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## Instrumental and Expressive Education: Identifying the Educational Interests of the Institutionalized Elderly

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### Abstract

This research indicates that 86% of the elderly, aged 60 to 98, residing in a long-term care facility, do not believe that they are too old to learn. Interest in ongoing learning is focused on topics which are designed to enhance enjoyment rather than those based on mastery of skills.

### Résumé

Cette recherche indique que 86% des personnes âgées résidant dans une institution de soins prolongés, dont l'âge varie entre 60 et 98 ans, ne se pensent pas trop vieux pour apprendre. Les cours qu'ils choisissent de suivre sont destinés à augmenter leur jouissance de la vie plutôt qu'à acquérir de nouvelles compétences.

### INTRODUCTION

This paper will examine the concept of ongoing education that highlights two categories of education, expressive and instrumental, relative to life-stages of development. The focus will fall upon original research which was intended to identify the expressed educational interests of residents, over the age of 60, who are living in an institutional setting. The conceptual base of this research is founded upon the social theory of T. Parsons (1975) as applied to educational goals. In Parsons' model motivation to gain satisfaction in learning appears as a dynamic concept.

This research is of interest and importance because aging and education are two concepts which are salient in contemporary society. First, older people are becoming an increasingly larger part of the general population. Second, it is vital that our understanding of the aging process be studied in relation to learning ability in order to meet the educational interests of today's older adults.

### ADULT STAGES OF DEVELOPMENT

Adult educators must understand the adult stages of development in order to build a strong theoretical foundation for teaching the older adult. Buhler's (1962) clinical theory is cited as follows:

- The 20-30 year old strives for an identity through occupation, marriage, political, and religious affiliation. At this stage the majority of the middle class use education as a vehicle toward job advancement or homemaking. The curriculum is founded upon topics relative to the instrumental category in preparation to assume an adult social role.

- The 30-40 year old is thought to be in a more stable period of life. The instrumental form of education continues to dominate, however; and the focus is now upon improving skills. Expressive forms of education also begin to emerge and take the style of friendship groups, enrolment in a course to study a second language, or similar pleasurable learning experiences.

- The 40-50 year old sees the beginning of a concern with health and the physical changes of aging. This decade is also, for many, a period of positive growth in relation to power and influence. Expressive forms of education are further developed as interests turn toward the community and cultural activities. Instrumental pursuits are lessened in the group aged 40-60 and parallel a diminished concern with one's occupation and parenting roles. Expressive forms of education become of more interest; for example, travel, study groups, music groups, and similar activities gain ground. Ironically, it is also noted to be the age where motivation in attending adult education classes decreases (Devereaux, 1984).

- The 50-60 year period is considered to be a plateau regarding one's occupation and a decline in terms of ego and physical changes. In addition, the limitation of life-time is acknowledged. Educators are puzzled regarding their role with this age group, and advise that perhaps it lies in assisting with the transition to aging.

- The 60-70 year period is thought to be highlighted by the process of disengagement. After the age of 70, it is believed that disengagement occurs rapidly. There is, however, a trend which focuses on the various definitions of successful aging, and the implications for education soon become evident. Moreover, the concept of disengagement also comes under strong criticism.

## RESEARCH DESIGN

### *Problem Statement*

In recent years educational opportunities for senior citizens have dramatically increased. It appears, however, that the aged are slow to respond to this chance to participate in a learning experience. A survey conducted by Statistics Canada (Devereaux, 1984) reported that there was a significant decline in the rate of participation in adult education after the age of 45. The highest rate (29%) of enrolment was among those 25-34 years of age. Next in rank order were those 35-44 years of age with a participation rate of 25% (p. 6). Among the retired population (65 years and over) the rate of enrolment was only 3% (p. 8). This survey was directed at those elderly living in the general community. It does not consider those elderly who live in an institutional setting.

Aging is natural. For many, however, one effect of a longer life will be diminished physical health and the resultant need to enter a senior residence, a long-term care facility, or nursing home. This step need not become, as it presently is for many, an emotionally devastating experience. It is frequently perceived with fear as a time when one is snatched from the community and placed in a setting where personal experiences are negated and personal growth is halted — a place to linger until death. Conversely, a more positive attitude toward aging can be facilitated by adult educators who intervene at critical developmental stages of life. Lifelong learning may be considered as a formal or informal process which brings about behavioral changes as a consequence of maturity, experience, insight, or study (Peterson, 1975).

One method of reaching some of the hidden non-participants of formal learning activities is to reach into the unconventional settings of teaching, into the senior residential centres, nursing homes, long-term care hospitals, and similar institutions in order to identify the educational interests of this population. Moreover, the National Advisory Council on Aging (Priorities For Action, 1981) supports the notion of lifelong learning for all elderly regardless of residence. The Council's perspective is that after the age of 65 the elderly "...will continue to need to develop, to grow, to learn, to expand the scope of their life experience" (p. 15). Educational programs for those over 60 years of age will continue to be weak until social attitudes to lifelong learning become more positive and adult educators acknowledge that the elderly have unique needs and interests. This continued search for knowledge is a normal progression of one's personal growth.

### *Research Hypotheses*

A review of selected literature from various professions such as adult education, psychology, social work, and medicine indicates that lifelong learning is a concept which is interwoven into developmental stages of life. Personal growth is not halted at a certain age nor is it influenced by one's place of residence. Accordingly, this research will examine the following hypotheses:

- That a significant majority of the residents of an institutional setting, 60 years of age and older, do not believe they are too old to learn;
- That the institutionalized elderly will choose topics of interest categorized as "expressive" rather than "instrumental".

### *Definition of Terms*

For the purpose of this research the following terms are functionally defined:

1) *Resident*: A resident is defined as an alert male or female, over 60 years of age, living in an institutional setting and dependent upon professional or non-professional assistance in performing activities of daily living. Assistance may be required for personal hygiene and grooming, nutrition, medical and/or nursing care, and emotional support.

2) *Institutional Setting*: An institutional setting is defined as a private or public home or hospital which provides twenty-four hour professional care for the elderly on a long-term basis.

3) *Expressive Category*: The expressive category is a classification of topics offered as a learning activity which provide immediate satisfaction in and of themselves. Such topics are sometimes classified as liberal, and assist one in personal growth through an examination of values which leads to an expansion of self-awareness and, in turn, improves relationships and heightens coping skills. In this study 22 topics have been labelled as expressive, using earlier research as a guide (Hiemstra, 1972).

4) *Instrumental Category*: The instrumental category is a classification of topics offered as a learning experience which provide future satisfaction. These topics are also considered vocational, pragmatic, and directed outside oneself. Such topics can improve one's life situation by providing skills for survival. In this research 22 topics have been labelled as instrumental using the procedure described above.

5) *Education interest*: This term is defined according to Strong (1943) as follows: "Interest is present when we are aware of our set or disposition toward the object. We like the object when we are prepared to react toward it; we dislike the object when we wish to let it alone or get away from it." (p. 7).

6) *Topic of Interest*: This term refers to the 44 topics which were listed on the questionnaire. Twenty-two of these topics belong to the expressive category and twenty-two to the instrumental category. No description of content was given.

In this research the respondents' interest level was measured for each of the 44 topics according to the responses which were given to a five-point Likert Scale.

### *Population*

The institutionalized geriatric population was the focus of this research. The sample population was not random. However, the criteria for admission into a long-term care facility is, in general, standardized. Therefore, it was assumed that the data producing sample was representative of the institutionalized geriatric population of the urban centres in Quebec.

The selected sample population for this research consisted of residents of institutional settings: one long-term care hospital, one rehabilitation centre, and four nursing homes located in Metropolitan Montreal. The criteria for participation were: no dementia or dementia-related diagnosis, over 60 years of age, and a willingness to complete a questionnaire. Physical limitations and/or chronic illness were not considered to be inhibiting factors. The names of potential participants were supplied by either the Executive Director or the Director of Nursing of each facility. The respondents had diversified backgrounds. There was a balanced mix of residents from institutions designated as Roman Catholic, Jewish, Salvation Army, and United Church. The cultural and religious backgrounds, however, were not examined in this study. The data-producing sample consisted of 70 women and 30 men.

### *Age of population*

There was an age range of 60 to 98 among the 100 institutionalized elderly who participated in this study. The average age was 82. The ages were divided into three categories: the "young-old", aged 60-79; the "middle-old", 80-89; and the "old-old", 90 and above. As indicated in Table 1, those aged 80-89 had the highest rate of participation. The age difference between the sexes was not significant. However, there were more female (70) than male (30) respondents.

TABLE 1  
*Age of Population by Sex*

Age	60 - 79		80 - 89		90 +		Total	
	N	%	N	%	N	%	N	%
Female	25	35.7	42	60.0	3	4.3	70	100.0
Male	10	33.3	15	50.0	5	16.7	30	100.0
Total	35	35.0	57	57.0	5	8.0	100	100.0

### *Education level of population*

The respondents' highest level of education was placed into one of four categories: 1) primary school, 2) high school, 3) some post-secondary education, which included vocational school or college, and 4) college or university graduate, including the undergraduate and the graduate levels (Table 2). The female participants had attained a higher level of

education than the males. The Chi-Square measuring the difference between male and female level of education was significant ( $p < .05$ ).

TABLE 2  
*Level of Education by Sex*

Highest Level	Primary		High School		Some College		University		Total	
	N	%	N	%	N	%	N	%	N	%
Female	22	31.4	21	30.0	11	15.7	16	22.9	70	100.0
Male	17	56.7	4	13.3	5	16.7	4	13.4	30	100.0
Total	39	39.0	25	25.0	16	16.0	20	20.0	100	100.0

*Data Collecting Instrument*

This research used a questionnaire as the method of collecting data. The potential respondents were approached, by the interviewer, on an individual basis; the study's aim and the steps of the process were explained. There was a high level of cooperation, indeed, enthusiasm, among many of the elderly in completing the survey. More than 80% of the respondents chose to be interviewed. The others elected to complete the questionnaire alone and to return it at a predetermined date. The refusal rate was low; only four people excused themselves from the interview because of being "too tired" or not feeling well. There were 115 individuals who agreed to participate and 100 completed questionnaires were considered for the study. Fifteen questionnaires were rejected either because of incompleteness or not meeting validity criteria.

The first page of the questionnaire was designed to obtain:

- Biographical data such as age, sex and educational background;
- Interest in adult education programs in terms of health or being too old;
- Present perception of educational needs being met or not;
- How much time they were willing to devote to adult education courses.

It is beyond the scope of this paper to include the complete research results.

The following four pages listed 44 topics grouped according to four areas: 1) Arts and Science, 2) Fine Arts and Crafts, 3) Health Care,

Recreation and Leisure, and 4) Personal Life. These topics were compiled using the advertisements for community-based adult education programs. Interest in each topic and interest in attending a class in that topic were measured on a five-point Likert Scale: 1, not at all; 2, a little bit; 3, some; 4, quite a bit; and 5, a great deal. The topics were then categorized as instrumental (22) and expressive (22) as described above. In accord with the earlier research the respondents were not made aware of the division of topics.

The questionnaire was then pretested for reliability, validity, and appropriateness with a sample population of twenty people. The pretest population consisted of those living in an institutional setting and aged 60 to 86; the average age was 75. Some features which were considered when testing for appropriateness were: amount of time required to complete the questionnaire, size of the print, colour of the paper and the ease of completing the questionnaire without assistance. An example of a response to a topic was given in order to facilitate clarity. Lastly, pretesting indicated that most people preferred being interviewed rather than completing the questionnaire alone. Nonetheless, participants were given an option. Agreeing to this request held a clear advantage in reaching a greater number of respondents, those who might otherwise have refused participation, notably because of poor vision or arthritic hands, or by those who were illiterate.

## RESULTS

### *Hypothesis One*

The first hypothesis was that a significant majority of the residents of an institutionalized setting, 60 years of age and older, do not believe they are too old to learn.

Two questions examined this supposition; both questions requested a "yes" or "no" reply.

One question asked: "Do you feel that your present state of health does/would prevent you from participating in adult education classes?" Further data were gathered from a response to the statement: "I am too old to participate/learn."

### *Health*

In answer to a question relevant to self-appraisal of health, a significant majority (78%) of the residents rejected the notion that their health would interfere with their ability to participate in a learning activity (Table 3). Twenty-two percent believed that their present state of health was an

inhibiting factor. Surprisingly there was no significant difference in the responses when comparing age groups.

TABLE 3  
*Responses by Age on Self-appraisal of State of Health*

Age	60 - 79		80 - 89		90 +		Total	
	N	%	N	%	N	%	N	%
No	26	74.3	48	84.2	4	50.0	78	78.0
Yes	9	23.7	9	15.8	4	50.0	22	22.0

### *Too Old to Learn*

The statement: "I am too old to participate/learn" was directly focused upon the first hypothesis. The response was strong and clear. A significant majority of 86% disagreed, 6% were uncertain, and only 8% agreed (Table 4). It was noted that the highest response was among those responding to the "strongly disagree" category (55%) and the lowest response was to "strongly agree" (1%).

In this research the elderly have not accepted the societal myth of being too old to learn. Hypothesis one was accepted.

### *Hypothesis Two*

The second hypothesis stated that the institutionalized elderly, 60 years of age and older, will choose topics of interest categorized as "expressive" rather than "instrumental".

### *Interest in Topics*

The respondents' interest in each of forty-four topics was recorded according to a five-point Likert scale. The responses were weighted as follows: 1, not at all; 2, a little bit; 3, some; 4, quite a bit; and 5, a great deal.



TABLE 4

*Responses by age to the Statement, "I am too old to learn or participate"*

Age	60 - 79		80 - 89		90 +		Total	
	N	%	N	%	N	%	N	%
Strongly Disagree	22	62.8	29	50.9	4	50.0	55	55.0
Disagree	10	28.6	19	33.3	2	25.0	31	31.0
Uncertain	1	2.9	5	8.8	0	0.0	6	6.0
Agree	2	5.7	4	7.0	1	12.5	7	7.0
Strongly Agree	0	0.0	0	0.0	1	12.5	1	1.0

This procedure resulted in a weighted-interest scale with a range of 100 to 400. This scale was adjusted, for ease of calculation, to a 0 to 300 range. The topics were then ranked into six divisions following a 50-point range of weighted level of interest (Table 5). The six divisions were defined relative to expressed interest, which implied appropriateness for program planning.

TABLE 5

*Number of Topics in each Division*

Division	Weighted Interest	No. of Topics
High Interest	300 to 250	1
Preferred	250 to 200	3
Eventual	200 to 150	9
Indifferent	150 to 100	9
Should not be considered	100 to 50	14
Rejected	50 to 0	8

Table 6 also indicates the category of each topic and the weighted level of interest of each topic.

TABLE 6  
Topics Ranked According to General Interest

Rank	Category	Topics	Interest	Division
1	E	World Affairs	286	High Interest
2	E	Music (Appreciation)	236	Preferred
3	E	Second Language	235	
4	E	Literature, Poetry	207	250 - 200
5	E	Bridge, Card Games	191	Eventual
6	E	Human Relations	188	
7	E	History, Geography	181	
8	E	Educational Games	170	
9	E	Public Speaking	169	
10	I	Nutrition and Cooking	168	
11	I	Medical Information	154	
12	E	Sewing, Weaving, Etc.	151	
13	E	Music (Playing)	150	200 - 150
14	I	Low Impact Aerobics	147	Indifferent
15	I	Religion, Sociology	143	
16	I	Travel Information	121	
17	E	Philosophy	120	
18	I	Business Administration	116	
19	E	Indoor Gardening	116	
20	E	Creative Writing	109	
21	E	Painting, Drawing	106	
22	I	Stress Reduction	104	150 - 100
23	I	Gerontology	97	Should not be Considered
24	E	Art History	92	
25	I	Economics	85	
26	E	Interior Decorating	83	
27	I	Law for the Senior	80	
28	I	Tax Planning	70	
29	I	Senior Consumerism	67	
30	I	Physical and Natural	65	
31	E	Science	64	
32	E	Fashion, Jewellery	63	
33	E	Ceramics, Pottery	63	
34	E	Social Dancing	58	
35	I	Woodworking	53	
36	I	Aqua Fitness First Aid	53	100 - 50

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37	E	Photography	46	Rejected
38	I	Diversities of Judaism	42	
39	I	Computer (Any	39	
40	I	Topics)	16	
41	I	Machine Shop	16	
42	I	Social, Community	10	
43	I	Work	9	
44	I	Retirement Planning	0	50 - 0
		Real Estate		
		Employability Skills		

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### *Order of topic choices*

There are only four topics which are listed in the 300 to 200 division and qualify as having a "great deal" and "quite a bit" of interest.

World Affairs was the prime topic of interest. Music Appreciation (#2) differed in choice from Music Playing (#13). Second language was the third ranked choice. The preferred language was French. English was chosen by a minority of French-Canadians. There were 9 topics with a weighted interest between 200 and 150 which indicated a "little bit of interest". These nine topics which were ranked 5 to 13 were labelled "Eventual" topics in terms of program planning. The remaining nine topics were ranked 14-22 with a weighted interest of 150 to 100 and were considered to hold "some" interest and thus were listed as "Indifferent".

The highest number of topics (14) were in the "Should not be considered" division. These topics were ranked 23 to 36 with a weighted interest ranging from 100 to 50. There were 8 "Rejected" topics which were ranked 37 to 44 and weighted 50 to 0 on the interest scale. These topics were "not at all" of interest.

### *Statistical Analysis*

A simple analysis of variance (ANOVA, F-test) was the parametric procedure which was chosen for data analysis. The probability for statistical significance was set at the .05 level. The statistical findings for each sample unit follows:

TABLE 7  
*Means and Standard Deviations  
 for the Expressive and Instrumental Topics*

	Instrumental	Expressive
Mean	140.0	75.2
Standard Deviation	65.5	49.8

The between-sample and within-sample differences were highly significant ( $p < .01$ ). There was a statistically significant difference shown by the institutionalized elderly in their choice of topics categorized as "expressive" or "instrumental". Accordingly, hypothesis two was accepted: the elderly residing in an institutional setting prefer topics labelled "expressive" rather than "instrumental".

*Expressive Topics.* The participants in this study have indicated a preference for topics categorized as expressive. A review of Table 5 suggests that most of the expressive topics carry the potential of being conducted in a group setting. A setting which can be made conducive to open dialogue fosters the interweaving of past experiences with present events. Accordingly the doorway to personal growth is set ajar. The principal topic, World Affairs, serves as an example. Many elderly expressed a desire to follow-up on news stories through small discussion groups with their peers and someone with additional knowledge who could act as a group leader. Others were clear in stating that they did not enjoy speaking in a group because they thought of themselves as "too shy", but expressed a desire to attend a "news" session and listen. This aged population has experienced extensive social, technological, and subsequent personal change. Their need to respond to these kaleidoscopic shifts cannot be halted. This need was also suggested by giving an instrumental topic an expressive focus. Travel Information, which ranked sixteenth on the general interest list, was perceived as a forum for discussion. Some respondents suggested that travel films be shown which emphasized various cultures and geographic areas. Very few respondents considered this topic as a concrete base for planning a trip.

Second Language, the third-rank choice, requires that one not study in isolation; this topic is most appropriate for study in a small group. Notably, French is the language of the majority living in this province and thus by expressing an interest in language the respondents have stated a

need to be part of the community at large. Human Relations, which ranked fifth on the expressive scale, suggests the same desire for more social interaction and companionship which would be bonded by a sympathetic understanding based upon common experiences.

Literature and Poetry, the fourth "Preferred" topic, could also be held through small group discussions and are excellent tools for sparking memories. Many aged people stated that they enjoyed reading novels and several, with visual loss, continued to read with special aids. The sharing of literary thoughts held appeal. Public speaking, as a topic in itself, was ranked in ninth position on the expressive interest scale. Other topics which were perceived as interactive group learning activities were card and educational games, ranked number five on the expressive list. There were many people who were keenly interested in bridge. Indeed, one person who played at the master's level, attempted to teach the game to her peers.

It was interesting to note how some of the aged have adapted to some physical losses. Music (Appreciation), the second most popular topic, differed in choice from Music (Playing), which was listed as number 13 in the general rank. Both aspects of music were judged as a pleasure which could be shared. However, many of the elderly lamented their inability to continue playing an instrument, or drawing and painting, because of arthritic hands and/or poor vision. Conversely, many women were active with needlework, which ranked number ten as an expressive interest. Many had learned this skill as a youngster and found pleasure in its ongoing pursuit. They were also aware of their limitations, however, and allocated a specific time for the activity, mainly during the daylight hours. On the other hand, physical losses influenced the respondents' expressed interests. Some topics which were perceived negatively, in both instrumental and expressive categories, were those which demanded some physical activity and do not accommodate to physical infirmities such as poor eyesight, hearing, or problems with mobility. Some of these topics have been noted above; other topics, according to general rank (#32 to 37), include Social Dancing, Ceramics, Woodworking, Aqua Fitness, First Aid, Photography, and (#40) Machine Shop. And, as was stated, learning about the computer (#39) was "best left to the young." Consequently, the expressive topics were perceived as those which were appropriate to "student" interaction and dialogue.

*Instrumental Topics.* Alternately, the instrumental topics demanded that the teacher act as the group expert in providing new information or skills. Hence, the classes would be more appropriately conducted as lectures and there would be less time allotted to "student" dialogue. Nutrition and Medical Information, the first and second ranked on the instrumental list, are topics which suggested an interest in healthy aging.

Paradoxically, Gerontology was a topic which held little interest for the elderly. It ranked twenty-third on the general interest list as a topic which "Should not be considered" when planning programs for the elderly. In response to this topic some people offered comments such as: "I know all about it [aging]", "I could teach the course", "I'm living it", and simply "No, one day I looked in the mirror and saw that I am old." It was made clear that this was a subject in which the aged held true experience. Incidentally, it is interesting that the highly successful Elderhostel Program does not include the aging process, or related topics, in its curriculum.

Another surprise was that religion ranked number 15 on the general interest list, thus placing it into the "Indifferent" division. This finding is in contradiction to the generally held opinion that as one ages one turns toward religion. Many respondents, with varied religious backgrounds, stated that they had studied religion as a youngster and had "had enough."

Some other topics which held little interest included Law for the Senior, Tax Planning, and Senior Consumerism, respectively ranked 27, 28, and 29 on the general interest list. One possible explanation for this lack of interest is that most of the institutionalized elderly have such matters managed by family members or social workers. They were satisfied with the status quo.

Consequently, this study's results were in agreement with those educators and social scientists who advocate that old age is a time for looking back and applying past experiences to present learning activities in order to look forward with strengthened understanding or new insights. The topics categorized as expressive serve as a guide toward this end.

## CONCLUSIONS

### *Health*

This study has sought a physically frail yet mentally alert population. Over 35% used a wheelchair, visual and auditory acuity was diminished, two respondents were blind, and chronic illness added to the list of health concerns. Still, on condition that the learning program be held at their residence, most people (78%) believed that their health would not prevent attendance.

As previous relevant research indicates attitude appears to be the most pervasive and debilitating barrier toward lifelong learning. If one holds a negative attitude, pleasure in participating in an activity is absent. Learning, in part, can be considered as the consequence of satisfaction and reward. If the elderly feel intimidated, or otherwise uncomfortable, in a classroom setting a sense of satisfaction in learning will be lacking. Age itself is not a factor; from a pragmatic viewpoint how a person functions in

everyday life may be the best indicator of learning ability. The aged who have participated in this study underscore this point.

### *Too Old to Learn*

The aged in this study have clearly rejected the notion of being too old to learn. The "middle-old" were those who most strongly disagreed. Many were vehement in denying that age was a factor in learning. Indeed, some seemed to be insulted by the statement. Consequently, there are many implications which could be examined. Is the notion of being "too old" in itself one that calls for a defensive response? Would a "yes" answer be equated with admitting to a lessening of cognitive ability? Does the statement expose an inherent assault to self-esteem, a parallel between aging and ability which is stereotypically negative? Does the response indicate a true perception?

In order to gain a fuller understanding of responses to the phrase "too old to learn", cognitive as well as non-cognitive aspects of learning need attention. For instance, minimizing the factors which may interfere with learning has come to be seen as a major task for adult educators. Research evidence continues to mount which indicates the aged can learn when intellectually challenged and health is maintained. One clear barrier on the path of lifelong learning is a lack of understanding of how the aging brain functions in relation to one's general health. Too frequently the process of normal aging is linked with the process of disease and decline. The risk of chronic disease and disability does increase with age, but it is not necessarily cognitively incapacitating. Medical research notes that in spite of all clinical studies "we still know very little about the relative impact of different chronic conditions on patients' functioning and well-being" (Stewart, 1989, p. 907). Today many more people survive illnesses because of the improved methods of treatment which have developed over the years. Accordingly, cognitive abilities cannot be measured in isolation; physical and psychological variables must also be given attention.

### RECOMMENDATIONS

One consequence of this research was an insight into the technique of collecting data from the elderly. First, the vast majority of respondents preferred being interviewed, rather than completing a questionnaire and returning it at a later time. This procedure was, of course, more time consuming for the interviewer, but it also had its advantages. The questionnaire was completed, there was no concern about a failure rate of return and the interviewer gained subject-related information from the respondents. In addition, the interviewer must be able to quickly establish a rapport with the elderly respondent and must be ever-vigilant not to

guide the respondents' replies or comments. Although the minimum time allotted for each interview was twenty minutes, in practice the average time was forty-five minutes with several individual sessions lasting as long as one hour. This time was well spent. Reminiscences of school days, teachers, rules, sadness at having one's education interrupted or stopped because of wars, the Depression, or family struggles was a tale frequently told.

A second insight was that the questionnaire which is used for the elderly respondent should differ from that used with the adult population in general. During the interviews it became apparent that most of the elderly tended to answer in extremes. For example, responses were "yes" or "no", when asked about their interest in a topic. The refinements of answer required of a Likert scale were often ignored. It followed that it was frequently necessary to remind the respondent of the scale's usefulness; some adapted to it quickly, others did not. Consequently, it is recommended that other researchers working with the aged population consider the questions: Is it appropriate to use a Likert scale with the elderly? Does this scale increase the chance of error rather than increase the sensitivity of response?

Another consideration is that if it is anticipated that the respondents come from wide geographic and cultural backgrounds, the education level is best measured by the number of years spent at school rather than attempting to "fit" each response into a North American equivalent.

The results of this research suggest further study relevant to the institutionalized elderly. The knowledge base of adult education could be strengthened by a comparative examination of the educational interests of the institutionalized elderly with cohorts living in the community at large. Such fundamental knowledge could lead to more sensitized adult education programs which are in harmony with developmental and life-situation transitions. For example, are the needs of the aged, living outside of an institutional setting more instrumental? Their life-style is different. Many continue to prepare their own meals, manage a budget, care for a home, and arrange for health and other personal needs. Conversely, the institutionalized aged are provided with these services through professionals such as nurses, doctors, dietitians, social workers and other experts as need and interest indicate. Is it obvious, therefore, that the educational interests of the institutionalized aged be categorized as expressive? Or do these two distinct populations exhibit similarity of interest based upon age rather than situation?

Implicit in this study is the need to prepare adult educators to work with this unique population. During this study this aspect of adult education came into sharp focus. Several elderly commented that they would not



attend any formal or informal learning activity where they were treated as children, spoken to in the abstract rather than the concrete, called by "cute" names or otherwise made to feel old. Many aged were quick to recognize a teacher's genuine rather than self-interest. Consequently, it is recommended that research into the personal characteristics of the adult educator of the elderly be given serious study.

#### SUMMARY

The predicted increase in the number of elderly among the general population will most vividly transform the demographic map. These elderly will have attained a higher level of education than the aged of the past or present. They will be more economically secure and carry more political clout. Simultaneously, congregate living will steadily grow as more elderly enter nursing homes, senior residences, and other long-term care facilities. And these elderly will insist that their time be used in a meaningful manner. They will demand more than mere leisure-time activity, regardless of how colourfully it is packaged. Consequently, the implication for adult education is tremendous. Educational programs will become innovative, there will be an expanded definition of "student" and educational sites will become non-traditional. Ultimately, ongoing education will be considered to be a part of normal adult behaviour. Indeed, learning will become a lifelong journey — not a destination.

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Mary Radcliffe is presently employed as Quality Assurance Coordinator at Maimonides Hospital Geriatric Centre. She received her basic education in nursing in Boston and has completed postgraduate work in Psychiatric nursing at the Allan Memorial Institute. Ms. Radcliffe has done graduate studies at McGill University and completed a Master of Arts (Adult Education) at Concordia University. Ms. Radcliffe has published articles on psychiatric nursing, adult education and quality assurance in health care.