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ANALYSIS OF THE SATISFACTION OF THE ELDER CARE HOME RESIDENTS AND SUGGESTIONS FOR THE QUALITY IMPROVEMENTS OF ELDER CARE HOME SERVICE DELIVERY

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Abstract

This article looks at the problem of aging and the characteristics of institutional care in elder care homes. Also, the results of the empirical study carried out in 15 publicly owned and 15 privately run residential homes for elderly persons distributed across Slovenia are presented here. The aim of this research was to determine the level of resident satisfaction in both privately or publicly-owned residential homes. The research findings are the basis for the outlined improvement suggestions in residential home service delivery with the aim to increase resident satisfaction with staff performance.

Keywords: aging, residential care home for elderly persons, residential care, needs of elderly people, resident satisfaction with staff performance

Introduction

Aging population, which means the increasing number of people reaching older age, is driven mainly by substantial progress in the economic, social and health sector, since this leads to longer, more comfortable and safer lives in European citizens than ever before. The increase in the numbers of older people is a great challenge for modern society. As a consequence new problems such as the increasing proportion of older people who need appropriate health care and nursing come to the foreground; and not only this but also problems such as social marginalization and isolation of older people, social stratification, changes in values, and views of ageing and old people, adult children who find it more difficult to take care of their elderly, etc. can be observed (SORS – The aging population in Slovenia, 2010). Solutions can be found also in providing the necessary capacity within the institutional care for elderly people.

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All European Union Member States are committed to providing general access and ensuring high quality long-term care for their elderly citizens. The aging population makes it more difficult to tackle funding and logistical challenges at present but the issue will only become more evident in the future, as governments have to perform their functions in a competitive environment of increasing needs and with limited resources (Long-Term Care and the European Union, 2008: 2).

Since Europeans tend to live longer public funding of health care and long-term care represent the second largest expenditure on social protection, immediately following the expenditure on old age pensions and survivors' pensions. With a higher life expectancy a pressing need to provide long-term care services at an older person's home or in institutional settings for care homes is created (The World in 2025: Contributions from an expert group, 2009).

Home for elderly people is a community with certain norms and rules (Hojnik-Zupanc, 1994: 2-3). The purpose of institutional care is to provide the best service delivery possible to meet the basic needs of those who are, due to illness or overall physical infirmity, functionally chronically impaired, besides delivering basic health care services. It is important to emphasize here that the purpose of residential care is to meet all the needs of elderly people who are no longer capable of taking care of themselves.

Despite the house rules living in an elderly care home is tailored to the residents' demands, needs and wishes. On the other hand, independent life and care of oneself is encouraged and desirable since it not only relieves the staff of their duties a bit but also maintains vitality in residents and keeps them active in their late life. Residents can spend their leisure time engaging in various employment activities, for quite some activities are available for those who are still mobile whereas activities for the immobile persons are very few (Mali, 2006: 24-27).

Quality of life could be defined as the extent to which people's requirements are met – and also how consistently these needs are met. Even if provision of certain services is very good, the failing to fulfill other important needs can cause distress, and it may also turn the existing satisfaction into dissatisfaction (Ramovš, 2003: 87). In measuring the quality of life in residential care cognitive, emotional, and functional skills important for older people and their welfare have to be taken into account (Nasser and Doumit, 2008: 73).

Research Methodology

The purpose of the research

The purpose of this investigation that forms a part of doctoral thesis is to get the insight into the problems older people are facing in residential homes; and also to obtain their views on how things should be improved in the future.

The aim of the research

The aim of the empirical research was to research into current satisfaction of care home residents with the level of their met needs according to the type of home they live in. Based on the results of research improvement suggestions that would contribute to greater customer satisfaction and quality of life of residents in homes for the aged are put forward.

Research methods

The empirical research is based on a combination of quantitative (we have used descriptive and causal, i.e. nonexperimental method) and qualitative educational research (i.e. a questionnaire).

Using a five-point Likert scale, we have researched into the residents' views about the satisfaction with their care needs being met. The category of needs has been divided into five main areas, namely physiological needs, security and safety needs, needs for love and belonging, esteem needs, and the need for self-actualization.

The collected data have been transferred to a common scorecard database in SPSS program using descriptive statistics and nonparametric statistical tests processing. The test of the set of hypotheses was performed by estimating the associations between the dependent variables using the χ^2 -test, t-test, and Welch-Satterthwaite approximation.

Survey sample

The survey was conducted between December 2010 and January 2011 in 15 publicly, and in 15 privately owned residential care homes (which is 31.91% of all the facilities) that are distributed across Slovenia. Of all the 300 handed-out questionnaires, 260 were returned, 53% of these from the respondents in privately owned residential care homes. The response rate was comparatively high at 89.3 percent. The residents that were capable of answering the survey questions participated in the survey which was carried out with the help of the appointed home staff.

Research hypotheses

The theoretical background and survey questions have helped us to examine the following hypotheses:

- H1: It is assumed that there will be no difference in met physiological needs between the residents of two types of homes.
- H2: It is assumed that there will be a difference in met security and safety needs between the residents of the two types of homes.
- H3: It is assumed that there will be a difference in met need for love/belonging between the residents of the two types of homes.
- H4: It is assumed that there will be no difference in met esteem needs between the residents of the two types of homes.
- H5: It is assumed that there will be no difference in met self-actualization need between the residents of the two types of home.

The research variables

We have investigated the following variables in this empirical study:

- (1) Type of home ownership
- (2) Home residents' opinion on their met physiological needs
- (3) Home residents' opinion on their met safety and security needs
- (4) Home residents' opinion on their met need for love and belongingness
- (5) Home residents' opinion on their met esteem needs
- (6) Home residents' opinion on their met self-actualization needs

Research results and interpretation

a) Physiological needs

These include the need of food, water, clothing, sleep, rest, medical care, cleanliness and social care.

Table 1: Met physiological needs according to the type of home

2 \ 1		TYPE OF OWNERSHIP	
		Publicly owned	Privately owned
PHYSIOLOGICAL NEEDS	Arithmetic mean (M)	3.97	4.00
	Standard deviation (SD)	0.65	0.73
	Levene's F-test (test of homogeneity of variances)	F=2.291, P=0.131	
	t-test (test of differences in arithmetic means)	t=-0.395, g=258, P=0.693	

Source: own research.

As seen from Table 1, Levine test showed that $\alpha=0.131$, which means that the assumption of homogeneity of variances is justified because $\alpha>0.05$. The t-test result shows that the difference between the types of homes is not a statistically significant in what concerns basic physiological needs of the residents being met. The result obtained confirms the hypothesis H1, which assumes that there is no difference in met physiological needs between the types of homes. We can reach the conclusion that in care homes the residents' most important physiological needs are met to the greatest extent possible. For until physiological needs are met, other, higher needs cannot emerge.

b) Security and safety needs

Among them are the needs for personal safety and property, security, safe shelter, the need for health and social security, the need for physical and psychological security, as is the right to property, protection and potential complaint in case of dissatisfaction with the service delivery; the right to be informed, the right to be informed about one's medical condition and about all available treatment options and care; the right to be informed on all available leisure activities, accommodation options, measures of social protection, and financial security.

Table 2: Met safety and security needs according to the type of home

3		1		TYPE OF OWNERSHIP		
				Publicly owned	Privately owned	
SECURITY AND SAFETY NEEDS	Arithmetic mean (M)		3.96	3.99		
	Standard deviation (SD)		0.65	0.68		
	Levene's F-test (test of homogeneity of variances)		F=0.118, P=0.731			
	t-test (test of differences in arithmetic means)		t=-0.309, g=258, P=0.758			

Source: own research.

The assumption of homogeneity of variances (Levene's F-test), as shown in Table 2, is justified (F=0.018, P=0.731). The results of the t-test showed that the type of home does not represent a statistically significant difference in meeting the residents' security and safety needs (t = -0.395, P=0.693). Looking at the average estimates in publicly (3.96) and privately owned homes (3.99), we can see that there are no significant differences in the assessment of this need between the types of home. Therefore we reject the hypothesis H2 about the difference in meeting security and safety needs between the types of homes. We assume that security and safety needs are important in life of elderly people, and that this need is met to the greatest extent possible both in privately as well as in publicly owned homes.

c) Need for love and belongingness

We can find some of the following needs in this category: the need for appraisal, the need to change, the need to be accepted, the need for companionship that is realized by the integration of residents in institutional care, development of human relationships, maintaining contact with family members, friends and acquaintances, getting acquainted with new roommates and home staff, developing intergenerational relationships, and house rules respect.

Table 3: Met need for belongingness according to the type of home

4		1	
		TYPE OF OWNERSHIP	
		Publicly owned	Privately owned
NEED FOR BELONGINGNESS	Arithmetic mean (M)	3.91	3.92
	Standard deviation (SD)	0.53	0.61
	Levene's F-test (test of homogeneity of variances)	F=2.165, P=0.142	
	t-test (test of differences in arithmetic means)	t=0.190, g=258, P=0.850	

Source: own research.

From the data analysis (Table 3) it can be seen that Levene's test (F=2.165, P=0.142) showed no statistically significant differences between the variances. The result of the t-test indicates that the difference in meeting the needs of belongingness is not statistically significant (t=0.190, P=0.850). Hypothesis H3, which assumes that the difference in meeting the needs for belongingness depends on the type of home, can be refused. We can therefore come to the conclusion that the needs for love and belongingness are met in both privately as well as publicly owned care homes, but the average estimate of the extent to which these needs are satisfied is lesser than that of the physiological needs and security needs. This means that residents have estimated that on average their physiological needs are fully satisfied, these are then followed by the fulfillment of their security needs, with the met need for belonging being only in the third place.

d) Esteem needs

Esteem needs include the need for self-respect and respect for others, the need for high and stable self-esteem, desire for power, achievement, management competency of daily activities, ability to meet challenges of the world with confidence, the need for independence, the need of freedom and self-government, desire for prestige, property, awards and praises, attention, importance and dignity.

Table 4: Met esteem needs according to the type of home

5 \ 1		TYPE OF OWNERSHIP	
		Publicly owned	Privately owned
ESTEEM	Arithmetic mean (M)	3.30	3.25
	Standard deviation (SD)	0.51	0.53
	Levene's F-test (test of homogeneity of variances)	F=0.68, P=0.41	
	t-test (test of differences in arithmetic means)	t=0.699, g=258, P=0.485	

Source: own research.

As shown in Table 4, the assumption of homogeneity of variances (Levene's F-test) is justified (F=0.68, P=0.41). The result of the t-test shows that the difference between the types of homes in meeting esteem needs (t=0.699, P=0.485) is not statistically significant. The average assessment of this need in publicly (3.30) and privately owned homes (3.25) shows that there are no significant differences in residents' assessment according to the type of home. As a consequence of this we accept hypothesis H4 presuming that there will be no difference in meeting the esteem needs according to the type of care home. We can find that the average estimates of fulfilling the esteem needs are lower than those of meeting physiological needs, needs for security and belonging, even though these needs are fulfilled at a similar level both in privately and publicly owned homes. This means that residents wish to have lower, i.e. physiological needs met first, and are then only followed by higher needs, such as the requirements for esteem.

e) Self-actualization needs

Self-actualization needs include the need for education, cultural activities, creative activities, comprehensive development of the individual, and the need to participate in daily activities of care home.

Table 5: Met self-actualization needs according to the type of home

6		1	
		TYPE OF OWNERSHIP	
		Publicly owned	Privately owned
SELF- ACTUALIZATION NEEDS	Arithmetic mean (M)	3.64	3.97
	Standard deviation (SD)	0.52	0.67
	Levene's F-test (test of homogeneity of variances)	F=5.66, P=0.018	
	t-test (test of differences in arithmetic means)	t=4.323, g=256.31, P=0.00	

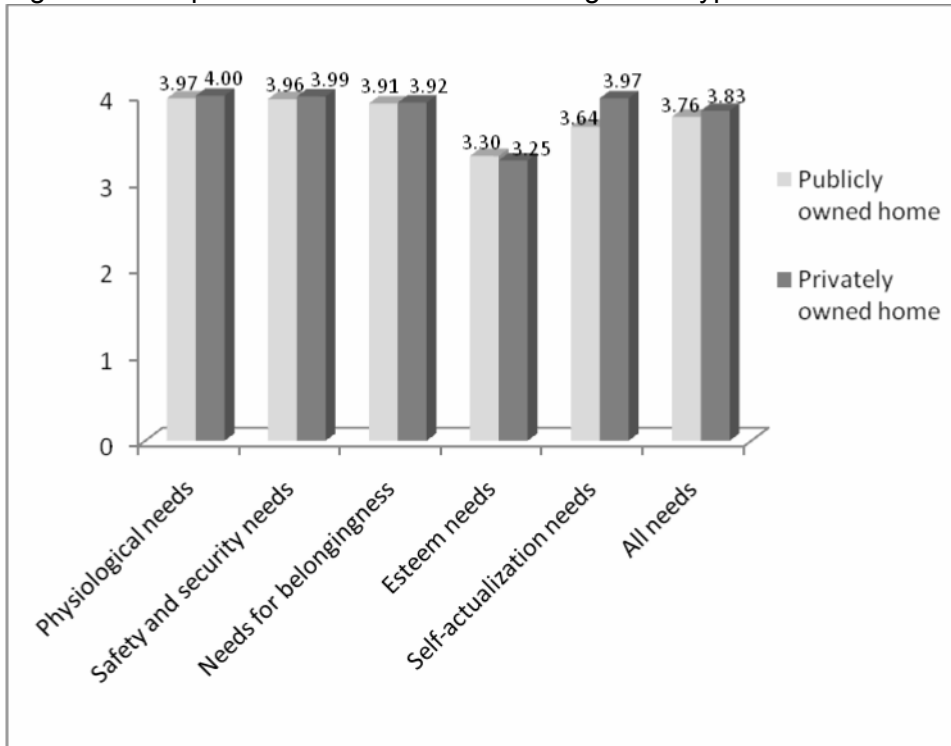
Source: own research.

Levene's test showed that the assumption of homogeneity of variances, as shown in Table 5, is not justified ($F=5.66$, $P=0.018$). The result of the t-test shows that there is a statistically significant difference in meeting the needs of self-actualization ($t=4.323$, $P=0.00$) between the types of homes. This difference can be seen in the average assessment, which is higher in privately owned homes (3.97) than in publicly owned ones (3.64). The result obtained rejects the hypothesis H5, which assumes that there are no differences in fulfilling the needs of self-actualization according to the type of home. We find that self-realization needs are met to greater extent in privately owned than in publicly owned ones. Average estimates on the satisfaction of these needs are lower than those of the fulfillment of physiological needs and security needs and those for belonging; however, they are satisfied to a higher degree than esteem needs.

f) Comparison of met needs

Figure 1 shows that the average estimate given by the residents about the fulfillment of all their needs in publicly owned homes is 3.76, and in privately owned sector it is 3.83. Data analysis shows that residents' needs are satisfied more fully than they are in privately run ones so we may come to the conclusion that private sector is more oriented toward meeting the individual needs of older people.

Figure 1: Comparison of met needs according to the type of home



Source: own research.

Conclusion

Data analysis of empirical research has shown that residents in privately owned homes are generally more satisfied with their met needs than those elderly people who reside in publicly owned facilities. Residents' satisfaction with residential protection is related to the quality of living in elder care homes, and the things that matter to them the most are connected with interpersonal relations, spatial organization of home, quality of food, service, and variety and quality of additional services offered by the home. Residents' satisfaction is an important indicator of the quality of home care, and it also shows to what extent the residents' needs and preferences are met and tailored to their individual needs.

Our empirical research shows that there are no statistically significant differences between the types of homes what concerns the satisfaction of residents' physiological needs, security needs, needs for belonging, and esteem needs. We can therefore reach the conclusion that these kinds of needs are largely met in care homes, whereas the needs for self-actualization are satisfied to a higher degree in privately own homes, compared with their provision in publicly owned facilities. As a

consequence of this finding we suggest that publicly owned care homes do more to meet their residents' needs for educational activities, cultural events, creative activities and their comprehensive development.

We suggest that the homes for the elderly built in the future follow the modern model of household groups, both in designing from the perspectives of the elderly, and in the choice of programs that are better suited to the needs of older people. Care homes should be located in relatively quiet and unpolluted neighborhoods. Well groomed parks should be in close proximity to the homes so as to provide a place for relaxation, daily walks and sporting activities.

The design of residential care homes should make elderly people feel happy and comfortable with furniture and fittings suited for elderly residents, handrails and stair railings installed on staircases, in hallways and in bathrooms. They should also be installed in bathrooms to prevent slip and fall accidents on wet floors. Elevator doors should be set so as to leave enough time for safe entry and exit. Care homes should have the best new equipment available and the latest gadgets to provide more comfort and higher quality of life for the residents.

It is important that the needs of residents are met to the greatest extent and that they feel comfortable, as this promotes their well-being and results in positive thinking. Residents have the right to be informed about their medical condition and all available treatment options and care. It is desirable that residents are involved in the creation, feeding suggestions and proposals about the improvements of the institutional life. We believe that it is necessary to provide the most active and full life for the residents. It is also not less important for the residents to participate in daily activities because their involvement helps improve their own quality of life. It is useful to regularly inform the residents about everyday life and work in the home. The residents and families should be able to give comments, suggestions, complaints and requests either by writing them down in the book of compliments and complaints, reporting them to the personnel in charge, or addressing the home management about them directly.

We find that the staff has a significant impact on the well-being of care home residents. Residents have the most frequent contact with the staff at the lower hierarchy levels (medical assistants, medics, nurses, medical technicians), and less frequent contact with senior staff. For that reason it would be desirable for the employees to wear such work clothes that would not look like work uniforms but would rather resemble casual clothes which would imply more familiarity and help build trust

between the residents and the staff. They should also wear ID badges, with the name and position title.

It would be useful that the Government set the employment policy which would be well adapted to the actual staffing needs of any certain contractor or his users. To facilitate residents' needs better we propose a creation of a new job description, i.e. 'residential home care giver' who would be there for the residents throughout the day and would care for the entire household (do the cleaning, cooking, washing, ironing, provide companionship for the residents, be a fitness instructor and activity coordinator), and do other work that does not require previous medical training.

We assume that the residents have low pensions, which makes it difficult for them to cover the costs of their stay in the home. We therefore present a new finance scheme for institutional care, namely that the Government should cover the costs currently paid by the users, which would relieve financial burden of home care for the elderly. Health Insurance Company should continue to cover the expenses for medical care, and leave the basic cost of the so-called "hotel costs" of care to the user.

Only with regard to personal habits and needs of care home residents and with improving the living standard of the residents, the working conditions and quality of life of eldercare home residents it will be possible to meet the needs of the existing residents and attract new ones.

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