

Polisher Research Institute
Abramson Center for Jewish Life
(formerly the Philadelphia Geriatric Center)

**Lawton's
PGC MORALE SCALE**

**M. Powell Lawton, Ph.D.
(1923-2001)**

THE PHILADELPHIA GERIATRIC CENTER MORALE SCALE

Guide to Users

The 17-item revised version of the PGC Morale Scale (Lawton, 1975) is the one in general use. Although differences have not been formally tested, it has been widely used in two alternative styles:

1. Interview style, where the interviewer reads the questions as phrased in the attached interview form (second-person style, "Do you . . ." "Have you . . ." etc.).
2. Questionnaire form, where the form is first-person (but note that item #6 remains second-person). This form is laid out so that it can be directly reproduced by anyone who wishes).

Scoring is straightforward: Each high-morale response receives a score of "1" and each low-morale response a score of "0," so that total score ranges from 0-17. The X's in the interview version show the high-morale responses. Although factors may be used separately for special purposes, the total score is preferred.

Use of the PGC Morale Scale

M. Powell Lawton, Ph.D., former director of the Polisher Research Institute, died in 2001. It was Dr. Lawton's intent that his scales be made widely available and he wanted them to be in the public domain. Accordingly, permission is granted to use or reproduce his scales, provided that proper attribution is given. Suggested citation:

Lawton, M.P. (2003), Lawton's PGC Morale Scale [Morale Scale created by M. Powell Lawton (1923-2001) while at the Polisher Research Institute of the Philadelphia Geriatric Center (now known as the Abramson Center for Jewish Life)]. Retrieved [insert date], from <http://www.abramsoncenter.org/PRI/> (Scales page).

Additionally, authors who wish to reproduce part of an article where a scale first appeared should request permission from journal publishers before doing so.

Lastly, it would be appreciated if a reprint of any resulting articles be forwarded to the Research Librarian, or if a book is published, that purchasing information be provided to the Research Librarian.

Addendum

In the report on the revised Morale Scale (Lawton, 1975), the total score and factor means and S.D.'s were inadvertently omitted. For the 17 items and the 3 factors, these data are:

	<u>N</u>	<u>X</u>	<u>S.D.</u>
Total	928	11.35	3.76
Agitation	929	4.38	1.65
Attitude toward own aging	931	2.17	1.56
Lonely dissatisfaction	930	4.81	1.50

Administration and Scoring Instructions

The Philadelphia Geriatric Center (PGC) Morale Scale provides a multidimensional approach to assessing the psychological state of older people. It has been developed by M. Powell Lawton and his staff at the Madlyn and Leonard Abramson Center for Jewish Life (formerly the Philadelphia Geriatric Center) in response to longer, more complicated tools, some of which conceptualize morale as unidimensional. The PGC Morale Scale is designed to provide a measure of morale appropriate for very old or less competent individuals, as it uses simpler wording in its items and less complex response formats.

Description of the Scale

Seventeen items make up the revised PGC Morale Scale. These items were derived from a slightly larger set of questions (Lawton, 1972) as described in an earlier publication (Lawton, 1975). Factor analysis of responses generated in several studies yielded three factors, and these factors can be thought of as representing the dimensions of morale. They suggest categories of attitudes or feelings which, in combination, make up the more global psychological state. The three factors which emerge from the morale scale are described below.

Agitation. Items 4, 7, 12, 13, 16 and 17 load on Factor 1. Labeled Agitation, this set of items characterizes the anxiety experienced by the older person. Lawton suggests, in addition, that “there is a driving, restless, agitated quality to the dysphoric mood . . . (1972, p. 155).” Clinically neurotic feelings are reflected, and this group of items may serve as a manifest anxiety scale for older people (Lawton, 1975).

Attitude Toward Own Aging. Items which relate to the older person’s attitude toward the aging process they experience comprise Factor 2. Items 1, 2, 6, 8 and 10 are included in this factor, which captures the individual’s perception of the changes taking place in his or her life, and asks for an evaluation of those changes.

Lonely Dissatisfaction. Factor 3 represents the older person’s acceptance or dissatisfaction with the amount of social interaction they are presently experiencing. The items do not hold expectations for a high level of interpersonal contact, but rather seek to ascertain the individual’s reaction to the relationships he or she maintains. Items 3, 5, 9, 11, 14 and 15 are associated with Factor 3.

A detailed discussion of these factors and the process by which they were formed can be found in previous publications (Lawton, 1972; 1975).

Administration

Because of the problems sometimes encountered by the very old in negotiating paper and pencil tasks, it is recommended that the PGC Morale Scale be administered orally. A simple set of instructions, such as those that follow, is sufficient to introduce the scale.

I would like to ask you a few questions. You can just answer yes or no to most of them.

A few of the items on the scale have answers other than yes or no. In those cases, it is recommended that the alternatives be read to the respondent, and he or she be given an opportunity to choose one.

Be aware of any communication problems that the person you are addressing may have. Speak slowly and distinctly, and loudly enough to be heard by the respondent. If the older person does not understand the question, reread the item, making an effort to communicate clearly. NEVER REWORD AN ITEM OR OFFER

AN EXPLANATION OR ELABORATION. The only admissible clarification is an exact repetition of the item as it appears on the scale.

Scoring

Table 2 lists the items on the PGC Morale Scale and the answers for each question which indicate high morale. For each high morale response, a numerical score of 1 is given. Low morale responses and items which are not answered receive no numerical score. Totaling the number of high morale responses gives the individual's score for a particular administration of the scale.

Interpretation

Clinical interpretation of a test goes beyond mere examination of the score. A host of other clinical judgments and test results must be marshaled to provide an integrated picture of the older person's perceived well being. Any score on the PGC Morale Scale, then, should not be taken as an absolute, but should be used in the clinical setting as one assist in helping older persons and their families make decisions.

Taking into account the above issues, several things may be said concerning the interpretation of the scores on the Morale Scale. No norms have been established for performance on the scale, but some summary statistics are available for a study involving 928 respondents. These older people were part of a larger study of housing for the elderly which systematically sampled tenants of age segregated public housing and limited income housing and community resident elderly. Mean age of the respondents was 72.6; 72% were female; 32% were married and living with a spouse; 76% were white; 43% Jewish, 35% Protestant and 22% Catholic; and the great majority were functionally independent. Their mean annual income was \$2,100 in 1966 or 1967 (Lawton & Cohen, 1974). Other work utilizing the PGC Morale Scale has been done by Morris and Sherwood (1975) and their work has contributed to the development of the scale.

Table 1 gives the means and standard deviations for each factor as well as for the scale as a whole. Looking at the particular score in relationship to the overall mean for this sample allows an individual's performance to be compared with a larger group. As general guidelines, scores at 13 to 17 would be considered high scores on the scale, 10 to 12 high morale responses fall within the mid range, and scores under 9 are at the low end of the scale. They do, however, provide a framework for beginning to assess the individual's psychological disposition.

Agencies, or professionals using the PGC Morale Scale on a frequent basis might consider developing their own norms for the population they regularly serve. This strategy will probably provide for the most accurate interpretation of the score generated by a particular client, although adequate numbers of scores may take some time to collect.

In Conclusion

Clinical psychologists at the Philadelphia Geriatric Center have used the PGC Morale Scale in treatment settings, as well as the research projects that originally fostered the development of the instrument. They report that one of the major strengths of the Scale lies in its ability to promote communication between clinician and client. The items will often prompt the older person to elaborate upon that aspect of their lives which a particular item addresses, providing valuable insights for the attending professional. This ability to facilitate dialogue is seen as an important feature of the Scale, often more usefully from a clinical perspective than the actual score which has been generated.

References

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Table 1

Descriptive Statistics for the PGC Morale Scale

Factor	N	\bar{X}	S.D.
Factor 1: Agitation	929	4.38	1.65
Factor 2: Attitude toward our aging	931	2.17	1.56
Factor 3: Lonely dissatisfaction	930	4.81	1.50
Total	928	11.35	

Table 2

High Morale Responses for the PGC Morale Scale

Item	High Morale Response
Factor 1 – Agitation	
4. Do little things bother you more this year?	No
7. Do you sometimes worry so much that you can't sleep?	No
12. Are you afraid of a lot of things?	No
13. Do you get mad more than you used to?	No
16. Do you take things hard?	No.
17. Do you get upset easily?	No
Factor 2 – Attitude Toward Own Aging	
1. Do things keep getting worse as you get older?	No
2. Do you have as much pep as you had last year?	Yes
6. Do you feel that as you get older you are less useful?	No
8. As you get older, are things _____ than you thought?	Better
10. Are you as happy now as you were when you were younger?	Yes
Factor 3 – Lonely Dissatisfaction	
3. How much do you feel lonely?	Not much
5. Do you see enough of your friends and relatives?	Yes
9. Do you sometimes feel that life isn't worth living?	No
11. Do you have a lot to be sad about?	No
14. Is life hard much of the time?	No
15. How satisfied are you with your life today?	Satisfied

Philadelphia Geriatric Center Morale Scale (questionnaire form)

- | | | |
|---|-----------------|--------------------|
| 1. Things keep getting worse as I get older. | Yes_____ | No_____ |
| 2. I have as much pep as I had last year. | Yes_____ | No_____ |
| 3. How much do you feel lonely? | Not much_____ | A lot_____ |
| 4. Little things bother me more this year. | Yes_____ | No_____ |
| 5. I see enough of my friends and relatives. | Yes_____ | No_____ |
| 6. As you get older, you are less useful. | Yes_____ | No_____ |
| 7. I sometimes worry so much that I can't sleep. | Yes_____ | No_____ |
| 8. As I get older, things are (better/worse) than I thought
they would be. | Better_____ | Worse_____ |
| 9. I sometimes feel that life isn't worth living. | Yes_____ | No_____ |
| 10. I am as happy now as I was when I was younger. | Yes_____ | No_____ |
| 11. I have a lot to be sad about. | Yes_____ | No_____ |
| 12. I am afraid of a lot of things. | Yes_____ | No_____ |
| 13. I get mad more than I used to. | Yes_____ | No_____ |
| 14. Life is hard for me much of the time. | Yes_____ | No_____ |
| 15. How satisfied are you with your life today? | Satisfied _____ | Not satisfied_____ |
| 16. I take things hard. | Yes_____ | No_____ |
| 17. I get upset easily. | Yes_____ | No_____ |

Philadelphia Geriatric Center Morale Scale (interview version)

Agitation Sub-Scale

- | | | |
|---|----------|---------|
| 4. Do little things bother you more this year? | Yes_____ | No_____ |
| 7. Do you sometimes worry so much that you can't sleep? | Yes_____ | No_____ |
| 12. Are you afraid of a lot of things? | Yes_____ | No_____ |
| 13. Do you get mad more than you used to? | Yes_____ | No_____ |
| 16. Do you take things hard? | Yes_____ | No_____ |
| 17. Do you get upset easily? | Yes_____ | No_____ |

Attitude Toward Own Aging Sub-Scale

- | | | |
|--|-------------|------------|
| 1. Do things keep getting worse as you get older? | Yes_____ | No_____ |
| 2. Do you have as much pep as you had last year? | Yes_____ | No_____ |
| 6. Do you feel that as you get older you are less useful? | Yes_____ | No_____ |
| 8. As you get older, are things (better/worse) than you thought they would be? | Better_____ | Worse_____ |
| 10. Are you as happy now as you were when you were younger? | Yes_____ | No_____ |

Lonely-Dissatisfaction Sub-Scale

- | | | |
|--|-----------------|--------------------|
| 9. Do you sometimes feel that life isn't worth living? | Yes_____ | No_____ |
| 11. Do you have a lot to be sad about? | Yes_____ | No_____ |
| 14. Is life hard much of the time? | Yes_____ | No_____ |
| 15. How satisfied are you with your life today? | Satisfied _____ | Not satisfied_____ |
| 3. How much do you feel lonely? | Not much_____ | A lot_____ |
| 5. Do you see enough of your friends and relatives? | Yes_____ | No_____ |

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