

CHAPTER 6. RESIDENT SATISFACTION

Resident satisfaction is a multidimensional concept. The dimensions of resident satisfaction can be derived from the definitional characteristics of assisted living. These characteristics include many factors such as resident autonomy, adequate access to health care, availability of services, homelike physical environment, supportive relationships with staff, meaningful social life and activities, and so on (Kane, Baker, Salmon, & Veazie, 1998). The central aim of this chapter is to explore resident satisfaction with their current dwelling and to identify which attributes are influencing resident satisfaction. In this process, resident satisfaction is analyzed in relation to personal, physical, social, and organizational factors based on this study's research conceptual framework.

Personal Factors

Satisfaction, sometimes referred to as subjective well-being, concerns an individual's perceptions of overall life quality (George, 1990). A person's level of satisfaction is thought to be linked to the relationship between his or her goals or achievements and to be associated with socioeconomic position, attachments to family and community, and health (Krause & Markides, 1990). Socioeconomic class is frequently linked directly or indirectly to perceptions of life satisfaction (George, 1990). Income affects level of health, ability to engage in various activities, and sense of security.

Resident satisfaction with assisted living can be seen as a result of adaptation. Adaptation involves adjustments on the part of the individual to new or changed

circumstances, including physical, psychological, and social changes. Individual's personality can affect the adaptation (Hansson & Carpenter, 1994). The role of the environment is also identified as an important factor in adaptation (George, 1980). Some researchers focus on processes of adapting to change such as how individuals cope with a stressful life event (Havighurst & Tobin, 1996). In the process of adaptation to a new or changed situation, people often express strikingly similar assessments of their situations, despite being in quite diverse life circumstances. For example, those with low incomes and poor health often report relatively high levels of life satisfaction, comparable to those who are in a better circumstance (Bearon, 1989).

Among five facilities in this study, residents of Pine Ridge, Locust Lane, and Ash Meadow seemed to be more satisfied with their dwellings than the counterparts of Maple Terrace and Walnut Hill. It may be caused by the fact that facilities that house residents with more social resources tend to place more emphasis on independence and give residents more voice in the facility.

As seen in Table 2, residents of five ALFs had diverse backgrounds including age, health condition, education level, former occupation, geographical origin, length of stay, and so on. Many moved into the facilities primarily for deteriorating health. However, most of them were satisfied with their current dwelling regardless of their frailty. A former study (Moos & Lemke, 1994) found the similar result that physical functioning was not strongly related to facility's social climate and life satisfaction. Some relatively impaired residents appeared about as likely to develop harmonious relationships as did people with more intact functioning. This high satisfaction with the current dwelling may be associated with the resident's personality or lifestyle:

This 86 year-old widowed lady is so cheerful and is still full of vigor. She calls herself “strict Chicago girl.” She does not have any children or family members nearby except two nieces and a nephew in Chicago. She was a government worker and had to move frequently here and there. These experiences seem to make her adapt to a new environment easily. She used to be an apartment dweller. They [she and her husband] usually enjoyed travel. This ability to enjoy the present situation at will also seems to make her adaptation easy. She looks to have a very positive and optimistic personality. In addition, she is relatively healthier than other residents. At least, she does not need any ADL assistance. Because she always worked for the public, she may like all the people. (Journal, May 11, 2001, Pine Ridge)

When I asked the residents, “What was the biggest change after moving into the current dwelling from your former home?” several residents mentioned that living in the ALF had been an adjustment. Instead of giving up their independence and autonomy due to the inevitable physical changes, they thought that they got services and care from the facility:

Well, when your policy gives you that, you have to adjust to that. Some people can, some people can’t. And to me, since I can’t see, I can’t hear well. My hips are gone. My knees are gone. This is ideal because they take care of me and they know my medication. They know what to do for me when I need a doctor. They call one of my children and the hospital. (88 year-old female, Ash Meadow)

Well, I no longer drive a car. I gave up the privileges of my driving when I had seven vertebrae...compressed or fractured...That [driving a car] is a bit of independence...I’ve always been going anywhere I wanted to go... I

was very independent person. But sure it is changed...I think once you've owned a home and have access to a nice home, you'll never get over that. It's quite an adjustment...(75 year-old female, Pine Ridge)

My life changed from the time I had the prosthesis and the artificial shoulder. That alone makes you change or you will die of depression and will feel sorry for yourself. Material changes in my life happened too fast. Life is an adjustment. This is it. I would say I wish it were different and I was living with my husband. (70 year-old female, Locust Lane)

Physical Factors

Physical features in a facility are also associated with residents' morale and well-being. Earlier research findings provide some evidence that positive physical features of congregate housing were helpful in improving older adults' activity levels, social contacts, and well-being (Carp, 1987). Residents of physically attractive congregate housing are more satisfied (Butterfield & Weidemann, 1987). In terms of person-environment matching, more active residents are more concerned about resources to support social relationships and to provide stimulation, whereas more impaired residents focus more on supportive features such as prosthetic aids and safety features (Kontos, 1998). Residents in settings with more prosthetic aids and safety features tend to report greater independence (Moos & Lemke, 1994). Prosthetic features, such as those that make the facility more accessible to residents with mobility impairments, can encourage full use of the environment and diminish the need to rely on others for assistance. Safety features, such as call buttons, nonslip surfaces, and staff monitoring of public areas, may encourage residents to use all areas of the building and reduce their need to seek staff assistance. By increasing group interaction and communication among residents to make

full use of public areas, safety features can also be related to more cohesion and better organization of group residential settings.

It is said that residents show more cohesion, less conflict, more resident influence, and better organization in facilities with more space reserved for resident functions. Adequate space may reduce the tendency to restrict residents through rules and regulations and enable residents to regulate their interpersonal contact, thus giving them a greater feeling of control.

Other evidence shows associations between social climate and physical features that enhance resident comfort, ensure a secure environment, and provide space for resident and staff functions (Kahn, 1994). These supportive physical resources help promote a cohesive and resident-directed social climate in congregate housing for the elderly. In other words, an environment that supports residents can develop autonomy and high resident satisfaction even in a setting with a very impaired and physically dependent resident population.

More physical amenities with social-recreational aids can enhance cohesion and resident autonomy because they encourage residents to leave their private quarters to use common areas, and they provide resources with which residents can initiate activities, engage in social interaction, and make productive use of their time (Regnier & Pynoos, 1987, 1994).

The findings showed that physical features designed to improve pleasantness and to facilitate social interaction can contribute to high resident satisfaction. Regardless of the residents' activity level and functional ability, many respondents in this study showed similarly high satisfaction with the architectural features of the facility in which they

lived. In Kodama's studies (1988a; 1988b), residents who reported more architectural problems in their facility were more dissatisfied and had lower morale. Regardless of the characteristics of sites, most of the residents were satisfied with the physical features of their current dwelling including layout of the private apartment, public spaces, and exterior of the building. They were mostly satisfied with the room size, material, and furnishings except one lady of Maple Terrace. Many people felt that the private room is easy to take care of and organized to maximize comfort and privacy:

If you look at it, I think you think it's a pretty nice room. It's large enough. It has space and I have like everything I need. I have my instruments to play, my table for reading...I have everything I need right here at my fingertip...They [rooms] are large enough but they [residents] bring too much things...they bring everything from home and the furniture is too large. You know antique stuff ... but to me the room is just right. ...In the bath, that's wonderful. I have a good shower...(88 year-old female, Ash Meadow)

However, there were some negative opinions about the same physical features of private rooms including lack of storage space and inaccessibility:

I think it is fine...No use moving back and forth...About the size...all of my furniture is in storage. I would not have anywhere to put it. You furnish one room like a bedroom...If they put carpet in here I have to pay for it. (79 year-old female, Walnut Hill)

It is very comfortable and I have enjoyed it...but I can't sit in the seat in that shower [because it's too low]...(82 year-old female, Ash Meadow)

I have a microwave. I have a sink and a refrigerator. I can get into the microwave but cabinet is too high [for me to reach]. (77 year-old female, Locust Lane)

Social Factors

Opportunities to engage in activities, accomplish tasks, and involve oneself with others are often affected by the social environment (Altergott, 1988). It is said that living with other elders typically yields greater satisfaction with housing because those age-segregated retirement communities enjoy having maximum opportunity to relate to others of their own age (Geron, 1998). Less time constraints among many retired persons may allow friends and neighbors to be an effective support network (Krause & Markides, 1990). Further, other elders may be more knowledgeable and empathic about age-related difficulties, motivating them to be more supportive and allowing emotional support to be more effective. Where residents as a group have more social resources and are more active, individual residents are more likely to be involved in informal activities within the facility and in the community. Provisions for residents' privacy are also associated with more involvement in informal activities in the facility and in the community (Moos & Lemke, 1994). Thus, a cohesive, self-directed, and well-organized social climate with low levels of conflict is associated with higher levels of informal activity in the facility and high resident satisfaction.

When I asked the residents "How satisfied are you with your current dwelling?" all of them responded that they were very satisfied with their residences. A main reason for that high satisfaction was the close relationships with the staff and their family members:

Well, it's great. I am close to my children. I am close to everything I need to be close to and nature does the rest. (81 year-old male, Locust Lane)

I'm very satisfied. I like the personnel, the employees, and the nursing staff and the people who operate this. I'm very satisfied. No complaints. I'm very happy. Thank goodness for that. (86 year-old female, Pine Ridge)

Although everyone said that they were satisfied with their residences in general, some people complained about their current dwelling because of loneliness that came from living with strangers or loss of the social roles they have had:

I am satisfied here. [But] It gets lonely. The days get long but it's all right. (80 year-old female, Locust Lane)

There is no comparison. In your own home, you are not involved with strangers. But I try to wall myself in and manage not to get involved with other people's concerns or worries. It is not because I don't give a damn. It's because I don't want to give too much of a damn. (81 year-old male, Locust Lane)

I don't have any responsibilities. Nothing. I miss that because I worked hard when I was healthy. Taught school, kept house...(82 year-old female, Ash Meadow)

It is comfortable and pleasant and the meals are adequate. I can do as I please in my room because I keep my door closed. If I want to go to the activities in the lounge I could go but I don't care. I don't socialize because when a person comes to an assisted living home, they don't have

a whole lot of memory. I have no social life here. (94 year-old female, Ash Meadow)

In earlier research about friendship among retirement community residents (Tesch, Nehrke, & Whitbourne, 1989), sociable residents showed more negative changes after relocation than less sociable residents did. For more sociable residents, separation from friends appeared to be more stressful. Some cases in this study showed the similar results with the above findings. Residents who have had large and close social networks with their family and friends in their former homes suffered from more loneliness in their current dwelling. For some people who made long-distance moves from their former homes, it seemed to be related to the cultural difference based on geographic origin. When I asked the residents about the biggest changes after moving into the assisted living facility, some said:

Ok. Mainly in that I don't have as much company as I had in my own home. This is very carefully organized but there's no casual visiting between apartments or rooms to speak of. To get into the main stream of resident you have to go downstairs to the parlors. And I found that for me it limits. It's a behavior of Southern old women [laughing]. I'm a Yankee (laughing)... (77 year-old female, Locust Lane)

You lose weight. Your life changes period. After all you grow attached to each other to say the least. As far as I am concerned I am ready to go anytime...I miss her [wife]. I miss being able to hold hands with her among other things. I am not delighted to be living in a place like this only because there are other people and most other people who need assisted living, for one reason or another, they are all pains in the butt. I had little to do with the other inmates. The staff are the only reason that I feel like I

have some friends. I like to tease everybody and I love to tease the people I like and I feel comfortable teasing the staff. That keeps me from feeling totally isolated. Otherwise I am lonesome. The staff is good but the inmates...I am antisocial and try like hell to be. I have been here long enough and I am the second oldest occupant so I don't feel bad about ignoring the other inmates. There are a few who are nice but that is life in the funny farm. (81 year-old male, Locust Lane)

Well, we are limited somewhat because there is a group of people trying to live together. Sometimes you will have personal conflicts. You will have disagreements. You run into that wherever you have a group of people. I haven't run into anything that I could not handle. (88 year-old female, Pine Ridge)

We have so many different people working here. There is one lady here that borrowed something and did not return it and then she quit. (75 year-old male, Maple Terrace)

Organizational Factors

You are encouraged to participate in our resident council and to discuss house rules, your needs and offer suggestions to improve our facility. We anticipate that you will enjoy your stay at Maple Terrace. (Document: Rules of Conduct for Residents, Maple Terrace)

Moos and Lemke (1994) proposed four major ways that facility policies can empower residents: 1) by allowing them more choice in their daily routines; 2) by giving them more formal control over the facility's programs and policies; 3) by giving them more privacy; and 4) by developing means to communicate policies to residents.

Administrations of all of the five ALFs in this study tried to provide the best quality of services, care, and management to their residents. They made an effort to communicate with the residents to find out as much information about resident needs and wants as they could, through the resident council, family council, or frequent informal conversations with their residents and family members.

Resident councils may serve a social relationship as well as a task function (Grainger, 1995). Participation in resident council strengthens relationships among residents and staff as well as giving residents a voice in decisions. In addition, residents may be more likely to remain socially engaged if they feel they exercise some control over their environment and can withdraw from unwanted social contact.

According to the administrators, the resident council was an excellent forum for management programs, services, and policies. They set a standard and established a contact with the family. In Ash Meadow, the administrator said that they have care program reviews, Individual Service Plan (ISP), for the residents and their families. On a yearly basis, they set up meetings as a useful communication channel.

The administrator of Locust Lane said that they have family dinners about every other month and all directors and departments get together at this time to interact with that group. They have a resident council once a month and the residents speak for themselves at this meeting. On a daily basis, family members handle any family concerns more often than the residents.

Maple Terrace also has a resident council once a month. It is required by the department of social services. The administrator said that they have an open forum with the residents and the directors. At this meeting, the activities director takes notes, usually

in short hand, and transcribes what was said. The administrator said that sometimes the residents' opinions give them an idea for a program.

In Pine Ridge, they have a meeting, called "Director's Coffee," once a month. Sitting in the fireplace lounge, the residents and the staff discuss any issues that they want to address. In other weeks, they have another informal meeting called "Tell Sandy" and it gives them an opportunity to look into anything that happens and talk about how things are going in the facility. According to the administrator, most of the comments used to be very complimentary. At this open forum, the residents do not hesitate to bring up any topic. For example, some people say that they need more rye bread for breakfast or they want some changes in medication administration policy. The administrator said that most of the residents are very helpful in making change work.

Similar to the administrators' statements above, most respondents agreed with the facility's current policy and programs. When I asked the residents about things they want to add or change in the current rules or programs, many people did not think of any negative opinion:

I can't think of anything that I want to change. They will get you anything you want. If they have it, they will let you have it. (82 year-old lady, Ash Meadow)

Among five facilities selected, only Walnut Hill did not have a resident council. The administrator said that the residents do not participate in this type of meeting. Instead of a resident council, they usually talk with the residents and family members anytime they want to. Unlike the other four ALFs which have a resident council, formal, or

informal meetings on a regular basis, a few residents in Walnut Hill pointed out that a lack of a direct communication channel to discuss the policies and programs between the residents and the staff was a problem:

It ain't no use to suggest [my opinion]. It doesn't make no difference. Just take what you got and forget about it. (64 year-old male, Walnut Hill)

Supportive interventions, such as activity programming, the presence of other residents who participate in planned activities, cohesive relationships, and good organization may be especially likely to benefit impaired residents (Ullmann, 1987). Such conditions create a supportive context and provide important resources, so they may have positive effects such as high life satisfaction.

Policies that give older residents more choice and control are associated with more resident interaction and activity participation. In addition, residents who live in facilities that encourage resident choice and control see themselves as more independent and as having a greater voice in decision making (Rodin, Timko, & Harris, 1985). Policy clarity may increase predictability for facility residents and staff, and consequently their feeling of control. It may also contribute to more efficient facility operation. A diverse program of facility-planned activities may create opportunities for meaningful social interaction and finally cause high resident satisfaction (Moos & Lemke, 1994). Policies that allow residents to determine their daily routine and that establish formal avenues for residents to affect the facility's operation, appear to increase residents' independence and satisfaction (Pastalan & Barnes, 1999).

In this study, most of the residents were satisfied with the services, amenities, and activities provided by the facility. To the question about positive aspects of living in assisted living, people mentioned the diverse activities programs, such as parties, care, and services:

They are pretty good with you when you are sick. Sometimes you have Christmas party, birthday party. They do the best they can. That is the positive aspects of living here. (79 year-old female, Walnut Hill)

I like the overall way that they have of taking care of things. Everything is clean. They take me where I want to go and help me in every way they can. They make everything comfortable. (82 year-old female, Ash Meadow)

That I don't worry about anything. I don't have to worry about transportation, nursing care, doctor services or anything. As far as I know everything that I have needed has been provided. If I needed something and I didn't get it that would be a different story. (88 year-old female, Pine Ridge)

After my husband passed away, I tried to live by myself but it didn't work out... But since moving here, I just really am very satisfied. This is like a home, you know...(86 year-old female, Pine Ridge)

When I asked the administrators "Tell me what you consider to be the biggest challenge to resident satisfaction," they considered several such things as good food, provision of diverse services, qualified staff, involvement of family members, and an emotionally stimulating environment. According to the administrator of Ash Meadow, to achieve a good standard that the residents feel comfortable with is the biggest challenge

for the facility. She said that the major goal of the facility is to make the residents feel that each one of them is individual and they contribute to the whole picture:

Resident satisfaction goes way beyond just meeting their ADL needs. It goes behind the scenes also. It comes from every aspect of the staff.
(administrator of Ash Meadow)

As seen in the previous chapter, food was always a big issue for many residents. The administrator of Locust Lane indicated that the food is absolutely the biggest challenge because everyone has his or her own preferences. The other challenge was the shortage of efficient staff members. According to her, CNAs are in great demand but they tend to jump from job to job because of money. They need money but they do not make much in ALFs.

The administrator of Pine Ridge also mentioned the same problem as Locust Lane. She said that providing a qualified staff to provide better services is the biggest challenge that they have. Because the residents look at their current residence as their homes, it is required that the staff know the residents' needs.

In addition to providing better services and qualified staff, developing diverse activities was considered another issue important for resident satisfaction with ALFs. According to the administrator of Maple Terrace, it is important for residents to find something to do with their spare time so that they do not become too overwhelmed, concerned, worried, or depressed about their situation. These activities make the residents not focus on the losses. To accomplish this goal, every facility needs to try consistently to make the residents realize that they still have power to do things physically or to make

decisions through activities, hobbies, or just having visitors and frequent communication with the staff:

Keeping everybody emotionally stimulated probably is the biggest challenge with us. (administrator of Maple Terrace)

As a whole, the staff members were dealing with every resident as a distinct person, and they thought that they knew each resident very well. However, the activities just seemed to be planned routinely not focusing on the individual resident's specific interests. When I asked the residents "What do you want to add or change in the facility?" respondents suggested adding more diverse activities and amenities:

If I could see, I would love more musical programs...I can't see any change unless they had paid entertainment and I know that's impossible. (88 year-old female, Ash Meadow)

I think director should find something that all of the residents could participate in. Now what that would be, I'd have to think and ask others what they would like to have. Activities are not well attended yet. (77 year-old female, Locust Lane)

Most places have smoking sections [but we don't]. They are required to have them. (80 year-old female, Locust Lane)

Safety: It is agreed that there will be no smoking in doors at any time. To comply with OSHA guidelines and courtesy to others we will not smoke inside. Safe smoking areas include the porches and yard. Each resident is expected to be a neat and safe

smoker. All cigarettes are to be held by staff on the locked medicine cart for safekeeping and maybe requested at any time. Doctors' orders regarding the amount of cigarettes that should be smoked in one 24-hour period will be strongly encouraged, however, all residents reserve the right to refuse to follow doctors orders.

(Document: Rules of Conduct for Residents, Maple Terrace)

Summary

Among the four factors that influence the resident satisfaction of the ALF - personal, physical, social, and organizational- many of the residents especially emphasized the importance of the social factor, such as relationships with staff and residents, and social support from their family or friends. In spite of overall high satisfaction with the facility, many people did not think of their current dwelling as a real “home.” As the biggest difference between living in their own homes and living in the ALF, many people pointed out the lack of independence, freedom, autonomy, and living with others.

Regardless of the type of facility and the residents' characteristics, most of the respondents were highly satisfied with their physical environment including layout of the private apartment, public spaces, and exterior of the building. They were satisfied with the room size, material, and furnishings except one lady in Maple Terrace who lives in a quite small room. Many people felt that the private room is easy to take care of and organized for maximizing comfort and privacy. However, three people complained about the lack of storage space, low seat for shower, and inaccessible cabinet height.

Above all, the close relationships with the staff and their family members were considered as a main reason for the high satisfaction with their current dwelling by the respondents. Although everyone said that they were satisfied with their residences in

general, some people had negative perspectives about their current dwelling because of loneliness that stemmed from living with strangers or loss of social role that they have had. Respondents who have had large and close social networks with their family and friends in their former homes suffered from more loneliness in their current dwelling. For some people, it seemed to be related to the cultural difference based on the geographic origin.

Most respondents agreed with the facilities' current policy and programs. Among the five ALFs selected, only Walnut Hill did not have a resident council. The administrator said that the residents do not participate in this type of meeting. Instead of a resident council, they usually talk with the residents and family members anytime they want to. However, a few residents in Walnut Hill indicated the lack of a direct communication channel to discuss the policy and programs between the residents and the staff was a problem.

Most of the residents were satisfied with the services, amenities, and activities provided by the facility. As a positive aspect of living in assisted living, people mentioned the diverse programs, such as parties, care, and services. In addition to providing better services and qualified staff, developing diverse activities was considered as another issue for the ALF by the administrators.