have light or minimal care requirements. The classification system determines staffing patterns for the nursing department within long term care facilities. For facilities with above average care requirements the non-professional nursing staff was increased. The professional nursing staff ratio was increased from 17 percent to 22 percent. Professional and non-professional nursing staff was not decreased in any facility. The provincial Department of Health has made a concerted effort to improve the quality of life for elderly individuals residing within Alberta institutions.

Medicine Hat, a southeastern Alberta community, has a total population of 42,290 (Census Summary Part 3, 1988). The Census Summary (1988) explains that 14 percent of Medicine Hat's total population consists of adults over the age of 65 years. This is much higher than the provincial percentage of 8.2 percent. The Medicine Hat News (1990) reported that in the early months of 1990, 6,000 of the city's residents were 65 years of age and older but that number will soar to 7,200 by the year 2000 with half of these individuals 75 years of age and older.

As the past Director of Nursing in a nursing home in Medicine Hat, I am most concerned with meeting the needs of the institutionalized elderly. The revised Alberta Nursing Home Act of 1985 and classification system of 1987 have created the resources within a nursing home to realistically meet the complex and varying health care needs of older individuals.

According to Maslow's (1970) theory of human motivation a hierarchy of human needs exists. The beginning point or basis for motivation theory is the meeting of human physiological needs such as food, clothing and shelter. Maslow's hierarchy of needs then continues with the human need for safety, love and belonging, esteem and lastly, the need for self-actualization. Individual learning experiences promote and meet one's esteem needs. However, Maslow proposed that esteem needs cannot be met unless those needs below it on the hierarchy scale are initially met and maintained. Nursing homes do meet the basic survival or physiological needs of their residents. These individuals are fed, clothed and sheltered. Safety needs of the institutionalized elderly are met by the institution in terms of "security, structure, order and protection" (Maslow, 1970, p. 39). The institutional setting may not adequately meet the individual's need for love and

belonging. This can be attempted, collectively, on a group basis but individual loneliness may prevail. It is hoped that these needs can be met with the assistance of the individuals' family or friends. If love and belonging needs are adequately fulfilled then Maslow acknowledges that esteem needs may be attained. Esteem needs include the desire "for self-respect or self-esteem and for the esteem of others" (Maslow, 1970, p. 45). The long term care facility may attempt to meet an individuals' esteem needs by providing learning opportunities which will promote "individual recognition, achievement, mastery, competence, confidence, independence, status, importance, appreciation and dignity" (p. 45). The meeting of an individual's esteem needs may or may not lead one to strive for self-actualization which, according to Maslow is the epitome of being. The need for interdependence is perhaps a higher need than self-actualization. The need for interdependence suggests that each individual or groups of individuals must rely on the other for their co-existence. Interdependence is crucial within long term care settings as residents, their families and/or significant others and the institution strive for an environment of mutuality.

Historically, the physical, social, spiritual and mental well being of the institutionalized elderly was a goal most

long term care facilities strived for. This conceptual framework surmises that learning needs are a part of the individual's mental and social needs. Nursing homes contain several departments which address specific needs of the resident. For instance, the nursing, dietary, physiotherapy and occupational therapy departments ensure that the physical needs of the resident are monitored and maintained. Learning needs of the institutionalized elderly are assessed and addressed by the recreational department within a long term care facility. In Medicine Hat, community senior citizen centers as well as the local college have provided learning opportunities for older adults who reside in a community setting. However, long term care facilities have not truly addressed the issue of providing learning sessions for the lucid institutionalized elderly. Perhaps this is due, to some extent, to certain attitudes espoused by society in general, towards aging and the institutionalized elderly. Nursing homes may be perceived by some members of society as the final resting place for the living. Inhabitants of nursing homes may be perceived as a collective group rather than individuals with uniquely varying personalities, preferences, desires and emotions. The institutionalized elderly are individuals who wish to live their lives as do other members of society, with

definition, purpose and the desire to be recognized.

Society has in the past negatively stereotyped aging and has held an infatuation with youth which has contributed to the ideology that aging was not an important process to be studied (Groombridge, 1982). However, with the realization that the elderly population is increasing significantly researchers are becoming more interested in understanding aging as it constitutes a complex process which involves biological, psychological, social, political and economic factors. According to McDaniel (1986) aging is poorly understood at present but is receiving greater attention and an increasing amount of research has recently been initiated on the subject.

In my opinion, research initiatives concerning the institutionalized elderly are long overdue. Long term care facilities are now placing greater emphasis on the goals of resident individuality, personal autonomy and institutional flexibility with regard to the residents' lifestyles. Long term care professionals are now motivated to inquire and seek clarification from their clientele in an effort to achieve this new goal. An increasing elderly population has prompted researchers to consider new and unexplored areas of critical thinking concerning elderhood. The identification of learning needs among the lucid institutionalized elderly

is an unexplored area of elderhood. Past research on learning needs among the elderly indicates that gaps do exist in the research. Further studies are required in order to understand and plan future learning programs for the lucid institutionalized individual.

Purpose of the Study

Quality of life for elderly individuals residing within a long term care facility is of vital concern to professionals who plan and deliver programs and services to these individuals. The purpose of this research study is to identify and describe the perceived learning needs among the lucid institutionalized elderly and to identify whether the meeting of these needs would be perceived as an enhancement to their quality of life. The proposed research questions include:

1. How do the lucid institutionalized elderly define the concept of learning?
2. To what degree do the lucid institutionalized elderly perceive that they possess learning needs?
3. How do the lucid institutionalized elderly perceive that their learning needs might best be met?
4. What do the lucid institutionalized elderly perceive as barriers to their learning?

5. To what extent would the meeting of their learning needs affect the lucid institutionalized elderly individuals' perceived quality of life?

Definitions

The following study defined 'learning' as experiences occurring in any setting (McLean, 1981) which motivate and captivate one to become engaged in gaining, acquiring or discovering a new skill (Knowles, 1984), knowledge (Peterson, 1979), awareness (Peterson, 1983), or strategies for living (Havighurst, 1972). Learning may occur on a cognitive (Knowles, 1984), emotional (Verduin, Miller & Green, 1986) or coping level (Peterson, 1983). Learning may promote one or all of the following: personal goals, personal satisfaction, socialization (Peterson, 1983) and the integration of one's lifestyle with their environment (McLean, 1981). Examples of learning may include but are not limited to:

- skill oriented learning such as painting or cooking;
- hobby or personal interest learning such as chess, cards, how to reduce stress in your life, how to be a grandparent or how to plant a garden;
- academic learning such as mathematics, history, or science;

- other learning such as acquiring a new language.

For this study reference to the institutionalized elderly, older adults, older individuals, older people, older students and senior citizens includes those individuals 65 years of age and older.

For the purpose of this study lucid describes an individual who resides within a nursing home who is orientated to time, place and person and is capable of verbal communication.

Delimitations of the Study

This research study does not include the cognitively impaired institutionalized elderly. The study included only the lucid institutionalized elderly. The mental status of participants for this study was determined from the medical and nursing diagnosis available from the participant's long term care multidisciplinary record. Individuals who were not able to communicate verbally were excluded from the study in an effort to minimize communication barriers and subsequent bias which may result through the interpretation of non-verbal communication.

The study involved one long term care facility located in Southeastern Alberta. Participants for the study were volunteers. Individual privacy was ensured and respected

through voluntary participation.

The study did not focus on medical/nursing needs or issues of the institutionalized elderly. Medical/nursing needs may include but are not limited to: medical/nursing diagnosis, medications, diet, occupational and physiotherapy concerns. Although it is recognized that these factors will affect perceived learning needs the intent is to develop a more general picture which might serve as a starting point for addressing these needs.

Significance of the Study

The study provided a frame of reference for the personnel of the nursing home in southeastern Alberta in terms of planning future learning experiences for the institutionalized elderly and added to the existing literature on learning and the elderly.

Groombridge (1982) believes that the initial task of providing learning experiences for the elderly is "to arouse self-awareness rather than provide content, to enhance the consciousness of the elderly in relation to themselves and to their social setting, to strengthen their self-esteem and to encourage their questioning or hidden aspirations" (p.318). Groombridge states that consciousness raising is perhaps a prerequisite for more specific learning activities

among the elderly population. This study provided a consciousness raising experience for the lucid institutionalized elderly by identifying their personal perceived learning needs.

CHAPTER TWO

LITERATURE REVIEW

Normal Aging

The process of normal aging occurs over time and does not include illness(es) or chronic disease(s) which may accelerate the phenomenon. Aging is considered a continuous process which occurs gradually over a lifetime (Verner & Davison, 1982) and produces external and internal physiological changes. The external changes of aging alter the physical appearance of individuals which is perhaps "the most striking manifestation of the aging process" (Krauss Whitbourne & Weinstock, 1979). The hair will become grayer, thinner and less resilient while the skin is subjected to numerous observable changes. Wrinkles in the skin occur as natural oils are lost, it loses its elasticity, sweat glands atrophy and cellular tissue is lost which produces a dry, flaky appearance of the skin. As an individual ages there is "a decrease in fatty deposits underneath the outer layer of skin" (Krauss Whitbourne & Weinstock, 1979, p. 248) which causes sagging of facial and body features and also produces a translucent quality of the skin which makes it more delicate and sensitive to changes in temperature, pressure and trauma. Pigmentation changes also occur and cause

darkened spots to develop on the skin. The loss of teeth may also alter the facial contours.

Physical maturation produces changes which affect the neurological, cardiovascular, respiratory, musculoskeletal, digestive and reproductive systems of the body. Whitman, Graham, Gleit and Boyd (1986) suggest that neurological changes involve both the sensory and cerebral systems.

The neurological sensory system includes vision and hearing. Visual acuity decreases with increased age as "The lens of the eye becomes rigid and opaque and pupillary responses diminish" (Whitman et al., 1986, p. 114). Verner and Davison (1982) report that the older adult requires three or more seconds to change focus while a younger individual requires approximately two seconds. The aging eye has "poorer discrimination among blue, green and violet hues, slower accommodation from light to dark, and decreased ability to discriminate detail" (Whitman et al., 1986, p. 114). According to Verner and Davison (1982) there is a gradual but consistent decline in hearing as an individual ages. The elderly individual will suffer from a loss of hearing of high-pitched sounds and will have difficulty discriminating the sound of high-frequency consonants such as "s, z, t, f and g" (Whitman et al., 1986, p.115). Background noise may also interfere with the older adults'

ability to hear.

Older individuals will experience decreases in their tactile perceptions which includes their sensitivity to touch and temperature as well as their perception of vibration. Changes which occur in the elderly individuals' cerebral system will result in a diminished sense of balance and fine motor movement. The cardiovascular and respiratory systems become less efficient with increased age and as a result an individual may become tired with little exertion. Muscle tone and strength also decline with aging and this may affect the performance of psychomotor skills.

Inactivity enhances the stiffness caused from degenerative changes within the joints making movements more restricted for the aging individual (Whitman et al., 1986).

Constipation may occur as the digestive system produces fewer enzymes to process food and motility of the gastrointestinal tract decreases (Krauss Whitbourne & Weinstock, 1979).

As women age there is a loss of reproductive capability with the onset of menopause. For men there is a decrease in the production of testosterone but the direct effects of this are not clearly understood. However, Krauss Whitbourne & Weinstock (1979) report "that men experience a decreased demand for ejaculatory release of sexual excitement and

orgasm" (p. 250). It must be emphasized that loss of reproductive capability in old age is not synonymous with loss of sexual capacity.

The physiological changes discussed above have implications for the educator of older adults. Verner and Davison (1982) state these implications include but are not limited to the following:

- need for increased illumination without glare
- sharp contrast of printed materials (black lettering on white background is best)
- increase in the size and type of print
- use of paper with a matte finish
- use of brightly contrasting colors for charts and diagrams
- speaking slowly, distinctly, with sufficient volume using a lowered pitch
- avoiding excessive background noise
- where the use of tactile senses are required exaggerate the stimuli (increase the odor or taste, present textures which are coarser or softer and increase movements which must be felt).

The aging process is unique to each individual. Therefore, the changes which are likely to occur to each individual will vary in degree, onset and extent.

Theories of Aging

Developmental theories provide a conceptual framework for understanding human development throughout the life span. Generally, developmental theories have emphasized the growing years of infancy, toddlerhood, preschool, school age, adolescence and adulthood. Some conceptual frameworks have divided adulthood into two categories of young and older adulthood. Relatively little emphasis was placed on late or older adulthood. This was perhaps due to the fact that life expectancy was much lower than it is today. As a result, societies did not give a lot of thought to old age or the development of an elderly individual. According to Dychtwald and Flower (1989) "in a little over 200 years America has experienced a doubling in the life expectancy of its population" (p. 6). Historically, only one person in ten lived to 65 years of age. Today 80% of Americans will live beyond that age (Dychtwald & Flower, 1989). The idea of an aging society is not unique to the United States but is a universality as depicted in Table 1.

Erikson's Developmental Theory

Developmental theorists are now striving to achieve greater understanding of elderhood. Erikson is a developmental theorist who in the early 1970s categorized

TABLE 1
The 25 Most Longevous Nations

<u>Country</u>	<u>Percentage of Population over 65</u>
Sweden	18
Norway	16
United Kingdom, Denmark	15
West Germany, Switzerland	15
Austria	15
Belgium, Italy	14
Greece, Luxembourg	14
France, East Germany	13
Finland, Hungary	13
Netherlands, Spain	12
United States, Ireland	12
Bulgaria, Portugal	12
Faroe Islands	12
Uruguay	11
Czechoslovakia	11
Canada	11

Source: Dychtwald & Flower, 1989, p. 14

the life cycle into eight developmental stages and later refocused his work "on the completion of the life cycle and the developmental potentials of aging" (Weiland, 1989, p. 191). Each stage was referred to by Erikson as a psychosocial crisis (see Table 2). The eighth stage or final crisis is labeled integrity vs. despair. Erikson (1986) explained that each life cycle stage requires the individual to reintegrate "in new, age appropriate ways, those psychosocial themes that were ascendant in earlier periods" and to utilize "earlier themes in the process of bringing into balance the tension that is now focal" (p. 54).

Erikson added to his earlier concepts on life cycle development by viewing old age as an inner struggle with the self for a balance between the sense of integrity which encompasses one's wholeness, completeness and the sense of "I" with the opposing force of despair which accentuates dread and a feeling of hopelessness. However, Erikson (1986) further suggests that in order to achieve the balance between integrity and despair, in old age, an individual must have balanced earlier "age appropriate" (p. 40) psychosocial tensions and resynthesized "all the resilience and toughness of the basic strengths already developed" (p. 40). The final stage of the life cycle integrates "maturing

TABLE 2
ERIKSON'S DEVELOPMENTAL LIFE STAGES

STAGES	PSYCHOSOCIAL CRISES	BASIC STRENGTHS	CORE- PATHOLOGY BASIC ANTIPATHIES
I Infancy	Basic Trust vs. Basic Mistrust	Hope	Withdrawal
II Early Childhood	Autonomy vs. Shame, Doubt	Will	Compulsion
III Play Age	Initiative vs. Guilt	Purpose	Inhibition
IV School Age	Industry vs. Inferiority	Competence	Inertia
V Adoles- cence	Identity vs. Identity Confusion	Fidelity	Repudiation
VI Young Adulthood	Intimacy vs. Isolation	Love	Exclusivity
VII Adult- hood	Generativity vs. Stagnation	Care	Rejectivity
VIII Old Age	Integrity vs. Despair	Wisdom	Disdain

(adapted from Erikson, 1982, p. 32-33)

forms of hope, will, purpose, competence, fidelity, love and care into a comprehensive sense of wisdom" (Erikson, 1986, p. 56). Strengths and weaknesses are qualities according to Erikson, that are processed during a lifetime through choices and rejections made by each individual which culminate in a sense of "I". Wisdom, in old age, according to Erikson (1982) is the basic strength of humans, which is achieved by attempting to maintain a degree of order and meaning "in the disintegration of body and mind" (p. 64). Wisdom and integrity allows one to become philosophical and reflective of humanity (Erikson, 1986) while despair perpetuates disdain and dogmatism.

Erikson's theory of elderhood development realizes individual psychosocial identity and provides one profile for professionals who work with elderly people in our society. From Erikson's premise professionals can begin to examine and unravel the complex cognition processes of the elderly individual. In 1986 Erikson suggested that a ninth stage of development be added to his earlier stages in view of the fact that people are living significantly longer. He proposed that the ninth stage of psychosocial development include "perhaps, some sense or premonition of immortality" (Erikson, 1986, p. 336).

Atchley's Continuity Theory

Robert Atchley (1989) presents the idea of continuity theory in relation to aging. The central premise of this concept is that older adults make adaptive choices in an effort to maintain a sense of order in their internal and external worlds. They master this feat by utilizing continuity. Continuity is defined by Atchley as the application of "familiar strategies in familiar arenas of life" (p. 183).

Internal continuity requires memory as it is the remembered inner structure of an individual. Inner structure includes one's "temperament, affect, experiences, preferences, dispositions and skills (Atchley, 1989, p. 184). External continuity includes one's relationship with others and expressed overt behaviors. Atchley describes individual optimum continuity as maintaining order and balance between the pace and degree of change so that it is synchronized with one's coping ability, preference and external peer or societal pressure.

The notion of internal continuity is very powerful, for internal continuity maintains self preservation, ego integrity, self esteem and predictability. External continuity preserves interpersonal relationships and individual identity by providing the skills necessary to

cope with aging.

According to Atchley (1989) continuity theory is "a grand adaptive strategy that is promoted by both individual preference and social approval" (p. 183). The most significant concept of this theory, for professionals, is the idea of self preservation or self continuity. Atchley reported "that even institutionalization produced no discernible effect on older adults' capacity to maintain their perception of self-continuity" (p. 187). This observation is significant in terms of this study as it suggests that the institutionalized elderly individual is not more or less vulnerable to changes in their external environment than the non-institutionalized elderly in terms of their self preservation (Atchley, 1989).

Third Age Theory

"The Third Age" (Dychtwald & Flower, 1989, p. 346) is an emerging philosophy which suggests that humans have three developmental ages. The first age occurs from birth to approximately 25 years during which time biological, learning and survival development evolves. The second age is between the ages of 26 to 60 years when the primary focus is on adult life and the issues of family formation, parenting and work. The third age develops after 60 years

of age and has two main purposes. The first purpose is reflective. That is, many of life's basic adult tasks are well underway or already accomplished; thus "this less pressured, more reflective period allows the further development of the interior life of the intellect, memory, imagination, of emotional maturity and of one's own personal sense of spiritual identity (akin to Erikson's concept of the achievement of ego integrity and to Maslow's concept of self-actualization)" (1989, p. 347). The second purpose of the third age is an evolutionary role that no other age group can perform as elders return to society "the lessons, resources and experiences accumulated and articulated over a lifetime (akin to Erikson's idea of generativity)" (p. 347).

Other Theories of Aging

The life span theory of human development states that human behavior is determined by an individual's developmental history and that the ability to cope with aging is determined by the skills acquired throughout one's life span (Eddy, Pierre & Alles, 1982).

The significant factor in human development and one's ability to respond positively to aging is the retention and maintenance of one's ego integrity. Self preservation is essential for the older adult. This concept can also be

promoted through societal attitudes. "According to Monsignor Fahey, director of Fordham's Third Age Center, 'People in the third age should be the glue of society, not its ashes'" (Dychtwald & Flower, 1989, p. 347).

Lifelong Learning

The life span of individuals has changed dramatically during this century. The life span is composed of four components and in the earlier decades of this century these components were considered to consist of: infancy and early childhood, youth, adulthood, and old age (Peterson, 1983). By the 1940s life expectancy had increased to over sixty years of age; thus an individual's employment years had increased in addition to their period of retirement (Peterson, 1983). The distribution of education, work and leisure time has changed over the life span and it is anticipated that it will continue to evolve. Today, many adults, including older adults are involved in two or three activities of education, work and leisure at one time. What was once conceptualized as a linear life style of education, work and leisure is now being viewed as cyclic or blended in nature (see Figure 1). O'Toole (1974) stressed "that by segmenting life functions, we make the activities of education, work and leisure less meaningful than if they ran

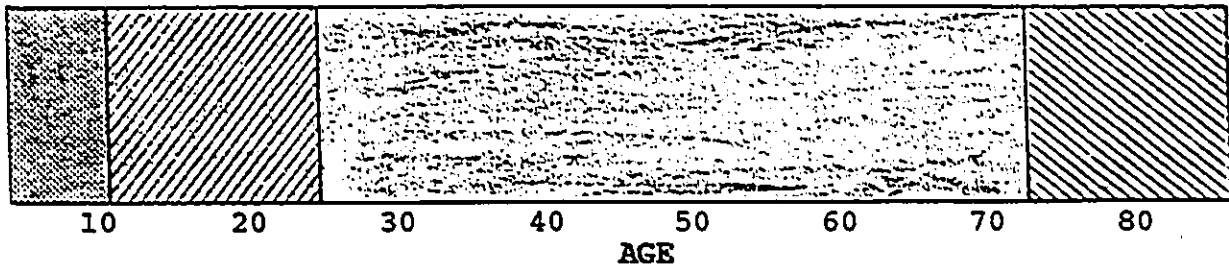
as three strands throughout our lives" (p. 13). Age segregation by generation which occurs through the delineation of education, work and leisure results in a rigid society. A cyclical or blended life span is viewed as positive as it produces awareness, tolerance and flexibility among the generations.

Lifelong learning assumes that any individual, at any age, in any setting may learn. MacLean (1981) defines lifelong learning as experiences occurring in any setting which motivate individuals to increase their preparedness and skill in order to integrate their lifestyle with their environment. Jarvis (1984) defined lifelong learning as any "planned series of incidents" (p. 8) which would enhance learning and understanding throughout an individual's life span.

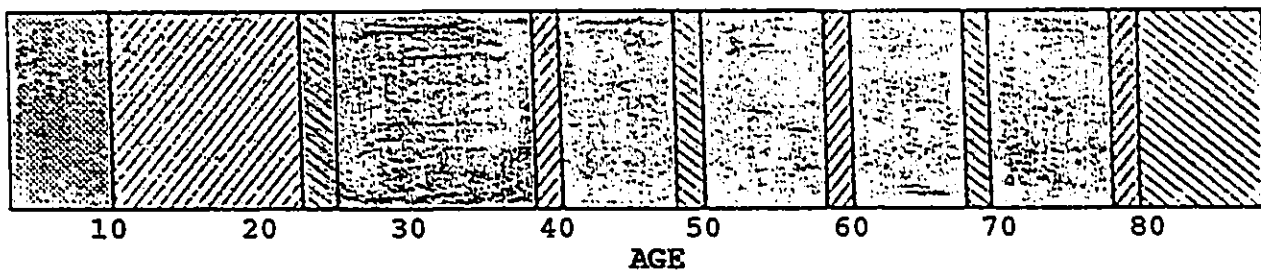
The Pedagogical Model

Educators are familiar with the pedagogical model of traditional learning. Pedagogy literally translated means "the art and science of teaching children" (Knowles, 1984, p.6). The pedagogical model, according to Knowles (1984), is premised on five basic assumptions. Initially pedagogy defines the learner as a dependent individual who receives all direction from the educator. The learner is described

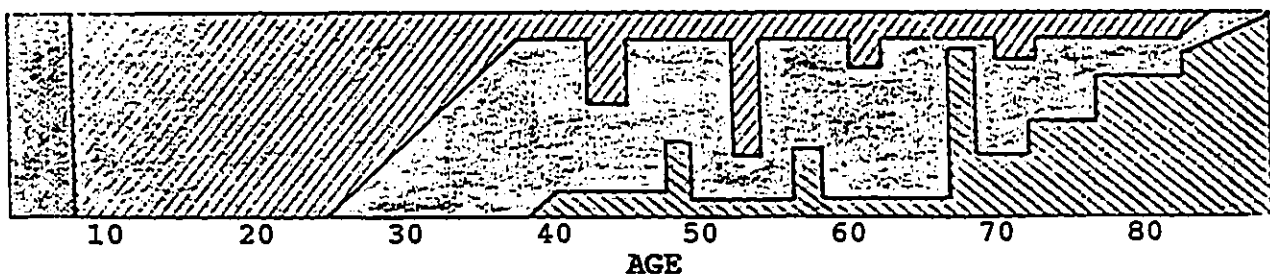
LINEAR LIFE SPAN



CYCLIC LIFE SPAN



BLENDED LIFE SPAN



Preschool - red Education - green Work - black Leisure - blue

Figure 1: Life Span Distribution

Source: Peterson, 1983, p.295

as submissive with no decision making authority about what should or should not be learned. The educator is responsible for making all decisions on what should and should not be taught. Secondly, the learner has little or no experience which would enhance learning. The educator, textbook author and audiovisual aids provide the experience. Therefore, pedagogy is concerned with delivery techniques such as lectures, assigned readings and audiovisual presentations. Thirdly, readiness to learn is related to age. Students are ready to learn what they are instructed to learn in order to advance to the next level. The fourth premise is the students' orientation to learning which is considered subject-centered. The curriculum is structured according to subjects, content units and logic of the material to be learned. Lastly, the pedagogical model, as described by Knowles in 1984, assumes that external sources motivate students to learn. External sources consist of pressure from parents, teachers, grades and the avoidance of failure.

The Andragogical Model

Lifelong learning encompasses the andragogical model of learning. Andragogy is the term applied to the theoretical model of adult education. Knowles (1984) stipulates that

andragogy is based on five assumptions which are different from the five assumptions of pedagogy. Initially, in andragogy, the learner is self-directed and capable of assuming responsibility for themselves. However, previous conditioning during childhood school days has placed many adults in a dependency role when they become engaged in a learning situation. Adult educators are aware of this potential problem and have implemented strategies for adult learners which assist them in the transition from dependent learners to self-directed learners. Secondly, the adult learner assembles and accumulates a wealth of experience which lends a greater volume and a different quality of experience, than the youth learner. This volume and quality of experience in adults generates two additional assumptions which adult educators must acknowledge and incorporate into their teaching strategies. The first assumption is that adults define their self identity from their experience (who I am is derived from what I have done). An adult's experience cannot be ignored in a learning situation but must be valued; then individuals will perceive themselves as being accepted. The second assumption acknowledges the diversity of experience among adults and utilizes learning contracts as a teaching strategy. However, past experience of the adult learner may cause defensiveness about their

ways of thinking and doing because of preconceived ideas, prejudices and biases. Adult educators must incorporate methods within their teaching strategies to assist the adult learner to become more open minded. The third assumption regarding adult learners is that adults are ready to learn when they "experience a need to know or do something in order to perform more effectively in some aspect of their lives" (Knowles, 1984, p. 11). Knowles suggests that educators may facilitate adult readiness to learn by introducing learners to effective role models, assisting individuals in career planning and utilizing diagnostic experiences which assess individual gaps in knowledge. The fourth assumption concerning andragogy is that an adult's orientation to learning is life-centered, problem-centered or task-centered. That is, adults generally do not learn for the sake of learning but "they learn in order to be able to perform a task, solve a problem, or live in a more satisfying way" (p. 12). The implications for the facilitator of learning is that the curriculum must be organized around life situations rather than subject content. It is important that the educator define for the adult learner at the onset of the educational encounter what the learner will learn. Lastly, andragogy acknowledges that learners are motivated to learn because of external

motivators such as job promotion, salary increases, etc. but that individual internal motivating factors are more powerful in the pursuit of knowledge. Internal motivating factors include "self-esteem, recognition, better quality of life, greater self-confidence, self-actualization, and the like" (p. 12).

The pedagogical and andragogical models of learning are viewed by Knowles (1984) as parallel. This has tremendous implications for the concept of lifelong learning. This means that two models of learning exist and may be incorporated by the educator to best meet the learning needs of the learner based on the learner's self concept, experience, readiness to learn, orientation to learning and motivation to learn. The pedagogical model is a "content plan" and the andragogical model is a "process design where the facilitator of learning is the designer and manager of the processes and procedures" (Knowles, 1984, p. 14).

In the pedagogical model the educator must plan the educational experience by answering four questions. These questions, according to Knowles (1984) are

1. What content needs to be taught?
2. How can this content be organized into workable units?
3. In what order should the content be presented?

4. What would be the most effective means of delivering this content?

The andragogical model surmises that the educator is not the only resource for the learner. There are numerous other resources available to the student and the educator must be aware of these resources. The educator then acts as an intermediary for the learner and the other resources.

There are seven elements which are essential to the andragogical process design (Knowles, 1984). The first element is the climate setting which includes a milieu that is conducive to learning. The physical environment and the psychological atmosphere are also included in the climate setting. Knowles suggests that a physical environment should not dictate the learning event but rather should lend itself to the event. For example, moving the desks or chairs in a circle may enhance the learning session as opposed to row seating. The physical environment should suggest a two way transmission of communication between students and educator. The psychological climate is extremely important and encompasses a "climate of mutual respect, collaborativeness, mutual trust, supportiveness, openness and authenticity, pleasure and humanness" (p. 15-17).

The second element to the andragogical model involves

learners in the planning of the learning event. This is a shared responsibility between the learner and the educator. Thirdly, learners are to be included in the assessment of their learning. This may be a challenge for the educator in terms of integrating into the learning event the learners felt needs and the organizations' or society's ascribed needs. Knowles (1984) suggests utilizing a model which identifies the personal and organizational needs, thereby assisting the learner in identifying gaps in their knowledge. The fourth element involves the learner in writing learning objectives. Learning contracts are a valuable tool to utilize as they assist the learner in structuring their learning objectives. The fifth, sixth and seventh element of the andragogical model include the learner in planning, implementing and evaluating their learning through the use of learning contracts. The learning contracts are a mutual working agreement between the educator and the learner.

Robert Havighurst (1972) stated that all individuals continually learn throughout their lifetime and that older people do encounter learning tasks. He maintains that older individuals have a variety of new experiences and situations to encounter. The older individual according to Havighurst will encounter one, some or all of the following life

events: decreased physical strength and health, retirement, reduced income and death of a spouse. Experiencing any of these life events will ultimately coerce the older individual into learning new strategies for living. Havighurst believes that the developmental tasks of old age differ in only one respect from those of other ages. This developmental task of old age requires one to disengage from their previously active roles and then decide to engage or re-engage in other roles "such as those of grandparent, citizen, association member and friend" (Havighurst, 1972, p. 107). Disengagement may be met with acceptance or rejection by the individual. In order to engage or re-engage an individual must establish an affiliation with their age group, adopt and adapt a flexible social role and establish satisfying living arrangements (Havighurst, 1972).

David Battersby (1982) states that Havighurst's theory of disengagement has many implications for gerogogy. Gerogogy is defined by Battersby (1985) as the science and art of educating the elderly. He proclaims that gerogogy is distinct from andragogy and pedagogy but lacks a conceptual framework at present. The term gerogogy was initially coined by Dr. Margaret E. Hartford in 1976 but is not wide utilized in the lexicon of adult education (Battersby,

1982). Battersby states that although the term gerogogy has been applied to the ideology of education specific to the elderly a lack of information exists on the methodology of educating the elderly. A theoretical framework is needed to identify the individual learning characteristics of the elderly learner. Battersby suggests that theories and concepts about human development, learning and teaching be applied to the formulation of a gerogogical model. However, Battersby (1982, 1985) does not address the issue of identifying learning needs among the elderly population.

More emphasis than ever is being placed on lifelong education because of demographic redistribution. Specifically, the prolongation of life along with declining birth rates has increased the number of elderly people globally. Educational institutions have responded to this phenomena by encouraging older individuals to become active learners. Jarvis (1987) explains that lifelong education is emerging and proliferating in response to this social change. Educational content has also changed in response to this social phenomenon. Jarvis reports that educational gerontology is now considered a specialty, specialized institutes for education and aging have emerged and educating the elderly is now considered a separate field of study.

Motivating Factors for Learning

McLean (1981) suggests that adults continue to learn for reasons of self sufficiency. Self sufficiency needs include survival, coping, giving and growing. Verduin, Miller and Green (1986) reported that adults tend to be very pragmatic learners and their readiness to learn is derived from their adjustment to role changes and life cycle experiences. Lifelong learning is a very complex matter which should focus on the needs and goals of society in an effort to enhance "the quality of life for adults and to help them find a more contributing and satisfying place in society" (Verduin, Miller & Green, 1986, p. 24).

Peterson (1979) described several motives for lifelong learning which include: the desire to achieve practical and personal goals, personal satisfaction, attainment of new knowledge, socialization and the achievement of societal goals.

Older people, according to Peterson (1983) learn because they have coping needs, expressive needs, contributive needs and influence needs. Coping needs encompass survival needs and the skill required for daily functioning. Expressive needs are personal desires or interests. Contributive needs refer to the intrinsic desire to help others cope with current problems, thereby achieving the individual's

developmental task. Influence needs reflect the desire of older people to be involved with the general concerns of society at large. They want "to effect some meaningful social change" (Peterson, 1983, p. 137).

Barriers to Learning

Broschart (1977) indicated that three barriers exist to lifelong learning: institutional barriers, personal barriers and social barriers. Educational institutions tend to cater to the full-time younger student rather than the part-time student and according to Broschart, many adult learners are part-time students. Lack of counseling services for the older learner is another institutional barrier. Personal barriers for the older adult include accessibility, financial resources, physical impairment and location. Perhaps the major barrier for the older adult learner in the pursuit of lifelong learning is the social barrier which includes societal attitudes.

Lifelong Learning Opportunities

Ray, Harley and Bayles (1983) suggest that lifelong learning is reciprocal among generations; that is, older adults sharing with others their lived experiences and younger individuals teaching older adults. This would

certainly help to create and promote personal fulfillment for the older adult. This type of program has been successful in Manitoba. Senior citizens are resource personnel for the Winnipeg School Division intergenerational program which brings "students and seniors together and helps teachers enhance their lessons" (Hands Across the Classroom, 1987, p. 5). Intergenerational programs have also been initiated in elementary schools in the United States. The program has been a success for both senior citizens and young students. Reep and Early (1988) report that the program "helps reestablish elderly people in their natural role as teachers of the young" (p. 26). A hospital program in New Zealand has introduced an "Adopt a Grandparent" program (Chapman, 1988, p. 25) with children at a local primary school. According to Chapman (1988) the program revitalized the elderly patients while giving "something very special back to some members of the younger generation" (p. 25).

Peterson (1979) identified individual and societal benefits of lifelong learning (refer to Figure 2). The rewards of lifelong learning ensure that an individual's social and psychological well-being are maintained and "the achievement of the learning society" (Peterson , 1983, p. 306) occurs when there is opportunity for people of any age

INDIVIDUAL DEVELOPMENT

SOCIETAL DEVELOPMENT

1. Intellectual benefits
 - a) literacy
 - b) skills'knowledge for living
 - c) general academic education
 - d) capacity for continuous learning

2. Personality benefits
 - a) sense of self-reliance, personal autonomy
 - b) self-esteem, self-worth, meaning, fulfillment
 - c) social attitudes: tolerance mutual respect
 - d) values, ethics

1. Direct benefits
 - a) literate population
 - b) informed, skilled citizens
 - c) generally educated knowledgeable people
 - d) many lifelong learners
 - e) citizenry not dependent on institutions
 - f) social morale/lack anomie
 - g) harmonious trustful social relations
 - h) humane culture

2. Indirect benefits
 - a) reduced welfare dependency
 - b) reduced crime, incarceration rates
 - c) improved general health
 - d) more equitable distribution of wealth and other amenities

Figure 2: BENEFITS OF LIFELONG LEARNING

(adapted from Peterson, 1979, p. 428-429)

to reach their full potential.

In 1963, Dr. E.P. Andrus, a retired educator, founded the Institute of Lifetime Learning in the United States (American Association of Retired Persons, 1986). This institute is a national advocate for older learners and has college centers in most states. It is a thriving, successful educational endeavor which is strongly supported by the American Association of Retired Persons (AARP).

The American Association of Colleges states that older adults comprise 40 percent of enrolment at two-year colleges (Sweeney, 1988). California reports that 11.2 percent of 1.3 million students enrolled in the states' 106 community colleges are 50 years of age and older (Sweeney, 1988).

Elderhostel is a program which is based in Boston and has been in existence since 1975. It is a self-supporting, non-profit program which combines leisure learning and travel for older adults. Dychtwald and Flower (1988) report that yearly thousands of American citizens 60 years of age and older enthusiastically attend Elderhostel programs.

Learning and the Older Adult

Current research suggests that individual intelligence and the ability to learn does not decline as one ages if one remains generally healthy. The earlier belief that brain

cells were lost or died as one aged is now considered a misconception by researchers. Goleman (1984) reports that while there is "some cell loss, the greatest decrease is early in life and subsequent losses are not significant, even into later life" (p. 12). Goleman suggests that individuals who are physically and emotionally healthy are able to learn well into their eighties.

Crystallized intelligence, which is an individual's ability to make judgments, problem solve and use an accumulated body of knowledge, continues to increase throughout the life span in healthy, active individuals (Goleman, 1984). The term healthy individuals is defined by Goleman as an absence of disease, such as a stroke which affects the brain. Goleman reported that while crystallized intelligence increases throughout the life span, in old age "the increments become smaller" (p.11).

Fluid intelligence is the ability to perceive abstract relationships and patterns (as in playing chess). Goleman reported that as an individual ages fluid intelligence is perhaps more vulnerable to changes in the nervous system than crystallized intelligence. Goleman maintains that the decrease of fluid intelligence has impact on daily living for the elderly individual...for example not being able to remember phone numbers or names. However, this is

considered to be more of a nuisance than an impairment. This memory loss tends to be exaggerated among the general public, reports Goleman because "it is awaited with such dread" (p. 11). Many researchers, according to Goleman, now believe that although there is a decline in fluid intelligence there exists a gradual and steady increase in crystallized intelligence especially in verbal intelligence, throughout the life span.

Goleman believes that the use-it-or-lose-it theory, applies not only to muscle flexibility and endurance but to the maintenance of intellectual performance as well. Goleman suggests that three key factors enhance and maintain intellectual functioning: remaining socially active, continuing mental activities and possessing a flexible personality. Social involvement is a major factor in maintaining and improving mental capabilities and what may be observed as diminished ability in old age may really be a lack of interest. Researchers have found that social or psychological factors rather than aging may produce signs of cognitive deficits in the elderly. Some elderly individuals do suffer from dementia which is a chronic irreversible disease process that is known to produce cognitive deficits. Dementia, however, is not a normal occurrence associated with the aging process.

Sakata and Fendt (1981) report that a stimulating environment promotes and sustains intellectual growth throughout the life span. Sakata and Fendt maintain that provided with a rich and varied environment, particularly in individuals of superior intelligence, a decline in mental abilities will most likely not occur before 70 years of age. Aging produces alterations in the central nervous system resulting in a slowing of responses which affects the performance of perceptual and cognitive skills (Sakata & Fendt, 1981). A deterioration of the senses, specifically vision and hearing also affects the elderly individuals ability to learn.

Sakata and Fendt report that research studies indicate the elderly are less efficient at retrieving information from their short term memory. When the elderly attempt to recall serially learned information which is associated with short term memory recall, autonomic nervous system measurements indicate that the elderly are either underaroused (reflected by tiredness or drowsiness) or are overaroused and become anxious. According to Sakata and Fendt this underarousal and overarousal is then detrimental to their performance. Sakata and Fendt report that other research studies indicate that the elderly appear to be less efficient at entering information into long term memory than

younger individuals. This is particularly true when the number of items presented and the choice of alternatives increases. Loss of speed with increased age is the most important noncognitive factor which affects learning. Sakata and Fendt suggest that the elderly learner performs poorly on rapidly paced learning tasks due to insufficient time to respond, rather than because of a learning impairment. Sakata and Fendt reported that in addition to a stimulating environment, good physical health is essential to learning. Intellectual ability in the elderly may diminish because of "ill health or understimulation more than because of old age" (Sakata & Fendt, 1981, p. 13).

The findings from the research conducted by Sakata and Fendt have implications for the educator of older adults. These implications include: avoiding over and underarousal, presenting material through the modality that best facilitates individual learning, allowing sufficient opportunity and time for practice, providing feedback and assisting older adults in organizing the material to be learned (Sakata & Fendt, 1981).

Fear of Aging

Dychtwald and Flower (1989) suggest that "Gerontophobia is ingrained in all of us, including the elderly" (p. 7).

This fear of growing old is reinforced by the media. Almerico and Fillmer (1989) reported that ageism in newspaper articles is common and often "The elderly were more ignored than condemned" (p. 99). Because our culture espouses negativity towards aging, "children are learning stereotypes, be they ever so subtle" (p. 102).

Merriam (1988) states that learning in adulthood is not adding to what we already know but transforming "existing knowledge into a new perspective and in so doing frees the learner" (p. 7). When the learner is willing to pursue a new perspective, Merriam (1988) concludes that an increased awareness occurs which allows the learner to advance from the lowest level of consciousness where little or no comprehension exists to the most advanced level of critical awareness. This eloquently affirms that learning is perpetual, at any age, when individuals are approachable, receptive and motivated.

The Institutional Setting

Many of today's long term care facilities are progressive in terms of their approach to programming and the type of services provided to the elderly. Health and Welfare Canada (Health Services and Promotion Branch, 1990, p. 53) advocates that an "appropriate milieu" be

established in long term care facilities. This type of an environment supports interaction, socialization and meaningful communication through resident participation in planning, decision making and flexibility in daily routines. Canada's Health Services and Promotion Branch (1990) suggests that the environmental milieu focus "on the maintenance and enhancement of independence and self-esteem"(p.53).

Therapeutic interventions are inevitable within an institutional environment. However, a supportive environment can deliver these interventions while maximizing the residents' potential and improving the quality of their lives. The physical environment can assist by being structured or modified "as much as possible to facilitate orientation in time and space, and to provide a sense of safety and security, comfort and belonging" (Health Services and Promotion Branch, 1990, p.53).

Programming for residents within a long term care institution "should be flexible and individualized" (p. 55). This is established through the assessment of each resident and gathering their lifestyle information. The recognition of residents' needs, interests and abilities are then presumably ensured (through the act of documentation). However, in reality this is most difficult to ensure or even

initiate because the majority of institutionalized residents possess frail health. These residents are physically unstable and cannot predict their limitations or capabilities at any given time. Their health care status genuinely determines all other needs. For example, this ideology can be compared to the domino effect where an individual's mobility status changes from walking, unassisted, to mobilizing with the use of a wheelchair. All aspects of that individual's life are then influenced. The change may be temporary or permanent but it is an added stress for the individual as new coping skills must be learned in addition to new strategies for daily living. This in turn may or may not be detrimental to the individual's recreational, social or learning interests. At the very least it places greater demands on the institution in terms of resources for that individual. The staff of the long term care facility must increase their supportiveness in an effort to assist the individual in coping with their loss and at the same time promote independence, individuality and normalcy.

The goals of recreational programs within long term care facilities according to Health Services and Promotion Branch (1990) should include, but are not limited, to the following:

- improving self-esteem and self-confidence
- fostering communication
- increasing social skills
- developing peer relationships
- decreasing anxiety levels increasing feelings of security
- developing acceptable habits and skills
- providing opportunities for meaningful contact with other persons, groups and with the community
- maintaining or increasing level of independence in activities of daily living, personal care and grooming.

Recreational programs within long term care facilities provide and promote socialization for the institutionalized elderly. Social programs for the institutionalized elderly also encourage a sharing of positive experiences with long term care facility staff members. Staff members tend to perceive the institutionalized elderly in terms of their most dependent behaviors. Programs which facilitate socialization attempt "to broaden the individual staff member's perspective of the resident" (Health Services and Promotion Branch, 1990, p.56).

A study in New Zealand (Parkes, 1986) was conducted in order to identify attitudes among elderly individuals who

reside in rest homes (the equivalent of a Canadian nursing home). The researcher interviewed 60 elderly rest home adults but did not reveal their age range. Parkes (1986) reported that rest home residents were not expressive of their desires or wishes as they "were careful not to rock the boat" (p. 5). The study suggested that many physically independent residents had become psychologically dependent on the long term care facility staff and consequently lowered their expectations and activities, especially outings. Parkes asked the participants their attitude towards their own aging and many responded that although they may look old, they did not feel old. Participants were concerned about their declining health and this appeared to be more of an issue with them rather than their chronological age. Parkes reported that participants realized their aging when a disability occurred. The researcher stated that residents were not afraid of death but feared dementia. Parkes concluded that: a lack of transportation among institutionalized residents was a major factor in terms of keeping in touch with previous interests; individual learned tolerance was encouraged by institutionalization thereby repressing individual expression; and physical changes associated with aging altered an individual's self image.

From personal observation, I believe learning experiences for the institutionalized elderly do occur within long term care facilities but to a limited degree. Learning experiences may be provided through informal social events (the event is planned but is not highly structured), formal social events (a planned event that is well structured), informal learning sessions and formal learning situations. All events are included in the day to day activities of the long term care facility and are coordinated and scheduled by the recreation department. Informal social events may include baking club, making of crafts (done individually or in a group setting), singing events (these sessions may be scheduled or unscheduled if a visitor or resident unexpectedly plays a musical instrument and other residents gather to listen and/or participate) and participating in exercise classes. Formal social events include attending awareness, diversional, validation or alzheimer's groups, church services, women's/men's club, bingo, horse races and other games and participating in the pet visitation program. Informal learning events may consist of attending art classes, women's/men's club, story/poem time and outings to local museums or places of interest.

It has been my personal experience that outing events

are not always advantageous since only a limited number of people may participate depending on the number of individuals interested and the number of available spaces on the bus. Formal learning sessions are organized by the recreation department if the staff of the department perceives that an interest or need to learn exists among residents. The recreational department then arrange for a resource person to present the topic of interest or an outing is planned to a specific location where the residents experience a hands on type of learning experience. Formalized learning sessions may include a lecture format with discussion, demonstration with or without resident participation or hands on experience. These sessions are usually not a series of presentations but are limited to a one time session.

To my knowledge formal surveys designed to identify the perceived learning needs among the institutionalized elderly have not been done. It has been my experience that residents may voice their learning desire to recreational staff members or other staff members who in turn inform the recreational department. Although staff members may identify the learning needs of some long term care facility residents this method is subjective, open to bias and may not adequately or accurately reflect the learning needs of

the general population of institutionalized elderly.

Past Research on Learning Needs Among The Elderly

In general, little research has been conducted on identifying perceived learning needs among the elderly population.

A Canadian study conducted in 1988 examined participation rates in adult education by the elderly (Denton, Pineo, & Spencer, 1988). The study utilized statistics collected in 1984 by Statistics Canada on behalf of the Department of the Secretary of State. The 1984 survey known as the Adult Education Survey collected data by means of proxy interviews. The sample size of the survey consisted of "more than 90,000 individuals and yielded a subset of some 12,545 persons 65 years of age and older" (Denton, Pineo, & Spencer, 1988, p. 5). The analysis from the 1988 study revealed that 19 percent of the total population surveyed participated in some form of continuing education or course instruction in the previous calendar year compared to only 4 percent of those 65 years of age and older. Using multivariate analysis of variance the researchers investigated the factors which may have influenced the low participation rate among the elderly and projected future trends for this rate. They concluded that

theories such as "disengagement, age stratification or the life span perspective may be more appropriate" (p.15) in understanding the low participation rates in course instruction among those 65 years and older as the multivariate analysis revealed that much of the variance was left unexplained. Denton, Pineo and Spencer (1988) forecasted "that the numbers of elderly persons taking courses will increase considerably, because of the anticipated increases in the size of the elderly population and because of higher average levels of education that will characterize that population in the future" (p. 15). However, the researchers revealed that this prediction includes a relatively small portion of the elderly population as course instruction is only one method "that can be used to reach only a modest proportion of that population as a whole" (Denton, Pineo, & Spencer, 1988, p. 15).

An American study of educational programs available for older adults at Elderhostel and community based institutions identified course selection and motivational factors as the most common reasons for participation (Roberto & McGraw, 1990). The study surveyed 59 individuals ranging in age from 58 to 83 years. The results revealed that "the older adults' desire for new knowledge..." (p. 45) was the

most frequent motivator for attending educational programs. Meeting new people was identified as the second motivator for Elderhostel participants while those attending community based programs were most interested in gaining new knowledge.

The Southeastern Alberta Health Unit conducted a survey in the city of Medicine Hat in 1989 to determine the interest of senior citizens in educational programs aimed at health promotion. A total of 110 questionnaires were distributed within Medicine Hat and the surrounding district. Ninety questionnaires were returned (63 urban and 27 rural). Seventy percent of the respondents were between the ages of 50-74 years. Fifty-four percent of respondents indicated an interest in learning more about health and surprisingly the preferred learning method was television (Southeastern Alberta Health Unit, 1989). Based on this survey the health unit recommended that a community based Well Elderly Health Promotion and Education Committee be established in an effort to ensure effective delivery of the educational material. However, the Needs of the Elderly Planning Committee felt the formation of another committee would duplicate services within Medicine Hat and district. They recommended that the Educational Task Force Committee which reports to the Needs of the Elderly Planning

Committee, be responsible for delivering health promotion programs to the elderly. The Educational Task Force Committee is now endeavoring to accomplish this task.

A New Zealand study (Parkes, 1986) compared the attitudes of a group of 60 elderly nursing home residents with 120 members from two different elderly community clubs. Five one hour group discussion sessions were held with each of the three groups of participants. The age range of participants for this study was not stated. The elderly residing in rest homes believed their capacity to learn new skills and information had declined with aging and they interpreted this as their major barrier to learning. Other barriers to learning identified by the elderly were decreased vision, lack of transportation and the presence of chronic disease.

Parkes reported that the elderly declared that they are brightest in the morning. Staff members at the long term care facility in Medicine Hat, Alberta report that some residents are more alert and responsive in the morning and that as the day progresses their alertness and responsiveness declines. This observation has implications for educating the elderly institutionalized individual.

Summary

In conclusion, the process of aging is lifelong and the physiological events which occur may or may not impede the older adults desire to learn. Educators of older learners must adopt and adapt effective learning strategies which take into consideration the normal aging process and its' consequential effects upon learning.

Theories of aging bear a commonality which infer that a strong and genuine sense of one's ego must be created and exist throughout a life time in order for one to view aging positively. A strong ego integrity helps to maintain one's self perception during the life span and lifelong learning promotes and enhances ego integrity in old age.

Older adults are capable of learning if they are relatively healthy, are provided with a stimulating and varied environment, are provided with sufficient time and an adequate pace and if they are motivated to learn. Memory loss may be experienced with aging and information retrieval is slower. However, verbal intelligence appears to increase with age. Older adults are also valuable teachers of, and could be a resource for, younger generations. However, this practice is presently under utilized.

Lifelong learning is considered desirable as it contributes to individual self worth and societal

development. Past research on describing the lifelong learning needs among the elderly population is limited and contains gaps in terms of understanding the learning needs among the institutionalized elderly. This study was conducted in an effort to identify and describe the learning needs among the lucid institutionalized elderly and to discover whether the meeting of these needs would influence the elderly individual's perception of their quality of life within an institution.

CHAPTER THREE

RESEARCH DESIGN

The research for this study was conducted in anticipation of providing a foundation for recommendations which may benefit the personnel of the nursing home at Medicine Hat, Alberta in planning future learning experiences for lucid residents (individuals who reside within the nursing home and are oriented to time, place and person, and capable of verbal communication). The study sought to determine answers to the following research questions:

1. How do the lucid institutionalized elderly define the concept of learning?
2. To what degree do the lucid institutionalized elderly perceive that they possess learning needs?
3. How do the lucid institutionalized elderly perceive that their learning needs might best be met?
4. What do the lucid institutionalized elderly perceive as barriers to their learning?
5. To what extent would the meeting of their learning needs affect the lucid institutionalized elderly individuals' perceived quality of life?

The methodology utilized in the study was qualitative in nature. The personal interview was chosen as the primary

method of data collection in order to understand the values, beliefs and attitudes of the lucid institutionalized elderly toward their perceived learning needs.

Setting and Sample

The study was conducted at a 158 bed privately owned nursing home in Medicine Hat, Alberta. Residents of the nursing home are admitted after they have been assessed by a nurse and their personal physician, have met the criteria established in the "Alberta Assessment and Placement Instrument for Long Term Care" (1989) and have been approved for placement by a community assessment and placement committee. Criteria for placing an individual within a long term care institution, according to the Alberta Assessment and Placement Instrument for Long Term Care (1989), may include one, some or all of the following:

- frail health
- medication management
- communication barriers
- poor nutritional status
- skin, elimination, pain, respiratory or circulation management
- alterations in mobility
- assistance with activities of daily living

- management of alterations in mental and psychosocial status
- availability and ability of care providers in the home.

Lucid residents of the nursing home were selected for participation in this study. Lucid residents were defined as individuals who reside within the nursing home who are oriented to time, place and person, and are capable of verbal communication. The mental status of participants was determined by the administrative personnel of the nursing home using the medical and nursing diagnosis available from the participant's long term care multidisciplinary record. The administrative staff of the nursing home indicated that approximately one-third of the nursing home's 155 residents were lucid. Therefore, approximately 50 residents were eligible for participation in the study. It was decided that 23 individuals would be asked to participate in the study as an adequate and appropriate representation of the 50 lucid nursing home residents. Twenty-three individuals were selected by the administrative staff of the nursing home using the nursing home resident list. The resident list categorizes individuals according to the wing of the building they reside in. The nursing home consists of six wings. Participants were chosen from all wings with the

exception of one, which is a designated unit for cognitively impaired individuals, none of whom met the criteria for the study. The administrative staff selected for the pilot study, the first three names of lucid individuals from the first wing as they appeared on the resident list. Resident names do not appear in alphabetical order on the resident list. For the main study the administrative staff of the nursing home selected from the resident list, the first four lucid individuals from each of the five wings.

The age range of participants was from 73 to 101 years with the median age being 84.7 years. Three females participated in the pilot study while 12 females and 8 males participated in the main study for a total of 23 participants (refer to table 3). For the study, 35% of participants were male and 65% were female with a male/female ratio of 1 to 1.8. The nursing home population at the time of the study was 25% male and 75% female with a male/female ratio of 1 male for every 2.9 females.

Data Collection Instrument

The interview guide questions (refer to the Appendices) were developed in order to seek responses to the proposed research questions. The research questions were formulated from the theories, concepts and ideas presented in the

TABLE 3

Gender and Age Distribution of Participants

Gender		Age (in years)				
PILOT STUDY						
		70 - 79	80 - 89	90 - 99	100+	Total
Male	0	0	0	0	0	0
Female	3	1	1	1	0	3
Total	3	1	1	1	0	3
MAIN STUDY						
		70 - 79	80 - 89	90 - 99	100+	Total
Male	8	2	5	1	0	8
Female	12	3	4	4	1	12
Total	20	5	9	5	1	20

literature review.

Lifelong learning is described by MacLean (1981) and Jarvis (1984) as any series of planned or unplanned events which occur in any setting and enhance an individual's understanding. Question number one of the interview guide asked participants to describe their personal definition of learning in order to clarify and understand their concept of learning (research question 1). Questions two through seven of the interview guide addressed research questions 2,3 and 4. Lifespan theory describes education as an integral component of human life which occurs in conjunction with work and leisure throughout an individual's lifespan. Using this premise, question number two of the interview guide asked the lucid institutionalized elderly if they had participated in learning events throughout their lives. The androgogical model of learning as described by Knowles (1984) assumes that adult learners are self-directed, capable of assuming responsibility for themselves, possess a wealth of personal experience and that their orientation to learning is life-centered. Question three asked participants what kinds of things they would like to learn in order to determine which learning topics or activities are desired by the lucid institutionalized elderly. Knowles suggests that adult learners are motivated to learn because

of external and internal motivating factors with internal motivating factors being more powerful. The fourth question identified personal motivating factors for learning. According to Knowles, learning is successful for adults when they are included in planning, implementing and evaluating their learning experience. Therefore, question five included a series of additional questions on how they would like to learn, which attempted to determine their preferred setting, time and method of learning. Three categories of barriers to learning for the older adult have been identified by Broschart (1977): institutional, personal and social. Question six asked the lucid institutionalized elderly to describe anything which may make it difficult for them to learn. This was to identify their perceived barriers to learning. Question seven identified existing learning opportunities within the long term care facility by asking participants if they have attended a learning session since residing in the nursing home. Havighurst (1972) states that older people possess learning and developmental tasks and that their attitude towards accepting or rejecting these tasks will influence their personal satisfaction.

The final three interview questions addressed the fifth research question. The eighth question asked participants to describe how they felt after attending a learning session

in order to determine their perceived personal satisfaction towards learning. Theories of aging presented by Erikson (1986), Atchley (1989), Dychtwald and Flower (1989) and Eddy, Pierce and Alles (1982) agree that the development and maintenance of one's ego throughout the lifespan promotes a positive attitude towards aging. According to McLean (1981), Peterson (1983) and Verduin, Miller and Green (1986), lifelong learning promotes and enhances ego integrity which contributes to an improved quality of life. Questions nine and ten of the interview guide sought to determine the participants' perceived quality of life in relation to learning.

Data Collection Procedures

Permission to conduct the study was obtained from the University of Lethbridge, Faculty of Education Human Subjects Research Committee, the long term care facility in Medicine Hat, Alberta, and from individual participants.

The study was conducted in two phases; initially the pilot study was completed and then the main study was conducted. In both cases participants were visited prior to the interview. During this visit introductions were made, an explanation of the study provided and questions answered. A consent letter was left with the individual with

instructions to submit the signed or unsigned consent letter to the office of the nursing home. However, all participants chose to sign the consent letter at the time of the initial visit. It was anticipated that participants might request that their family be contacted and their permission also be sought for the resident's participation in the study. However, this did not occur. The consent letter revealed that the interview would be tape recorded and this was reiterated to each individual. A copy of the interview guide was left with the participant. A one week time period lapsed from the time of the initial visit to the interview. This process occurred for both the pilot and main study.

Low topic control was maintained during the interview process as this allowed for individual expression while gathering information about specific topics. This meant varying the sequence of questions as the questioning was often dictated by the respondent's answer to the preceding questions. The result was that not every participant was asked all questions outlined on the interview guide as certain questions were omitted based on the participant's answer to preceding questions.

Pilot Study Procedures

The pilot study was conducted on November 23, 1991. Three participants who met the definition of lucid were chosen for the pilot study. The pilot study participants consisted of three females with the youngest being 74 years of age and the oldest 91 years of age. A time limit of one hour was previously established for the interview length. The pilot study interviews ranged from one hour to one hour and twenty minutes. The ultimate goal of the pilot study was to refine the interview questions and procedures, if necessary.

The pilot study identified the need for two substantive changes -- the addition of interview questions regarding perceived teaching interests and experience, and the need for the researcher to establish with participants a less formal conceptualized frame of reference with regard to the definition of learning.

Two procedural problems which became apparent during the pilot study involved the use of the tape recorder and topic control. A voice activated tape recorder was utilized to record the three interviews but during the transcribing of these interviews it was discovered that the first couple of words of some sentences were not recorded as the recorder required time to start and stop. The voice activated

mechanism could be turned off and the recorder would then tape continuously. It was decided to tape the interview continuously when conducting the main study. Secondly, once the interviews were transcribed it became apparent that the interviews were not focused, and participants had been allowed total topic control. As a result, this was not advantageous as some topics were not relevant to the purpose of the study. Therefore, I decided to make a conscious effort to strike a balance between low topic control and maintaining direction in terms of relevance when conducting the main study interviews.

The initial interview guide had not included questions on perceived teaching interests, abilities, talents, skills, willingness or experience. Ray, Harley and Bayles (1983) suggest that lifelong learning is reciprocal; that is, older adults educate younger generations. However, the literature does not include theories on older individuals learning from their peers. The interview guide was revised to include questions on perceived teaching interests since the pilot study revealed that two of the three participants felt that they had perceived talents or skills which they could teach or already had taught to others. Participant M had an abundance of craft items in her room and during the course of the interview she was asked if she would like to teach

this craft to other people; she responded "...there are a couple of girls here I taught. I said you just come and I show it to you and they did" (p.4). Participant O revealed that she suffers from multiple sclerosis (MS) and stated that "Well I would feel obliged to do that" (p.5) when asked if she would consider being a support person for another resident who suffers from MS. She continued to say that "If I could help just one person with MS, I would" (p. 6). Participant O is also an avid reader and was asked if she would like to read to another resident who wished to be read to and she replied "It depends who the person is" (p.9) but was willing to consider it.

It became apparent from the pilot study that participants perceived learning as a formal process of attending school, college, university or other types of classes. I felt that I should establish with participants that learning may occur through various interactions and that my definition included less formal activities than they have conceptualized. The tactic was to be incorporated into the main study interviews since two of the participants defined learning as life, yet when questioned further they stated that they did not want to learn anything. However, they also commented that they did continue to learn on a daily basis through various media. From their responses the

two participants appeared to contradict themselves in terms of how they defined learning and how they actually perceived themselves as learners.

Each participant was asked to describe what learning means to them. Participant J responded: "Well it's your life, isn't it?" (p.1) and participant O replied: "Life. Most times you learn from living" (p.1). When asked what kinds of things they would like to learn, participant J replied: "I don't think so that I really want to learn a great deal. I've done so much of that" (p.8), and participant O responded: "At this stage of the game I don't know -- nothing" (p.2). However, participant J revealed that she reads the newspaper daily and enjoys group discussions: "Oh I get this [newspaper] everyday. I like the newspaper because it keeps you in touch with the rest of the world..." (p. 8). Participant J continued to say "...I like discussions and that sort of thing that you can join in and meet all types, exchange of views and that sort of thing..." (p. 9). Participant O admitted to watching the news on TV and being an avid reader: "I try to get [watch] the news, you have to. Well it just keeps up with what is going on in the world..." (p.3). Participant O then stated "I read two or three books a week, I read fast." (p.8). These statements led me to believe that participant J and O

did not include their personal experiences of reading the newspaper or a book, watching the news on TV or participating in group discussions in their definition of learning. However, their stated definition of learning was life in general.

Main Study Procedures

The main study interviews were conducted on February 12, 13 and 14, 1992. Twenty participants who met the definition of lucid were randomly chosen for the main study. The main study consisted of 12 females and 8 males with the youngest participant being 73 years and the oldest 101 years (refer to Table 3). A time limit of one hour was previously established for the interview length. The main study interviews ranged in length from 30 minutes to one hour. All interview sessions were tape recorded. One cassette tape was used to record two interviews; each side of the cassette tape was utilized.

Validity

The study attempted to ensure validity in a number of ways. The research questions were identified from the literature review and reflected the concepts and theories associated with learning and aging. The interview questions

were derived from the research questions and compared to the literature review. The coding categories were developed by identifying themes which emerged from participant responses as having a possible relationship to one or more of the research questions. A pilot study was done in order to revise and refine the interview questions and procedures. Personal experience within a long term care setting for the institutionalized elderly further validated the need for this study in terms of identifying the need for increasing or maintaining the lucid elderly individual's quality of life by maintaining or expanding existing programs which contribute to learning within institutions.

Data Analysis and Interpretation

Each interview session was transcribed and entered into the computer as a separate file. Transcribed interviews were read and reread in order to seek meaning, understanding and definition in terms of identifying broad categories of information and tentative themes. Each participant response which emerged as having a possible relationship to one of the research questions was assigned a category. Dialogue from the interviews which was not directly related to the research questions but may or may not provide some level of understanding for the researcher was assigned the category

of "life experiences".

A preliminary list of coding categories had emerged from the pilot study. These were:

- definition of learning
- past learning experiences
- barriers to learning
- learning interests
- teaching interests
- barriers to previous education
- relationship with other nursing home residents
- socialization interests
- willingness to learn
- perceived talents/skills
- life experiences
- learning preferences
- present learning experiences
- motivation for learning.

This preliminary list of coding categories did not adequately and appropriately reflect all the data obtained from the main study. Therefore, the coding categories were revised to further reflect the information obtained and were identified numerically. The coding categories then included:

1. definition of learning
2. past learning experiences
3. barriers to learning
4. barriers to teaching
5. learning interests
6. teaching interests
7. barriers to previous education
8. relationships with other nursing home residents
9. socialization interests
10. willingness to learn
11. willingness to teach
12. perceived talents/skills
13. perceived ability to learn
14. perceived ability to teach
15. life experiences
16. attitude toward learning
17. attitude toward teaching
18. learning preferences
19. teaching preferences
20. present learning experiences
21. present teaching experiences
22. perception of learning and quality of life
23. perception of teaching and quality of life
24. present satisfaction with quality of life

25. motivation for learning
26. motivation for teaching
27. attitude toward other nursing home residents re-learning
28. attitude toward other nursing home residents re-teaching
29. past teaching experiences.

The transcribed interviews were then coded using the list of 29 categories. Once all the interviews had been coded using the 29 categories it appeared that not all coding categories were necessary; some categories were redundant and the list was cumbersome. The coding categories were refined and after several attempts the final coding category list of 20 categories included:

1. definition of learning
2. past learning experiences
3. past teaching experiences
4. learning interests
5. perceived talents/skills
6. teaching interests
7. attitude toward learning
8. attitude toward teaching
9. motivation for teaching
10. motivation for learning

11. learning preferences
12. teaching preferences
13. barriers to learning
14. barriers to teaching
15. present learning experiences
16. present teaching experiences
17. perception of learning and quality of life
18. perception of teaching and quality of life
19. present satisfaction with quality of life
20. life experiences.

The final list of 20 coding categories was arrived at by reviewing the research questions, the interview guide questions and participant responses. Broad categories of information and common themes which emerged from the data collected were then grouped together to arrive at the coding categories. These broad categories of information and common themes were then reviewed to ensure that each research question and all interview guide questions corresponded with at least one coding category. Information obtained from the interview sessions which was not considered relevant to the purpose of the study but may or may not have contributed to some level of understanding was coded as category number 20, "life experiences". The interviews were re-coded using the final list of 20 coding

categories. At this time each interview was also assigned a letter of the alphabet to provide a frame of reference for quotations and to ensure participant anonymity. The interviews were labeled with letters of the alphabet, A through W, inclusive and individual participant quotes are referred to in the text as participant A, B, C, D, etc.

The inservice coordinator of the nursing home was asked to code and categorize one interview as a reliability check. One transcribed interview was selected by choosing the first participant labeled A. A copy of participant A's transcribed interview and a list of the final coding categories were provided to the inservice coordinator of the nursing home. The inservice coordinator was also provided with the research questions and was instructed to code each participant response which emerged as having a possible relationship to one of the research questions. The inservice coordinator was further instructed to utilize the coding category of life experiences only when dialogue from the interview was not directly related to the research questions. After the inservice coordinator had independently coded and categorized the interview a comparison was made with my coded and categorized version. No discrepancies were found; the inservice coordinator's coding of participant A's transcribed interview was

consistent with mine. The inservice coordinator reported that the coding categories were clear, concise, relevant and organized and that the number of categories was sufficient.

CHAPTER FOUR

FINDINGS

The interpretation of the data and findings of the study are based on information gathered from interviews with 23 participants (both pilot and main study interviews were included). The interpretation consists of a narrative format organized by the research questions with conclusions and recommendations provided. Participant quotes are used throughout the narration to illustrate, exemplify and elaborate on themes identified and described from the data collected. Reference to individual participant quotes are referred to in the text as participant A through W inclusive. Quotations are identified by participant letter and interview page number, as in (A, 1) which identifies a quotation from page 1 of participant A's interview. Responses did not consistently total the number of participants (23) as multiple answers were often given or in some instances a response was not provided by one or more participants.

All participants for the study were receptive to being interviewed and the majority of participants willingly expressed their views when questioned. I found that some participants were nervous initially but with reassurance and the natural progression of the interview their apprehension

resolved quickly and without incident. The majority of participants responded readily and easily to the questions asked. There were very few questions asked that did not receive a response. However, many questions had to be repeated during the interview as the majority of participants were hard of hearing even though I consciously chose a quiet room and closed the door to reduce background noise. Interview questions had to be rephrased for most participants if the question was too lengthy. I realized this early in the interview process and responded by asking shorter questions. The result was that all participants responded easily to shorter questions. However, the responses provided by the participants were generally very short responses with little or no elaboration. This may or may not be due to the fact that I made a conscious effort to ask shorter questions. Although, when I did ask lengthier questions, if a response followed, it was usually a shorter response. Six participants provided long answers to questions asked. The remaining 17 participants responded to questions with very short answers which often consisted of a single word (yes, no) or a single sentence. In an attempt to encourage longer answers or seek elaboration on a point, thought or idea I would prompt or probe participants. The prompting and probing was successful in most instances,

but the subsequent response again was short and to the point with little or no elaboration. Twelve of the 23 participants remained focused during the interview and their responses did not stray from the purpose of the study. The remaining 11 participants were not as focused and I had to make a conscious effort to keep their thoughts directed toward the purpose of the study. In general, the participants were friendly, cooperative and grateful for the interview. During the course of the interview, many participants expressed that they were glad I had taken the time to visit them and this led me to believe that they also perceived the process as a social visit.

Research Question One

The first research question was: How do the lucid institutionalized elderly define the concept of learning? The first question of the interview guide gathered data for this research question. I first asked participants to describe what learning means to them. The coding category which corresponds to this question is category number 1, definition of learning.

All participants responded when they were asked to describe what learning meant to them. The majority of participant responses included three categories of

information which described learning. The three categories included learning in a formal setting, gaining knowledge and life or experience. Examples of comments included in the category of 'learning in a formal setting' included the following: "going to school and college" (A, 1), "going to school" (M, 1) and "A little better education, I guess" (L, 1). Examples of comments included in 'learning as gaining knowledge' category included: "improve your talking and everything" (C, 1), "being a little bit smarter" (F, 1) and "gaining knowledge" (I, 1). In the 'learning as life' category, examples included: "you learn from experience" (N, 1), "it's experience" (K, 1) and "Life. Most time you learn from living." (O, 1).

Three participants (A, B and I) described learning as viewing 'certain' television programs and each participant utilized the word certain. Two participants defined 'certain' as television documentaries and the third described 'certain' as the news. Other responses which described learning included: "it's good for you" (E, 1), "trying something new" (G, 1), "understanding other people" (I, 1) and "it's interesting" (W, 1).

In conclusion, participant responses to the first interview guide question, which asked participants to describe their personal concept of learning was consistent

with the lifelong definition of learning described by MacLean (1981) and Jarvis (1984). MacLean and Jarvis describe learning as any series of planned or unplanned events which occur in any setting and enhance an individual's understanding. Participants described learning as a planned event which occurs in a formal setting such as school or college. Learning was also described by participants as an unplanned event which occurs from personal experience during an individual's lifetime. Participants further described learning as interesting, a means of acquiring knowledge and gaining an understanding of others. It is interesting to note that participants did not include 'leisure learning' in their definition of learning. Elderhostel, a program based in Boston since 1975 utilize this term to describe a type of learning activity their program offers older adult learners.

Research Question Two

The second research question of the study was: To what degree do the lucid institutionalized elderly perceive that they possess learning needs? Questions 2, 3 and 4 of the interview guide collected data for this research question.

I asked participants to describe what types of learning activities they had participated in during their lifetime.

This was the second interview guide question. The coding category which corresponded to this interview guide question was category number 2, past learning experiences.

A large majority of participants, 70%, responded that they had attended school as a child but had not participated in courses, workshops or seminars throughout their lives.

Seven of the 70% who stated that they had not participated in learning activities throughout their lives, simply stated "no" in response to the question and did not qualify their response. In an attempt to elicit more information I rephrased the question and attempted to probe further but these seven participants again replied "no", "none" or "nothing" and did not offer an explanation.

Two participants implied that they had not participated in learning activities during adulthood because they had limited formal learning experiences in their childhood. I surmised that they perceived their lack of formal learning during their childhood as a barrier to further learning opportunities during their lifetime. For example:

"My mother passed away when I was 11. So I had to quit school, choir, I was in the school choir and church choir and I had to stay home and help dad with the family because there was eight children and 3, 4 under me. I was 11. No, no, I never had a chance to go nowhere [to learn as an adult] I was all the time home and over there in Europe there was

work to do, to feed pigs and milk cows and all that stuff so I couldn't go nowhere." (M, 1-2),

"I had to stay with my uncle when I was 6 years old. That's where I started school and then in the summer time there was no one at that time if you didn't go to school they didn't enforce it. So I had to stay home and do spring work and harvest time. Stay home and help. In the winter time I had no school it was out at the country school and it was so cold. Ya, if you can't learn, you don't learn nothing, you don't know nothing." (R, 1).

One participant replied that she did not participate in learning opportunities during her adult years because she was committed to caring for her family. She explained:

"Not very much. See when I first got married we lived on the farm for nine years and then we came here. I was busy raising my family. I didn't get very much of that, schooling and I know myself I should of got more." (N, 1),

Another participant stated that the location of her home isolated her from learning opportunities and therefore she did not participate in learning activities during her adult years. Her response was:

"Well no, when you're in the country in the dirty thirties you just don't have a chance to do very much [learning]. I came to Medicine Hat in 1939 and I worked here ever since." (O, 2),

I was quite impressed with the stamina and endurance of

three participants as they described to me their past learning experiences and the obstacles they encountered while pursuing their learning objectives. Participant O stated that she had completed high school through correspondence and that this was difficult for her because she was the only student in the area to do so. Two participants described how they had taught themselves specific skills. Participant M taught herself how to read, in Polish and English and how to make crafts out of beads. I fondly remember Participant U as she described how she had taught herself to add and subtract and could therefore do her own banking and paying of bills. She spoke so proudly and emphatically as she described this experience to me:

"...I got to grade 3. Well, you see you don't know much about schooling when you're in grade 3...no, no, I didn't [participate in learning as an adult] but I done that much. I done my bank account without no schooling. I done everything till about a year ago since I couldn't go to the bank, that I gave it all to my son. I didn't need nobody to figure it up I could figure that. I could only figure the way I could figure. I couldn't take off like that you know write them all and add them together and I done that when we were farming and I wrote and the bills up, everything. I figured it up how much it is. How much we got money and how much we have to pay. I know all that I learned that and when my husband was sick and couldn't do it well he was working I done all, going to the post office, pay bills and do all the stuff."
(U, 1-2).

Thirty percent of participants replied that they had participated in learning experiences throughout their lifetime. These participants stated that their learning experiences had included technical/trade programs, university classes, painting holidays and other courses.

Examples of responses from participants who attended technical/trade programs included: "I went to technical school after sometime, took technical training in electrical work." (D, 1), "I learned welding and fitting. My specialty was I went through aviation school and got a diploma." (H, 1-3), "I was a blacksmith and carpenter." (K, 1) and "I was a machinist." (S, 1).

Only one participant had attended university and graduated as a professional in his chosen field of study. He replied "yes" when asked if he had participated in learning activities throughout his lifetime but chose not to elaborate on the types of learning activities he had engaged in.

Participant J participated in a variety of learning activities throughout her lifetime and eagerly shared her experiences with me. She described her experiences by explaining:

"So when I was 60 years of age I thought well they are going to throw me out of here now because I'm at retirement age and

I'm going out of here and I haven't got any paper work because I never had time or opportunity to do any of it. So I went back to school. I said I'd like it as a hobby to go to an English class perhaps novels something like that. I said I don't want it really a particular course. I went to a type writing class as well so I could do it properly. I decided a few years ago I would like to learn German... but I found I couldn't get into it. I mean my heart wasn't in it. When I went on these painting holidays they always had a retired art teacher or somebody who was retired or wanting extra money for the holidays. They were very good talented people but I found myself going my own way." (J, 5-6).

Participant V stated: "I belonged to lodges and they have different courses you can take" (p. 1) which when questioned further, she stated she had attended. However, she chose not to elaborate on the type of courses she participated in while she was a lodge member.

It is interesting to note that three participants out of the seven who participated in some form of formal learning activity throughout their lives participated in more than one type of learning activity. It is also interesting to note that of the seven individuals who participated in learning activities throughout their lives five were male participants and two were female participants while 75% of the sample were female participants.

The life span theory (Peterson, 1983) describes learning

as an integral component of human life which occurs in conjunction with work and leisure throughout an individual's life span. The data collected revealed that 30% of participants perceived that they engaged in learning activities throughout their lives while 70% of participants did not engage in learning activities throughout their lives. Peterson suggests that in the earlier decades of this century the life span was conceptualized as linear in nature where education, work and leisure occurred separately and at specific milestones during an individual's life. Peterson explains that a re-distribution of education, work and leisure has occurred during the latter half of this century and a cyclic or blended life style has now evolved and continues to evolve. This theory may provide one explanation for the low participation rate among the lucid institutionalized elderly of this study in lifelong learning activities. According to the life span theory, the age of the participants may explain why 70% of participants did not engage in learning activities throughout their lives. Participants were young and middle aged adults in the earlier decades of this century when the life span was conceptualized by Peterson as linear in nature and learning was not actively pursued in conjunction with work and leisure.

In order to collect further data for research question number two, I asked participants to describe what kinds of things they would like to learn and if they felt that they had something to teach others. This was question number 3 of the interview guide. The coding categories for this interview guide question were #3 past teaching experiences, #4 learning interests, #5 perceived talents/skills, #6 teaching interests, #7 attitude toward learning, and #8 attitude toward teaching. I found that coding categories number 7, attitude toward learning and number 8, attitude toward teaching were qualifying coding categories for category number 4, learning interests and number 6, teaching interests.

Ten participants (43%) responded that they possessed learning interests. The remaining 13 participants (57%) stated they did not possess learning interests. The ten participants who identified their learning interests provided a variety of responses. Three different types of activities were described most frequently by participants and included: cooking a different type of food, playing a new game and viewing a film or video of interest. Other responses included: learning to paint, sew, or knit, viewing a fashion show, anything to do with sports, learning a new language, attending an information session on multiple

sclerosis, attending an information session on medical/legal practices and learning to cope with everyday problems.

Participants did not identify, when questioned further, what type of different food they would like to learn to cook, what specific new game they would like to learn or which topics or subjects were of interest to them for viewing a video or film. One participant stated she "wouldn't mind [learning a new language] if it wasn't too hard" (V, 1). I attempted to clarify with one participant what kinds of problems he would like to learn to cope with and he explained:

"To adjust to the everyday problems that exist. Well, maybe I'm not describing it right. It's just things that happen in life. I'd like to be able to cope with them on a better scale." (D, 2)

It was not clear to me if he was referring to living within an institution, therefore, I attempted to clarify this with him but he chose not to elaborate further.

Participant Q made me realize that the institutionalized elderly individual struggles with maintaining a sense of order in their world and often things they desire and value are attainable, if these needs are communicated. For instance, participant Q revealed that she enjoys fashion shows and often participated in them throughout her life. She stated that she had attended one last year prior to

residing in the nursing home. She grinned from ear to ear when I asked if she would attend a fashion show at the nursing home. She replied eagerly and with a broad smile "I would go and watch the show. I like the fashion." (Q, 2). To my knowledge a fashion show has not been held at the nursing home in Medicine Hat.

All of the 13 participants who responded that they did not possess learning interests qualified their response with an explanation and revealed their attitude toward learning. The majority of their responses included general comments about learning and their age. For example many responses included: "I'm too old." (A, 1), "What can I learn? I'm 83 years old." (B, 1), "Well I wouldn't want to start into it now because I'm too old." (C, 1), "Not much I wanna learn now." (F, 2) and "Well, no I guess I'm too old to learn now" (U, 2). I wondered if these comments were truly an individual perception or a reflection of society's attitude toward aging and learning. Then, I realized that perhaps I was confusing the individual's ability to learn with their desire to learn. One participant clarified this point quite simply when she profoundly stated:

"I'm not very young anymore. I didn't say I couldn't learn but I can't think of anything that I really want to [learn]." (I, 2).

One participant explained that she did not want to engage in a learning activity because of perceived expectations and she felt it would be arduous at this point in her life. Her response was:

"Well, it's getting a bit late now because it becomes a trial. Well so much is expected of you. I don't know but perhaps it would be too big a strain. I am 84 as it tells you there. Not at this age you just go along with the stream." (J, 5-8).

Another response lead me to believe that one participant did not value learning at this point in his life when he responded that learning "doesn't mean much to me anymore" (S, 1).

The andragogical model of lifelong learning described by Knowles in 1984 assumes that adult learners define their self identity from their experience (who I am is derived from what I have done). This theory recognizes that an adult learner's experience cannot be ignored in a learning situation but must be valued; then individuals will perceive themselves as being accepted. This study found that ten lucid institutionalized elderly participants possessed learning interests and described their learning interests based on their personal experience. For example, one participant was a medical doctor and he identified the topic of medical/legal issues as his learning interest. Another

participant suffers from the disease multiple sclerosis and identified this disease as a topic of interest she would like to learn more about. Knowles also suggests that adult learners are ready to learn when they "experience a need to know or do something in order to perform more effectively in some aspect of their lives" (p.11). This assumption was evident from the data collected for this study. For instance, learning to cook a different type of food, playing a new game and coping with day to day problems are topics which are derived from an individual's need to know and acquiring this information may enhance their performance and ability in some aspect of their lives. Knowles explains that adults do not learn for the sake of learning but learn "in order to perform a task, solve a problem, or live in a more satisfying way" (p. 12). The findings from this study were consistent with this assumption. Participants who possessed learning needs identified through their choice of learning topics that they wanted to perform a task (cook a different type of food, learn a new language, paint, sew and knit), solve a problem (learn a new game) and live in a more satisfying way (attend a fashion show, attend an information session, view a video or film and learn to cope with day to day problems).

The literature suggests that this study was perhaps a

consciousness raising experience for the 13 participants who responded that they did not possess learning interests. Groombridge (1982) believes that consciousness raising is perhaps a prerequisite for more specific learning activities among the elderly population. In order to substantiate this theory, further research is required. Perhaps the 13 participants' lack of desire for further learning was related to their understanding of "learning". It is also quite possible that these participants simply were not interested in learning and did not possess an intrinsic desire to learn. Goleman (1984) suggests that what may be observed as diminished ability in old age may really be a lack of interest. This concept was identified in the study when one participant explained that she possessed the ability to learn but not the desire.

In an effort to continue collecting data for the second research question I asked participants if they felt that they had something to teach others and whether they would be willing or interested in teaching their skill or talent. Seven participants responded that they possessed talents or skills and the specific skills or talents identified included: crocheting, beading, cooking and baking, being a support person for an individual with multiple sclerosis, playing a musical instrument, reading and sharing life

experiences with others.

Two participants were reluctant to instruct others because of their perceived limitations. For example:

"Oh I don't know if I really want to do that [teach others]. I mean I don't mind to tell them but then I can just tell them so much see I had never measured my flour I know how much flour I had." (U, 3).

"Well, I could show em but I don't know if I could teach them anything. I'm not playing by notes, play by ear." (W, 2).

Two participants were only interested in teaching their skill or talent to a select group of individuals and even then they were hesitant to do so. Participant N responded that she could explain to someone how to cook because she used to be a good cook but when I asked her who she would like to teach this to she replied:

"Well, I really don't know it all depends who, like if my grandchildren. I could give them advice about things what I found learned by mistakes because you do learn through mistakes, not necessary if you can get away from it you know. You see it's kinda hard having one person [to explain cooking to] you never know how they're gonna take your talking. I'm getting so you know when you get once, twice shy that's why I don't like to interfere with others people. Some people take it all right but some don't. Unless they ask my advice, I'll give it to them. But even to my own granddaughters I don't advise. It doesn't work." (N, 2-4).

Participant O expressed a desire to read to someone

within the nursing home and when I asked her if she would be interested in doing this she stated:

"It depends. This gal over here probably would like reading, but I couldn't read to her. I think it would depend who it was." (O, 9).

However, participant O who suffers from the disease multiple sclerosis was willing to be a support person for another nursing home resident who also has this disease.

Participant B enjoys crocheting and responded that she would be willing to teach someone how to do this skill. Participant V stated that she could type and would be willing to teach someone else how to do this. Another participant expressed a desire to share her life experiences with others but when questioned further she replied that "I think I'm too old to do anything like that" (P, 1).

Two participants had previous teaching experience and had already taught others their talent or skill. This will be discussed later under the heading research question three.

Ray, Harley and Bayles (1983) state that lifelong learning is reciprocal; that is, older adults teaching younger generations. Dychtwald and Flower (1989) agree that no other age group can perform as elders do when they return to society their experiences and resources which they have

accumulated "and articulated over a lifetime" (p. 347). According to Erikson's (1986) developmental life theory, wisdom, in old age, is the basic strength of humans, which is achieved by attempting to maintain a degree of order and meaning "in the disintegration of body and mind" (p. 64). It is evident from the data obtained in this study that participants who perceive that they possess certain skills and talents also possess varying degrees of willingness to teach others. For example, one group of participants from the study who perceive that they possess talents and skills were eager to teach others, a second group of participants were reluctant to share their knowledge with others and a final group of participants were willing to teach their skill or talent only to a select group of individuals. Researchers ascertain that the elderly are an under utilized teaching resource and the data collected in this study concurs to some degree with this belief.

In order to collect the final data required for research question number two, I asked participants to describe what would make them want to attend a learning session or what would make them want to teach others. This was the fourth interview guide question. The coding categories which corresponded to this interview guide question were category number 9, motivation for learning and category

number 10, motivation for teaching.

The majority of participants responded that they would attend a learning session because of interest. Other responses included: "for something to do" (G, 2) and "to see how other people were progressing" (V, 2).

Peterson (1979) describes several motives for lifelong learning which include: the desire to achieve practical and personal goals, personal satisfaction, attainment of new knowledge, socialization and the achievement of societal goals. Peterson also suggests that older adults learn because they have expressive needs which are personal desires or interests. The data collected from this study is consistent with Peterson's theory of lifelong learning. For example, the majority of participants described interest as their motive for learning which is an expressive need that provides personal satisfaction. It is interesting to note that an American study of educational programs available for older adults at elderhostel and community based institutions identified course selection and motivational factors as the most common reasons for participation (Roberto & McGraw, 1990). The findings of the study named "the older adult's desire for new knowledge..." (p. 45) as the most frequent motivating factor. However, participants of this study described interest as their motive for

learning. One explanation for the difference in motivating factors is the participants residential setting.

Participants in the American study (Roberto & McGraw) resided in a community setting while participants from this study resided within a long term care facility.

All participants who were asked what would make them want to teach others responded that the other person's desire or interest in learning the skill would be their motive for teaching. Havighurst (1972) believes that older adults possess a developmental task which differs in only one respect from those of other ages. This developmental task of old age requires one to disengage from their previously active roles and then decide to engage or re-engage in other roles "such as those of grandparent, citizen, association member and friend" (p. 107). This concept may provide one explanation for the elderly individual's desire to teach others. Perhaps participants of this study who wish to teach their skill to others have, according to Havighurst, come to terms with their role change and are learning new strategies for living.

In conclusion, data collected for the second research question of the study identified that the lucid institutionalized elderly perceive that they possess learning needs but to a limited degree. The data revealed

that 30% of participants engaged in learning experiences throughout their lives while 70% had not. One theory which may provide an explanation for the low participation rate among the lucid institutionalized elderly, of this study, in lifelong learning activities is Peterson's (1983) life span theory. Ten participants (43%) responded that they possessed learning interests; 13 participants (57%) stated that they did not possess learning interests. The ten participants (43%) who responded that they possessed learning needs identified a varied and diverse list of learning topics. The andragogical model of lifelong learning described by Knowles in 1984 is consistent with the learning interests described by participants of this study. The literature reveals that a lack of desire may explain why 13 participants (57%) did not possess learning needs (Goleman, 1984). However, Groombridge (1982) suggests that this study may have provided a consciousness raising experience for these 13 participants which is perhaps a prerequisite for more specific learning activities. Seven participants from the study identified that they had perceived talents or skills but revealed that they possessed varying degrees of willingness, in terms of teaching others. Two participants identified that they had previously taught others their skill. Ray, Harley and Bayles (1983),

Dychtwald and Flower (1989) and Erikson (1986) agree that elderly individuals are a unique, valuable and rich teaching resource for younger generations. Interest was named by participants as their motive for learning. This is consistent with Peterson's (1979) motives for lifelong learning which describes interest as an expressive need that provides personal satisfaction. Those participants who expressed a desire to teach others stated that the other person's desire to learn was their motive for teaching others. According to Havighurst (1972), the elderly individuals desire to teach others may be due in part to their acceptance of new societal roles and their ability to learn new strategies for living.

Research Question Three

The third research question asked: How do the lucid institutionalized elderly perceive that their learning needs might best be met? Question 5 of the interview guide contained a series of questions which collected data for this research question. I asked participants, who identified their desire to learn, to describe how they would like to learn. I asked those participants who expressed a desire in teaching others, to describe how they thought others would best learn their skill or talent. The coding

categories which identified this information were category 11, learning preferences and category 12, teaching preferences. Participant responses to the series of questions were very brief statements with no elaboration. An attempt was made to prompt participants to elaborate further on their responses but participants choose to respond with the same answer or did not respond at all to the prompting.

Participants who possessed learning needs were asked how they would like to learn. The majority of participants stated they would like to learn through participation in a hands on type of experience. Other responses included observing an event, listening to a lecture and sharing of information through dialogue.

Participants who wished to teach their skill or talent to others were asked how they thought others would best learn their skill. All participants responded that they would teach their skill through a hands on experience which would include a demonstration, explanation and participation.

Participants were asked if they would like to learn within the nursing home or go outside of the building to another facility. The responses consisted of three categories of information and included: participants who

wished to remain in the nursing home, those who wanted to attend their learning session outside of the building and the last group who stated that they would attend a learning session inside or outside of the nursing home. One participant stated that he would like to attend a learning session on sports either in the nursing home or outside of the nursing home and clarified his response by stating:

"Well, I don't know it depends on your physical condition. If I'm feeling well I'd like to go outside but under some circumstances I'm better in here." (D, 2).

Participants who were willing to teach their skill or talent to others all responded that they would prefer to do their teaching in the nursing home. Participant W was concerned that teaching others to play a musical instrument, at the nursing home, may be disruptive to others because of the noise.

I then asked participants if they knew of someone within the nursing home who could perhaps teach them their desired topic of interest. The majority of participants with learning needs stated that they did not know of anyone within the nursing home who could teach them but were willing to be taught by another nursing home resident. Participant V stated that she thought a staff member of the nursing home could teach her how to cook a different type of

food. Two participants stated that they did not want to be taught by another nursing home resident and one participant explained that she would like someone brought into the nursing home to teach her how to knit and sew "...someone with patience" (G, 2).

I asked participants who were willing to teach others if they knew of anyone within the nursing home who would like to learn their talent or skill. Only one participant responded that she knew of staff members who were interested in learning how to make beaded crafts. She explained:

"I...there are a couple of girls here I taught. I said, you just come I show it to you and they did. And the girls come after work when they are off for a while." (M, 4).

Participant W stated that he had previously taught his grandchildren how to play the accordion and electric organ. He stated that this occurred prior to his admission to the nursing home. The other participants stated that they did not know of anyone within the nursing home who would like to learn their talent or skill. None of the participants who were interested in teaching their skill or talent were opposed to the idea of teaching another nursing home resident.

Participants were asked if they would like to learn in a group setting or on an individual basis. The majority of

participants stated that they preferred to learn on an individual basis. Two participants replied that they would prefer a group setting.

I asked participants who wanted to teach others if they preferred to teach in a group setting or on an individual basis. The majority of participants preferred to teach their skill or talent on an individual basis. One participant was willing to teach in a group setting or on an individual basis. She responded: "It doesn't matter to me" (M, 5) when asked her preference.

Participant responses were evenly divided when asked if they would like to take a course which is held once a week for several weeks or if they would prefer to attend something only once. Half of the participants preferred to attend a learning session only once and the other half of the participants stated that they would attend a learning session once a week for several weeks.

Those participants who were interested in teaching others were asked if they would like to teach their skill or talent at one session or at several sessions. All participants responded that they would teach their skill or talent at several sessions. Participant B and M responded that they would be available at anytime, between sessions, to (facilitate) individuals who were learning their skill.

Participants were asked their preference with regard to the time of day and day of the week they would attend a learning session. All participants, with the exception of two, responded that they did not have a preferred day of the week for attending a learning session. The two participants who did have a preferred day of the week for attending a learning activity named Wednesday and any day but Monday. The majority of participants named the afternoon as their preferred learning time. Morning was named as the second preferred time of day and one participant stated early evening was her preferred time of day for learning. One participant explained that she preferred to attend a learning session in the afternoon because "I'm not very good in the morning." (A, 3). Other participants did not provide an explanation for their preferred time of day to attend a learning session.

I asked participants who were interested in teaching others their preference regarding the time of day and day of the week. The majority of participants responded that they did not have a preferred time or day but that any time and any day was suitable for teaching their skill or talent. Participant V responded that Wednesday afternoon would be her preferred time but was willing to consider alternate times and days, if necessary.

In conclusion, the third research question identified through a series of interview questions the participants preferred setting, time and method of learning. The andragogical model of learning, defined by Knowles (1984) states that adult learners are self-directed and capable of assuming responsibility for themselves. This assumption suggests that adults will succeed as learners when they are included in planning, implementing and evaluating their learning experience. The data obtained from this study reveals that participants who possess learning needs described three different settings for learning. The majority of participants did not know of another nursing home resident who could perhaps teach them their topic of interest but were receptive to the idea of being taught by another nursing home resident. Participants preferred to learn on an individual basis and not in a group setting. Participant responses were divided equally on the issue of attending only one learning session or attending one session for several weeks. Most participants did not identify a preferred day of the week in terms of attending a learning session. However, the majority of participants stated that the afternoon was their preferred time of day for attending a learning session. I am surprised by this finding as a previous research study (Parkes, 1986) and observations from

the nursing home staff in Medicine Hat report that the afternoon is not a preferred time of day for lucid residents to attend a learning session. Parkes reports, in a New Zealand study, that elderly nursing home residents declared they are brightest in the morning in terms of learning. Staff members at the long term care facility in Medicine Hat, Alberta have reported that some lucid residents are more alert and responsive in the morning. Apparently, the participants of this study do not perceive that they are less alert or less responsive as the day progresses.

The third research question also identified the preferred setting, time and method of those participants who were willing to teach others. All participants preferred to teach their skill or talent in the nursing home. Only one participant knew of someone within the nursing home who would like to learn her skill or talent. The majority of participants preferred to teach their skill or talent on an individual basis. All participants thought that their skill or talent should be taught at several sessions. The majority of participants responded that they did not have a preferred time or day for teaching their skill or talent.

Research Question Four

The fourth research question asked: What do the lucid

institutionalized elderly perceive as barriers to their learning? I asked participants to describe anything which they felt would make it difficult for them to learn or teach their perceived skill or talent to others. This was question 6 of the interview guide. The coding categories which correspond to this interview guide question are category 13, barriers to learning and category 14, barriers to teaching.

The majority of participants identified health concerns as their major barrier to learning. Poor eyesight was named by participants as the leading health barrier. Five participants responded that poor eyesight made it difficult for them to participate in learning activities. Responses included:

"If I had eyesight I would like to learn something but I don't see."
(N, 1),

"Oh, it would make it difficult, [to learn] my eyes I can't see so good, my one eye is gone completely."
(R, 1).

The second leading health barrier participants described is the condition known as a stroke. Three participants stated that a stroke, which had occurred previously in their lives, now made it difficult for them to learn. I admired two participants for openly describing their personal

experiences:

"Well because of damage on my...the stroke gave me damage on my brain and then I, my whole side is just about dead." (L, 2),

"Because I mean my arm to pull the cords and then my fingers. My fingers are and my hands are paralyzed on half the side. I can't think good anymore. Well, before the stroke I could remember things and and plan things which I can't do now." (W, 3).

Other health barriers which were described by participants included hearing loss, arthritis, decreased muscle strength, cancer, a bad back, lack of mobility, shortness of breath, inability to speak loudly and generally not feeling well.

Examples of responses included:

"Well, if I feeling better. I not feel good. I get up in the morning and I'm so dizzy I can't walk sometimes. This [the walker] is my good friend." (E, 2),

What can I learn I'm 83 years old and my arthritis is so bad my arms hurt, no good. You know my arms don't hurt but I have no use for them, you know can't do nothing. Can't reach nothing. Sometimes it makes me so mad. You reach for something well you could if my arms were good but like this I can't. Well I like to read the newspaper but I don't get it all the time. I don't like it because it's so big and so long now. I can't hold it with my hands and to lay it on the bed, you know, it's too hard for me, you know, to sit there and read so I'm not getting the paper at all." (B, 1),

I can't think of anything [that would

make it difficult to learn]. I don't want to learn anything, too much work at my age. You'd need a steady hand to paint and mine isn't anymore."
(C, 3).

Three participants stated that a lack of concentration was a barrier to learning. One participant explained:

Well, I suppose it all boils down to the fact that when your getting old it is more difficult to learn anything. Well, health reasons, I suppose because your concentration isn't as good." (J, 8-9).

Other barriers to learning identified by participants included a lack of transportation, cost and a lack of previous knowledge. One participant explained:

"Lack of knowledge in the past that I could use in the future makes it difficult [to learn]" (D, 3).

I asked participants who were interested in teaching others to describe anything which they felt would make it difficult for them to teach. One participant responded that her health could be a potential barrier to teaching her perceived skill or talent. For example:

"Well, I can't [go outside the nursing home to teach] because if I go farther I have to be on a wheelchair because it's too hard on me." (M, 9).

In order to collect further data for research question number four I asked participants if they had attended a learning session or taught their skill since residing in the

nursing home. This was question 7 of the interview guide. The coding categories which correspond to this interview guide question is category 15, present learning experiences and 16, present teaching experiences.

Twelve participants simply replied "no" when I asked them if they had attended a learning session since residing at the nursing home. Three participants did not respond to this question and eight replied that they had attended a learning activity since residing at the nursing home. Two individuals responded that they had attended exercise classes and two participants replied that they had attended awareness group. The remainder of participant responses included attendance at a concert, men's club and church services. One participant explained that she did not find the awareness group particularly challenging. For example:

"Well, they've had 1 or 2 classes here but they were some of them too infantile. Which would be all right for a lot of people but I prefer a bit of a challenge." (J, 7).

Those participants who expressed a desire in teaching their skill or talent to others were asked if they had taught their skill or talent since residing at the nursing home. Three participants responded to this question. The first participant stated "no", the second participant stated that she had taught her skill to staff members and the third

participant implied that everyone in the nursing home must know how to do her skill and no longer wished to do it. For example:

"But I guess everybody knows in here how to crochet and don't want it no more. Huh?" (B, 2).

Broschart (1977) identified three barriers to lifelong learning: institutional barriers, personal barriers and social barriers. Personal barriers for the older adult, according to Broschart, include accessibility, financial resources, physical impairment and location. The data collected for research question number four reveals that the majority of participants identified physical impairment as the leading barrier to learning. Accessibility in terms of transportation was also identified by participants of this study as a barrier to learning. A New Zealand study by Parkes (1986) which identified attitudes among elderly individuals who reside in a nursing home also named a lack of transportation among institutionalized residents as a major factor in terms of keeping in touch with previous interests. Goleman (1984) states that crystallized intelligence, which is an individual's ability to make judgments, problem solve and use an accumulated body of knowledge, continues to increase throughout the life span in healthy, active individuals. Goleman defines healthy as the

absence of disease, such as a stroke which affects the brain. Three participants who suffered a stroke stated that the stroke was a barrier to their learning. This finding is consistent with Goleman's concept of intellectual growth throughout the life span in healthy, active individuals. Sakata and Fendt (1981) report that a deterioration of the senses, specifically vision and hearing affect the elderly individual's ability to learn. The participants of this study substantiate this theory by identify a loss of vision and hearing as a barrier to their learning. Sakata and Fendt emphasize that good physical health is relevant to learning and state that intellectual ability in the elderly may diminish because of "ill health or understimulation more than because of old age" (p.13). I agree with the previous statement from the data collected in this study, in terms of ill health, only. The issue of understimulation and the elderly in terms of learning was not addressed in this study. One participant who wished to teach others her skill or talent also identified health as a potential barrier for teaching.

In conclusion, it is evident from the data collected for the fourth research question that poor health is a major deterrent for learning among the lucid institutionalized elderly. Health barriers were also identified as a concern

for those participants who were willing to teach other their skill or talent.

Research Question Five

The fifth and final research question asked: To what extent would the meeting of their learning needs affect the lucid institutionalized elderly individual's perceived quality of life? The final three interview guide questions addressed the fifth research question. These questions were number 8, 9 and 10 of the interview guide. The coding categories which correspond to these interview guide questions is category number 17, perception of learning and quality of life, category 18, perception of teaching and quality of life and category 19, present satisfaction with quality of life.

I first asked participants to describe how they felt after they had attended a learning session. Participant responses were quite limited; only four participants responded to this question. Two participants simply stated that they would feel better about themselves. The other two participants responded that they would also feel better about themselves but provided an explanation, for instance:

"Well, you'd feel better equipped to discuss everyday problems with your well, with your fellow man." (D, 3).

"I feel a little more knowledgeable.
I feel I've done something I should
of long ago." (V, 3).

I then asked participants who were interested in teaching others to describe how they would feel after they have taught someone their talent or skill. Five participants responded to this question and all agreed that they would feel "good" about teaching someone else. All participants utilized the word "good". One participant explained:

"It makes me feel good. I would like
them to know it [my skill]. Yes, it is,
[satisfying] to make someone else happy."
(M, 6).

Participants were then asked if attending a learning session would make them feel better, worse or the same about living at the nursing home. Seven participants responded to this question with very brief replies and no elaboration. Further prompting and probing did not elicit additional responses from participants. Six participants stated that they would feel the same about living at the nursing home after they had attended a learning session. One participant responded that she would feel better about living at the nursing home after attending a learning session.

Participants who were interested in teaching their skill or talent to others were asked if they would feel better,

worse or the same about residing at the nursing home after they had taught someone else their skill. Three participants responded to this question; two stated that they would feel the same about living at the nursing home and the other participant had an entirely different perception. She replied:

"I like it here. I think it's the best place for us, like we are. As I said this is the last step, I know, last station. It's not for that reason, [to feel better, worse or the same] it's just that it's better living here because you've got more help." (M, 7).

In order to gather the final data necessary for research question five I asked participants to name one thing that would make their life at the nursing home more satisfying. Eight participants responded that they were satisfied and could not think of anything that would make their life at the nursing home more satisfying. Four participants stated that if their health were better they would be more satisfied. Two participants responded that the meals could be improved at the nursing home and two participants felt that lower rent rates at the nursing home would make them feel more satisfied. One participant responded that a private room would make her more satisfied, another participant wanted to go home and not live at the nursing home, another wished he would have had a son during

his lifetime and another wished that his wife were living with him at the nursing home. Three participants did not respond to this question.

The literature discloses that theories of aging presented by Erikson (1986), Atchley (1989), Dychtwald and Flower (1989) and Eddy, Pierce and Alles (1982) agree that the development and maintenance of one's ego throughout the life span promotes a positive attitude towards aging. According to McLean (1981), Peterson (1983) and Verduin, Miller and Green (1986) lifelong learning promotes and enhances ego integrity which contributes to an improved quality of life. Although a small number of participants responded to the interview guide question, which described their perceived personal satisfaction towards learning, the responses were consistent with the literature. Participants stated that learning made them feel intrinsically good, more knowledgeable and articulate. Participants who were interested in teaching their skill or talent responded, unanimously, that teaching others would increase their personal satisfaction. This study found that the majority of participants felt no different about living at the nursing home after attending a learning session or teaching someone their skill or talent. This finding suggests that attending a learning session or teaching someone did not

influence or alter the lucid elderly residents' present perception of their quality of life within an institution. The study also found that many participants stated that they were satisfied with their present quality of life. Participants identified improved health as being the most desired entity in achieving personal satisfaction.

In conclusion, the data gathered for the fifth research question found that a limited number of lucid residents perceive greater personal satisfaction from learning. This finding is consistent with the literature. However, it is apparent that this finding is weak and inconclusive which suggests that further research is required in order to substantiate this theory. The data also identifies that attending a learning session did not appear to influence or alter the lucid residents' present perception of their quality of life within an institution. The study found that most participants are content with their lives within the nursing home. However, participants did name improved health as being desirable in terms of achieving greater personal satisfaction.

Summary of Findings and Recommendations

The findings of this study are summarized briefly according to each research question with respect to the

relevant literature. In addition, more general perhaps unanticipated, findings are discussed. Finally, recommendations resulting from the findings are presented.

Findings Related to the Research Questions

The initial findings of the study indicate that the participants' definition of learning is consistent with the literature. Participants described learning as occurring within a formal setting where one attends school, college or university. Participants also described learning as gaining knowledge and life experiences. However, participants did not identify or include leisure learning in their definition of learning. I am confident that leisure learning does occur in the nursing home at Medicine Hat with such activities as the art club, pet program and baking group. Leisure learning is a term utilized by elder hostel, an American community based program, which offers learning activities to older adults. Although elder hostel is a community based program, I feel that their leisure learning activities should be considered as a potential resource for the institutionalized elderly with learning needs.

Secondly, the findings indicate that a limited number of lucid institutionalized residents do possess a range of learning needs. Ten participants (43%) identified their

learning interests. These learning interests were consistent with the andragogical model of lifelong learning described by Knowles (1984). Knowles assumes that adult learners define their self identity from their experience (who I am is derived from what I have done). For example, one participant was a medical doctor and he identified the topic of medical/legal issues as his learning interest. Another participant suffers from the disease multiple sclerosis and identified this disease as a topic of interest she would like to learn more about. Knowles also suggests that adult learners are ready to learn when they "experience a need to know or do something in order to perform more effectively in some aspect of their lives" (p. 11). This assumption was accurately reflected in the data collected for this study. For instance, learning to cook a different type of food, playing a new game and coping with day to day problems are topics which are derived from an individual's need to know and acquiring this information may enhance their performance and ability in some aspect of their lives. The andragogical model of learning states that adult learners do not learn for the sake of learning but learn "in order to perform a task, solve a problem, or live in a more satisfying way" (Knowles, 1984, p.12). Participants identified through their choice of learning topics that they wanted to perform

a task (cook a different type of food, learn a new language, paint, sew and knit), solve a problem (learn a new game) and live in a more satisfying way (attend a fashion show, attend an information session, view a video or film and learn to cope with day to day problems).

In addition to identifying learning needs among participants, the data also found that seven participants who possessed talents or skills were willing to teach their skill or talent to others. The skills or talents described by participants include: crocheting, beading, cooking and baking, being a support person for an individual with multiple sclerosis, playing a musical instrument, reading and sharing life experiences with others. I am surprised, amazed and delighted by this finding. I did not anticipate that this finding would exist to this extent among participants. I also did not truly understand or realize, until now, that the meeting of this need not only contributes to personal fulfillment and satisfaction but enables personal empowerment and autonomy which are desirable goals of long term care facilities that have adopted a philosophy of independence for their residents.

I am aware that information is presently gathered by the recreation department of the nursing home in Medicine Hat on each resident, shortly after their admission, in

order to complete a resident profile. This profile contains each resident's likes and dislikes in terms of social and recreational activities. To my knowledge this profile does not contain questions regarding individual learning desires. I believe that the resident profile does ask questions which identifies specific skills or talents of each resident. However, I do not think it asks lucid residents if they would be willing to teach their skill or talent to others.

Thirdly, the findings indicate the participants' preferred setting, time and method of learning. According to Knowles (1984), adults will succeed as learners when they are included in planning, implementing and evaluating their learning experience. Participants described three different settings for learning: the nursing home, a facility outside of the nursing home and a combination of inside or outside of the nursing home. The majority of participants did not know of another nursing home resident who could teach them their topic of interest but were receptive to the idea of being taught by another nursing home resident. From my personal experience, I would not have expected this finding. I find it quite interesting that participants were receptive to the idea of being taught by another nursing home resident. It has been my experience that residents quite often attend or participant in an activity based on who may

or may not be present. When I worked in a long term care facility, residents frequently complained to me that they often became frustrated when attending an activity as another resident or group of residents spoiled the occasion for them in one way or another. Therefore, I did not anticipate that participants would be tolerant of or receptive to the idea of another nursing home resident teaching them something.

Participants preferred to learn on an individual basis and not in a group setting. Participant responses were divided equally on the issue of attending only one learning session or attending one session for several weeks. The majority of participants stated that the afternoon was their preferred time of day for attending a learning session. I would not have anticipated this finding. A previous research study (Parkes, 1986) and observations from the nursing home staff in Medicine Hat report that the afternoon is not a preferred time of day for lucid residents to attend a learning session. Parkes reports in a New Zealand study that elderly nursing home residents' declared they are brightest in the morning in terms of learning. Staff members at the long term care facility in Medicine Hat, Alberta have reported that some lucid residents are more alert and responsive in the morning. Apparently, the

participants of this study do not perceive that they are less alert or less responsive as the day progresses.

For those participants who were willing to teach others, the data identified their preferred setting, time and method of teaching. All participants preferred to teach their skill or talent in the nursing home. Only one participant knew of someone within the nursing home who would like to learn her skill or talent. The majority of participants preferred to teach their skill or talent on an individual basis. All participants thought that their skill or talent should be taught at several sessions. The majority of participants responded that they did not have a preferred time or day for teaching their skill or talent.

To my knowledge, the recreational staff of the nursing home in Medicine Hat does not actively involve or include residents in the process of program planning specific to learning activities. I am not aware of any programs at the nursing home in Medicine Hat which facilitates residents in teaching their skill or talent to others.

The fourth finding indicates the participants' perceived barriers to learning and teaching others. The data collected identified poor health as the major deterrent for learning and teaching others. This finding is consistent with the literature. Broschart (1977) identified three

barriers to lifelong learning: institutional, personal and social barriers. Personal barriers for the older adult learner, according to Broschart, include physical impairment, accessibility, financial resources and location. Accessibility in terms of transportation was also identified by participants as a barrier to learning. Goleman (1984) and Sakata and Fendt (1981) state that good physical health is relevant to learning and suggest that intellectual ability in the elderly may diminish because of understimulation rather than aging. The findings of this study indicate that frail health does indeed affect learning. However, the idea of intellectual ability declining in the elderly due to understimulation was not addressed in this study.

Lastly, the fifth finding weakly supports the concept of increased personal satisfaction from learning, which in theory, contributes to an improved quality of life. The literature suggests that theories of aging agree that the development and maintenance of one's ego throughout the life span promotes a positive attitude towards aging (Erikson, 1986, Atchley, 1989, Dychtwald and Flower, 1989 and Eddy, Pierce and Alles, 1982). According to McLean (1981), Peterson (1983) and Verduin, Miller and Green (1986) lifelong learning promotes and enhances ego integrity which

contributes to an improved quality of life. Although a small number of participants (four) responded to the interview guide question, which described their perceived personal satisfaction towards learning, the responses were consistent with the literature. Participants stated that learning made them feel intrinsically good, more knowledgeable and articulate. Participants who were interested in teaching others their skill or talent responded, unanimously, that teaching others would increase their personal satisfaction. The majority of participants felt no different about living at the nursing home after attending a learning session or teaching someone their skill or talent. This finding suggests that attending a learning session or teaching someone did not influence or alter the lucid elderly residents' present perception of their quality of life within an institution. I am saddened by this finding and disappointed. I had hoped that attending a learning session or teaching others would have increased the participants' quality of life within an institution.

The study also found that many participants stated that they were satisfied with their present quality of life. I am cautious in my interpretation of this finding. Does this finding indicate that participants are genuinely satisfied with their present living arrangements or are they passively

accepting their circumstances? I suspect that participants chose not to reveal their inner feelings with me regarding their present quality of life. I sensed an attitude of hopelessness and despondency among participants as they described their quality of life. However, I also sensed their reluctance to discuss this issue further with me.

Participants identified improved health as being the most desired entity in achieving personal satisfaction. I think that this finding appears to be quite understandable and should therefore be an easy concept to grasp. However, I think this is a most complex issue for the majority of healthy individuals to fully realize. It is a difficult concept to relate to and empathize with if one is relatively healthy and younger. I think that health care workers who do not truly understand this issue cannot effectively or successfully promote autonomy among the institutionalized elderly.

General Findings

The study produced a number of unanticipated findings which are most thought provoking. I present these unexpected findings with the intention of generating dialogue among professional and non-professional individuals who work with and provide services to the institutionalized

elderly. Ideally, I would hope that through dialogue new and innovative approaches aimed at enhancing the lucid institutionalized individual's quality of life would result. This is certainly my vision.

I found that participants were very cautious and guarded in their responses. They chose to answer the interview questions with very brief replies and this occurred more frequently among male participants. This led me to suspect that perhaps the lack of participant elaboration was due in part to a difference among the genders. Also, I sensed that a "learned dependence" exists among the institutionalized elderly and this may also have contributed further to this occurrence.

My personal experience from working with the institutionalized elderly leads me to believe that participant responses, for this study, may have to some degree reflected the attitudes of the staff. The staff of a nursing home perform duties which are vital to the fundamental existence of the facility. Their working environment is in essence a state of mutual dependence. The residents rely on the services provided by the nursing home staff and the nursing home staff relate to residents on a personal level and often act as a spokesperson for residents. This reciprocal relationship between staff and

residents has the potential to be advantageous or detrimental to the well being of the resident. Staff members who believe that they act only in the residents' best interest may not be cognizant of the fact that they are perceived by residents as controlling, authoritarian and rigid in their work practices. Residents are sensitive to the work habits of the staff and learn to change or adapt their attitudes and/or behaviors in an attempt to be accepted by the staff. This attitude and/or behavior adaptation is due to "learned dependence". I feel the staff require a consciousness raising experience which will identify their personal attitudes towards the institutionalized elderly. This experience would be beneficial in terms of the staff truly understanding, internalizing and practicing the long term care concepts of resident independence, individuality, decision making autonomy and lifestyle flexibility. Ideally, I would hope that the consciousness raising experience would benefit the staff of long term care facilities by identifying and recognizing their personal limitations toward the institutionalized elderly, assist them in understanding how their current practices affect the institutionalized elderly individual's quality of life and that their personal challenge is to create a mutually rewarding environment for

themselves and residents. I also feel that the administrative staff of nursing homes must become creative and innovative in their approaches to caring for the institutionalized elderly individual. The traditional approaches of the past are no longer acceptable or adequate in meeting the needs of the institutionalized elderly.

It is evident from the findings that participants do possess a range of learning needs and have definite preferences regarding the place, time and setting for their learning activities to occur. This finding indicates that incongruities exist in the long term care system between the fundamental philosophy of institutions and the current practices utilized in the delivery of care and services. For example, many long term care facilities adopt and defend the philosophy of independence but do not genuinely practice this belief. For some unknown reason, participants have not been involved in planning their learning activities. Individuals who plan and provide learning opportunities have unilaterally decided what specific learning activities the institutionalized elderly require. This traditional approach to providing care and services to the institutionalized elderly assumes that the professional knows what is "best" for the clientele they serve. This practice promotes dependence rather than independence and

negatively influences the service goals of long term care. Professionals must consult with their clients, seek their opinions, identify their needs and initiate action to address the issues expressed. This process is crucial to ensuring resident individuality and encourages personal empowerment. It is then inevitable that "learned dependence" will be eradicated.

The data also identified that some participants are willing to teach their perceived skill or talent to others. I found this to be a most powerful and valuable finding. I find it sad that these individuals have not been given the opportunity to share their knowledge with others. This is a further example of inconsistencies within the long term care system between the adopted model of independence for residents and current practices which do not promote this belief. This practice negatively influences the service goals of long term care and contributes to "learned dependence". A gap in services and programs exists because residents have not been consulted, their needs have not been appropriately identified and a corresponding plan of action has not been initiated.

It is evident from these findings that long term care practices are a barrier to learning and that the long term care environment is not conducive to promoting dialogue

among staff and residents. Additional research is necessary in order to further understand the issues presented from the findings. There are several areas which require further investigation and include:

- identifying a consciousness raising experience which would best facilitate the staff of long term care facilities in understanding their personal attitudes towards the institutionalized elderly and subsequently, modifying their work practices to allow and encourage individual autonomy

- identifying the institutionalized elderly individual's perception of their quality of life and what if anything, would truly improve their perception of their quality of life

- studying a long term care facility over a period of time after implementing learning programs specific to the residents' learning needs. The time study would allow the researcher to identify if the resident's perception of their quality of life had increased over time after attending learning sessions specific to their needs

- identifying whether intellectual understimulation contributes to a decrease in intellectual ability among the institutionalized elderly

- identifying gender differences among participants
and

- identifying the participants' length of admission
to the long term care facility and determining whether the
length of admission influences the participants' responses.

Recommendations

The following recommendations, although specific to the nursing home in Medicine Hat, may also apply to other nursing homes with similar characteristics and a similar clientele. While some of the recommendations may prove unsettling initially, it is hoped in the long run the goal of improved quality of life for elderly residents will be served. In this spirit I recommend:

1) that the Elder hostel program in Boston be contacted in order to obtain a list of their leisure learning topics. This list may assist the recreation department in planning future leisure learning programs for lucid nursing home residents by enhancing and broadening their present repertoire of leisure learning topics

2) that lucid residents be asked questions concerning their perceived learning needs and desires when admitted to the nursing home

3) that a question be incorporated in the resident

profile identifying which residents would be willing to teach their perceived talent or skill to others

4) that a program be established to facilitate residents in teaching their skill or talent to others

5) that residents who possess learning and teaching needs be included in planning, implementing and evaluating existing learning programs and future learning/teaching programs

6) that in an effort to maintain and promote intellectual stimulation among lucid residents, long term care facilities continue to provide learning activities and initiate teaching activities for those residents who wish to teach others

7) that the recreation department enhance their current learning programs by incorporating the recommendations of this study into future program planning and

8) that future research include the staff of the long term care facility.

REFERENCES

- Adam, F., & Aker, G.F. (Eds). (1982). Factors in adult learning and instruction. Theory, innovations, and practice in andragogy. No. 1 (Report No. CE 035 600). Tallahassee, Florida: State University, International Institute of Andragogy. (ERIC Document Reproduction Service No. ED 288 461)
- Alberta Health (1989). Alberta assessment and placement instrument for long term care. Form # AH 2008. Edmonton, Alberta.
- Almerico, G.M., & Fillmer, H.T. (1989). The portrayal of the elderly in the U.S. print media. Reading 23 (2), 98-104.
- American Association of Retired Persons. (1986). College centers for older learners. (Report No. CE 047 078). Washington, DC: Institute of Lifetime Learning. (ERIC Document Reproduction Service No. ED 282 001)
- Atchley, R.C. (1989). A continuity theory of normal aging. The Gerontologist, 29 (2), 183-190.
- Battersby, D. (1985). Education in later life: What does it mean? Convergence, 18 (1-2), 75-85.
- Battersby, D. (1982). Gerogogy. Australian Journal of Adult Education, 22 (2), 28-34.

- Bogdan, R.C., & Biklen, S.K. (1982). Qualitative research for education: An introduction to theory and methods. Toronto: Allyn and Bacon.
- Borg, W.R. (1981). Applying educational research: A practical guide for teachers. New York: Longman.
- Bowe, F. (1988, August-September). Why grandma won't live in a home. Technology Review, pp. 38.
- Broschart, J.R. (1977). Lifelong learning in the nation's third century. Washington, DC.: U.S. Government Printing Office.
- Carter, P.D. (1982). Sensory changes with age: Implications for learning and research. Lifelong Learning: The Adult Years, 5 (10), 19-21.
- Chapman, R. (1988). Adopting a grandparent. New Zealand Nursing Journal, 81 (9), 25-26.
- Community Profile Series, Part 1,2,3,. (1988). Census Summary. Available from City Clerk's Office, City Hall, Medicine Hat, Alberta.
- Cooper, N. (1989, April). We're all getting older: Our self-image is changing and the world is taking notice. Canadian Living, pp. 114-119.
- Davis, J.A. (1988). A student perspective on growing old. Educational Gerontology, 14, 525-53

- Demery, M. (1987). Some solutions for successful aging. (Report No. CE 047 695). Natchitoches, Louisiana: BWVA Project. (ERIC Document Reproduction Service No. ED 283 995)
- Denton, F.I., Pineo, P.C., & Spencer, B.G. (1988). Participation in adult education by the elderly: A multivariate analysis and some implications for the future. Canadian Journal on Aging, 7 (1), 4-16.
- Dychtwald, K., & Flower, J. (1989). Age Wave. Los Angeles: Jeremy P. Tarcher.
- Eddy, M.E., St. Pierre, R.W. & Aller, W.F. (1982). Life span development: Intervention implications for concepts of aging. Journal of School Health, 52 (9), 559-563.
- Eilers, M.L. (1989). Older adults and computer education: "Not to have the world a closed door". International Journal of Technology and Aging, 2, (1), 56-76.
- Erikson, E.H. (1982). The life cycle completed. New York: W.W. Norton.
- Erikson, E.H., Erikson, J.M., & Kivnick, H.Q. (1986). Vital involvement in old age. New York: W.W. Norton.
- Foster, N. (1991, January 5). Services needed. The Medicine Hat News, p. C-5.

- Forman, J. (1981). Adapting physical education curriculum for the older adult. (Report No. JC 810 431).
Cupertino, California: De Anza College. (ERIC
Document Reproduction Service No. ED 203 963)
- Gessner, B.A. (1989). Adult education the cornerstone of
patient teaching. Nursing Clinics of North America, 24
(3). 589-595.
- Glaser, B.G., & Strauss, A.L. (1973). The discovery of
grounded theory: Strategies for qualitative research.
Chicago: Aldine.
- Global population over 60 increasing rapidly: UN role in
solving their problems stressed. (1988, March). UN
Chronicle, pp. 44.
- Goleman, D. (1984). The aging mind proves capable of
lifelong growth. Learning, 4 (1), 10-12.
- Gordon, R.L. (1980). Interviewing: Strategy, techniques
and tactics. Georgetown, Ontario: Dorsey.
- Groombridge, B. (1982). Learning education and later life.
Adult Education, 54 (4), 314-326.
- Hands across the classroom. (1987). Manitoba Teacher,
66 (1), 5.
- Havighurst, R.J. (1972). Developmental tasks and
education. New York: David McKay.

- Jarvis, P. (1987). Sociological perspectives on lifelong education. Educational Considerations, 14 (2-3), 5-8.
- Knowles, M.S. (1984). Andragogy in action: Applying modern principles of adult learning. San Francisco: Jossey-Bass.
- Knowles, M.S. (1980). The modern practice of adult education: From pedagogy to andragogy. New York: Cambridge.
- Krauss Whitborne, S., & Weinstock C.S. (1979). Adult development. Montreal: Holt, Rinehart and Winston.
- Mac Lean, J.R. (1981). Lifelong learning an overview. (Report No. CE 029 428). Minneapolis: National Music Educators' Conference. (ERIC Document Reproduction Service No. ED 204 533)
- Maslow, A.H. (1970). Motivation and personality. New York: Harper & Row.
- Maslow, A.H. (1968). Toward a psychology of being. Toronto: Litton.
- Merriam, S.B. (1987). Adult learning and theory building: A review. Adult Education Quarterly, 37 (4), 187-198.
- Merriam, S.B. (1988). Finding your way through the maze: A guide to the literature on adult learning. Lifelong Learning: An Omnibus of Practice & Research, 11 (6) 4-7.

- Nishmias, D., & Nachmias C. (1987). Research methods in the social sciences. New York: St. Martin.
- Parkes, W.F. (1986). The northland seminar: A report. Working paper #7. (Report No. Ce 047 710) Wellington: New Zealand: National Council of Adult Education. (ERIC Document Reproduction Service No. ED 284 003)
- Peterson, D.A. (1983). Facilitating education for older learners. San Francisco: Jossey-Bass.
- Peterson, R.E. (1979). Lifelong learning in America. San Francisco: Jossey-Bass.
- Ray, D., Harley, A., Bayles, M., & others. (1983). Values, lifelong educations and an aging Canadian population. London, Canada: Third Eye.
- Reep, B. & Early, P. (1988, December). This program narrows the distance between young and old. Executive Educator, p. 17-26.
- Roberto, K.A. & Mc Graw, S. (1990). Educational programs for older adults: course selection and motivational factors. Gerontology & Geriatrics Education, 10 (4), 37-47.
- Roodin, P.A., Rybash, J.M., & Hoyer, W.J. (1986). Qualitative dimensions of social cognition in adulthood. Educational Gerontology, 12, 301-311.

- Sakata, R., & Fendt, P.F. (1981, June). Learning capacity and the older adult: Implications for lifelong learning. Lifelong Learning The Adult Years, p. 10-13.
- Salthouse, T.A. (1982). Adult cognition: A experimental psychology of human aging. New York: Springer-Verlag.
- Santrock, J.W. (1985). Adult development and aging. Dubuque, Iowa: Wm. C. Brown.
- Schiamberg, L.B. (1983). Is growing old inevitable? A systems perspective to biological changes and educational priorities in later adulthood. (Report No. SP 022 347) Montreal: Annual Meeting of the American Educational Research Association. (ERIC Document Reproduction Service No. Ed 230 524)
- Smith, C.E. (1989, September). Overview of patient education: Opportunities and challenges for the twenty-first century. Nursing Clinic of North America, 24 (3), 583-587.
- Southeastern Alberta Health Unit. (1989, February). Health promotion and health education interest survey. Paper presented at the meeting of the Needs of the Elderly Planning Committee, Medicine Hat, Alberta.
- Sweeney, J. (1988, September). She's no ordinary college student. 50 Plus, 28, 18.

- VanManen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. London, Ontario: Althouse.
- Verduin, J.R., Jr., Miller, H.G., & Greer, C.E. (1986). The lifelong learning experience. Springfield, Illinois: Charles C. Thomas.
- Vermilye, D.W., & Ferris, W. (Eds.). (1974). Lifelong learners: A new clientele for higher education. San Francisco: Jossey-Bass.
- Walker, I. (1980). The other side of sixty: The need for action. Adult Education, 53 (39), 153-159.
- Weiland, S. (1989). Aging according to biography. The Gerontologist, 29 (2), 191-194.
- Whaples, G.C. & Rivera, W.M. (1982). Lifelong learning research conference proceedings. (Report No. CE 032 098). College Park, Maryland: Maryland University Dept. of Agriculture and Extension Education. (ERIC Document Reproduction Service No. Ed 215 198)
- Whitman, N.I., Graham, B.A., Gleit, C.J., & Boyd, M.D. (1986). Teaching in nursing practice: A professional model. Norwalk, Connecticut: Appleton-Century-Crofts.

APPENDICES

CONSENT LETTER

Dear Participant, Family Member or Significant Other:

I am conducting a study the purpose of which will identify and describe the perceived learning needs among the institutionalized elderly. The purpose of the study is to describe the perceived concept of learning among the institutionalized elderly, to identify their participation in lifelong learning activities, to describe their present day learning needs, to describe how they perceive their present day learning needs will be best met, to identify what they may perceive as learning barriers and to identify if the meeting of these needs will enhance their perceived quality of life within an institutional setting. I anticipate that you and others will benefit from participation in this study by improving existing learning programs and initiating new learning programs within nursing homes. I would like your agreement to participate in this study.

As part of this research you will be asked to participate in an interview session with me. The interview will be tape recorded if you agree. Please note that all information will not be included in any discussion of results. You also have the right to withdraw from the study without prejudice at any time.

If you wish, your family will be contacted and their agreement for you to participate in this study will also be obtained.

If you choose to do so, please indicate your willingness to participate by signing this letter in the space provided below, and return the letter to the office.

I very much appreciate your assistance in this study. If you have any questions please feel free to call me at (306) 373-9611 (home) or (396) 633-2072 (work). Also feel free to contact the supervisor of my thesis committee at the University of Lethbridge if you wish additional information. My supervisor is Myrna Greene who may be contacted by phoning 329-2251.

Yours Sincerely,

Myra Parcher, Past Director of Nursing
Central Park Lodge, Medicine Hat, Alberta

Identifying Perceived Learning Needs Among the Institutionalized Elderly

I, _____ agree to participate in this study.

Signature

Date

INTERVIEW GUIDE

SEX: MALE _____

AGE _____

FEMALE _____

1. Describe what learning means to you?

2. What types of learning programs, courses, workshops or seminars have you participated in over the years?

3. What kinds of things would you like to learn? Do you feel that you have something to teach others?

a) Would you like to learn to paint or cook a different type of food (Chinese, French, Greek, etc.)? Do you have any talents or skills that you would be interested in teaching others?

b) Would you like to learn to play chess, a new game or how to plant a garden?

c) Would you like to take a history, English or science course or would you prefer a university class?

d) Would you like to learn a new language?

4. What would make you want to attend a learning session? What would make you want to teach others?

5. How would you like to learn? How do you think others would best learn this?

a) Would you prefer to stay here and have someone come in and teach you? Would you like to teach this at the nursing home?

b) Do you know of someone within the nursing home who could perhaps teach this to you? Do you know of someone within the nursing home who would like to learn this?

c) Would you like to be taught by another nursing home resident? Would you like to teach another nursing home resident?

d) Would you like to go to another place to learn this (the college, a club, the Veiner Center, another nursing home)? Would you like to go to another place/building to teach this?

e) Would you like to learn in a group with others? or would you prefer to learn on an individual basis, by yourself? Would you like to teach this in a group setting or on an individual basis?

f) Would you like to take a course which is held once a week for several weeks or would you rather attend something only once? Would you like to teach this at one session only or at several sessions?

g) What day(s) of the week is best for you to attend a learning session? What day(s) of the week is best for you to teach this?

h) What time of the day is best for you to attend a learning session? What time of the day is best for you to teach this?

6. Describe anything which you feel may make it difficult for you to learn? Describe anything which you feel may make it difficult for you to teach this?

7. Have you attended any learning sessions since residing here? Have you taught your talent or skill to someone since residing here?

8. Describe how you feel after you have attended a learning session? Describe how you feel after you have taught someone your talent or skill?

9. Would attending a learning session make you feel better, worse or the same about living here? Would teaching your talent or skill make you feel better, worse or the same about living here?

10. What one thing do you think would make you life here more satisfying?