Nursing homes are a phenomenon of the past two decades. Approximately 5% of the over sixty-five population are being cared for in a nursing home at any one time. Twenty percent of those over sixty-five will have spent sometime in a nursing home before they die. The cost of this nursing home care in 1979 was approximately 18 billion dollars (Crystal, 1982). The demented are estimated to occupy 50-70% of nursing home beds (Reisberg, 1981). Alzheimer's type dementia accounts for at least 50% of all dementia's. The incidence of Alzheimer's disease is 15% of persons in their sixties and seventies and 50% of the persons over eighty (Bartol, 1979). Both the over 65 population and the over 80 population are expected to continue increasing into the early 2000's (Department of Health, Education and Welfare, 1977). Therefore, if percentages of afflicted and nursing home placement remain proportional, the numbers and cost of nursing home placement due to Alzheimer's disease will be astronomical.

Some factors are known to correlate with institutionalization in general. Brody and Spark (1966) reported that one fourth of persons within nursing homes were placed after the death or illness of a spouse and another fourth after the death or illness of an adult child or child-in-law. Findings cited by Crystal (1982) calculated from the 1976 Survey of Institutionalized Persons from the Bureau of the Census support the hypothesis that married persons and persons with living children were the least likely to be institutionalized.

Assuming that the demented population has a similar proportion of spouses and children as the cognitively intact population, what accounts for the higher percentage of institutionalized demented persons? One hypothesis might be that affection of families for their demented relative is less than affection for non-afflicted members. However, studies cited by Robinson and Thuruber (1979) refute the hypothesis of decreased caring on the part of relatives. Butler and Lewis (1977) also found children caring for demented parents to be motivated by genuine affection. The research by Murray, Hrielskoltter and O'Driscoll (1980) reported similar findings for spouses.

Research reported on the decision to institutionalize an older person is minimal. Grauer and Birnbom (1975) present data supporting the hypothesis that institutionalization occurs when a person's physical and/or
mental disabilities outweigh his/her functional abilities and the support available from relatives and community resources. Sanford (1975) states that relatives of geriatric patients hospitalize patients primarily due to the patient's problem behaviors, the families' limitations in caring for the patient and environmental and social conditions. Wheeler (1981) compared female caretakers who had institutionalized their demented relatives with those who had not. The significant finding was a perceived lack of community services by females who had placed their demented relative.

RESEARCH PROBLEM

The research problem addressed in this descriptive study was to compare patient's behaviors, care needs and use by spouses of personal and community resources to determine if there was a difference between institutionalized and non-institutionalized patients with Alzheimer's. This research problem was considered not only in light of previously reported findings, but also, because of its possible relevance to nursing practice.

Nursing personnel are often in the unique and crucial position of providing services to the Alzheimer's patient and family while the patient is being cared for in the home. The scope of nursing practice includes intervening in patient's behaviors, providing for patient's care needs, teaching family caregivers, and promoting use of personal resources and community services. If findings indicate that institutionalized patients exhibited problematic behaviors and required different care than non-institutionalized Alzheimer's patients, nurses could design interventions for changing or coping with the problematic behaviors and specialized care. Some interventions might be directly provided by nursing personnel. Other interventions could be taught to family caregivers and community agencies.

INSTRUMENT

The instrument was a questionnaire used in a structured face-to-face interview with the non-afflicted spouse. Sixty-one behaviors thought to be symptomatic of Alzheimer's disease such as restlessness, wandering, inability to remember dates, to read and fix meals were listed. If the behavior did not occur it was scored as a "0". If the behavior occurred, questions about the degree (minimal, moderate, or severe) to which the caretaker found the behavior a problem was included.

A list of 25 care needs was developed. These items were thought to be care required by the patient as a result of the symptoms of Alzheimer's disease. Care needs included making major decisions for the patient, preparing food, helping bathe, reminding to go to the bathroom, and providing constant supervision. Again, questions about the degree of problem that providing the care posed were asked (minimal, moderate, or severe).

This questionnaire was developed by the researcher prior to the publication of Reisberg, Ferris and Crook (1982). However, most of these behaviors and care needs were also reported in Reisberg's research on the stages of symptomology of Alzheimer's disease.

Personal resources included family, friends, neighbors and the use of prayer, exercise and hobbies. Questions were asked about the number of hours of care per week provided by family, friends and neighbors. Also, questions were asked rating the perceived helpfulness (not helpful, a little