Adaptation to nursing home: The role of leisure activities in light of motivation and relatedness

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\textbf{A R T I C L E  I N F O}

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\textbf{A B S T R A C T}

Based on the motivational sequence described in Self-Determination Theory, this study explored the relationship between relatedness, motivation, adaptation and leisure in nursing homes. We formulated the hypothesis that the variables of the study would be found in an integrative mediational sequence: Participation in leisure activities → Relatedness → Self-determined motivation → Adaptation to nursing homes. Participants (N = 112, mean age = 84.17) were invited to complete questionnaires assessing these variables. Results of the path analysis found an unsatisfactory fit for this model but revealed another model (Model 2) with a good fit index: Relatedness → Participation in leisure activities → Self-determined motivation → Adaptation to nursing homes → Relatedness. Model 2 fitted better than model 1: the Chi-square values were not significant, Chi² (df=2) = 5.1, p = 0.078 and other indices were satisfactory (CFI = 0.930, RMSEA = 0.049 and NFI = 0.918). These results suggest that feeling connected and secure in the relationships with others, and integrated as an individual to the group contribute to enhance leisure practice, self-determined motivation, and finally adaptation to life environment. Consequently, the relatedness promotes leisure activities practice which represents a central adaptive behavior in nursing homes.

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1. Introduction

For the elderly, leaving the family house in order to live in a nursing home is a major life event. The person must accept the loss of familiar surroundings and the adaptation to the new environment. This change generally corresponds to a loss of personal autonomy. Indeed, the main reasons leading to change of address in later life are unsuitable housing, the need to be closer to relatives or friends, looking for a safer environment, or proximity of support services or personal assistance (Serow, 1987).

The decision to move in a nursing home is more often a necessity than a choice (Rioux, 2008), and the newcomer, destabilized in his social relationships, must build a new network in order to adapt in the best way to a new environment (Vercauteren & Chapeleau, 1995). Adaptation involves developing new behaviors meeting the demands of the environment, and requires the development of new habits, problem solving and management of high anxiety (Bizzini, 2004; Freeman & Roy, 2005).

This can be seen as a dynamic process that involves the use of adaptive strategies in order to adapt to disturbances created by life events (Roy & Andrews, 1991, 2009). Coping with these events is therefore based on internal processes that modulate the dynamic relationship between the person and its environment (Castonguay and Ferron, 1999; Altintas, Majchrzak, Leconte, & Guerrien, 2010), which might underlie actions and behaviors and thus promote adaptation.

1.1. Adaptation in later life

The model of Roy & Andrews (1991, 2009) mainly focused on the adaptation of individuals or groups (family, community or society) to their environment, in order to promote and support health and quality of life. A person is considered as an adaptive system in constant interaction with a changing environment. This system results from the combination of physical, mental and social dimensions of the individual. These dimensions are interdependent, work together to form a unified whole: a bio-psycho-social individual. Thus, the person is able to adjust to changes in the environment. According to this model, individuals adapt to their environment by two types of internal processes (Freeman & Roy, 2005): (1) Regulatory mechanisms including all adaptive
physiological responses (i.e. automatic responses, chemical and endocrine processes) (2) Cognitive mechanisms corresponding to conscious adaptive processes resulting from complex processes related to perception, processing of information, learning, judgment and emotions (Kérouac, Pepin, Ducharme, & Major, 2003).

Castonguay and Ferron (1999) used the model of Roy & Andrews (1991, 2009) for the study of adaptation in older age. According to them, this model seems, both theoretically and empirically, suitable for the study of adaptation of the elderly, and allows a better understanding of adaptation mechanisms involved in older age. On this basis, Castonguay and Ferron considered the adaptation of the elderly as a dynamic balance between the whole person and his living environment, which resulted in the nursing home adaptation scale (EAPAR, Castonguay & Ferron, 1999).

The adaptive function of leisure activities in older age has been repeatedly emphasized (Leitner & Leitner, 2004; Ragheb & Griffith, 1982). The importance for the elderly to participate in leisure activities is consistent with the necessity to organize and plan them according to the expectations and needs of participants (Ragheb & Griffith, 1982; Guay, Vallerand, & Losier, 1995; Leitner & Leitner, 2004). The participation of the elderly in leisure activities is associated with a better integration of the individual to the group (Coleman & Iso-Ahola, 1993; Kelly et al., 1987), better life satisfaction (Kelly et al., 1987), less depressive symptomatology (Angeleri et al., 1997), better well-being (Philippe & Vallerand, 2008), successful aging (Rowe & Kahn, 1997), or better adaptation to life events or transitions, such as impairment of health, retirement, arrival in nursing home (Duke, Leventhal, Brownlee, & Leventhal, 2002; Silverstein & Parker, 2002). Moreover, leisure activities represent an opportunity for the elderly to develop social experiences with peers (Leversen Danielsen, Wold, & Sandal, 2012). Participation in leisure activities promotes satisfaction to live in a nursing home and leads to a better adaptation of the elderly (McGuinn & Mosher-Ashley, 2001).

Leisure corresponds to voluntary activities. Its goal is to provide entertainment, relaxation, vitality and stimulation to participants (Kelly, 1996). In nursing homes, leisure activities fit into a support process which primary purpose is to improve fulfillment of daily life activities, with a search for satisfaction and enjoyment. Offering this recreational time means taking into account the needs and abilities of participants. Thus, a wide range of activities must be offered to the elderly in order to awaken a sense of control, increasing self-determined motivation for leisure activities and developing relationships with peers (Coleman & Iso-Ahola, 1993; Iso-Ahola, 1999; Leversen et al., 2012).

1.2. Self-determination theory (SDT)

Self-Determination Theory (SDT) is a macro-theory of human motivation which integrates different mini-theories. We will describe the different forms of motivation and the three mini-theories of SDT: Organismic Integration Theory, Cognitive Evaluation Theory, and Basic Psychological Needs Theory.

The Self-Determination Theory (SDT, Deci & Ryan, 1985, 2002) distinguishes three main types of motivation: intrinsic motivation (IM), extrinsic motivation (EM) and amotivation. These different motivations are defined as follows: IM is linked to the pleasure one gets from the task itself or from the sense of satisfaction in completing or even working on a task. EM comes from external sources. It refers to a set of behaviors performed for instrumental reasons. Four forms of EM are distinguished: self-determined (or autonomous) forms (Integrated Regulation and Regulation through Identification) and non self-determined (or controlled) forms (Introjected regulation of behavior and Externally regulated behavior). Self-determined (or autonomous) EM incorporates the concept of choice, even if the purpose is neither satisfaction nor looking for fun. Integrated Regulation occurs when regulation is fully assimilated with the self and is included in one’s self evaluations and beliefs on personal needs. Regulation through identification involves conscious valuing of a goal or regulation so that the action is accepted as personally important. In contrast, non self-determined (or controlled) EM includes behaviors carried out for external reasons (External regulation: the activity is performed because of an external demand or possible reward) and internal pressure (Introjected regulation refers to doing something in order to maintain self-esteem, pride, avoid guilt, or avoid anxiety). Finally, amotivation (AM) is a lack of intrinsic and extrinsic motivation, that is to say, a relative lack of motivation: no reason is perceived to initiate or continue the activity (Vallerand & Fortier, 1998).

According to the Organismic Integration Theory (Deci & Ryan, 1985; Ryan & Connell, 1989), these different kinds of motivation are organized on a continuum according to their degree of self-determination. The self-determination continuum refers to the perceived locus of causality, which may be internal (the behavior is perceived to be voluntary and issued by choice), or external (the behavior is perceived to be induced by external forces). IM is associated with an internal locus of causality and represents the highest level of self-determination. Self-determined forms of extrinsic motivation correspond to a less internal locus of causality, whereas the non-self-determined forms correspond to an external locus of causality. The end of the self-determined continuum is represented by amotivation. Thus, for an individual, the combination of these different forms of motivation for an activity or a given context of activities determines motivational orientation or motivational profile.

In addition, the Cognitive Evaluation Theory (Deci & Ryan, 1980; Ryan & Deci, 2000) describes the effects of social contexts on people’s motivation. These contexts can satisfy basic needs of autonomy (need to be the perceived origin of one’s own behavior), competence (the need to feel effective and have the opportunity to exercise one’s capacities) and relatedness (need to feel connected to others, to care for and being cared by others).

Through the interaction with the environment, people would actively try to fill these three basic needs. Satisfaction of these psychological needs determines the motivational profile or levels of IM, EM and AM. Indeed, leisure activities represent an opportunity of interaction with peers allowing people to satisfy a psychosocial need: relatedness. Finally, Basic Needs Theory (Ryan & Deci, 2001) attempts to explain the relationship between satisfaction of needs and motivation to health and well-being. There is much evidence to support the hypothesis that satisfaction of the needs for autonomy, competence and relatedness could predict psychological health (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Altintas & Guerrien, 2014).

1.3. The present study

Several studies based on SDT showed a link between participation in leisure activities and self-determined motivation for these activities (Losier, Bourque, & Vallerand, 1993; Iso-Ahola, 1999). A link was also shown between self-determined motivation, adaptation in various areas of life and life satisfaction (Deci et al., 2001; Vallerand, 1997; Ratelle, Vallerand, Chantal, & Provencher, 2004). Regarding the elderly, several studies on motivation and its consequences showed that self-determined motivational orientation appears to facilitate adaptation in different life contexts, and promotes life satisfaction (O’Connor & Vallerand, 1994; Vallerand, O’Connor, & Hamel, 1995; Guay et al., 1995), especially in the case of people living in nursing homes (Philippe & Vallerand, 2008). Philippe and Vallerand (2008) outlined in this literature the Basic Needs Theory focusing on the role of the perception of
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