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## **RESIDENTS' SATISFACTION WITH NURSING HOMES**

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# RESIDENTS' SATISFACTION WITH NURSING HOMES

An Honors Thesis

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Louisiana State University and  
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requirements for the  
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by

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## Abstract

The purpose of this study was to determine nursing home satisfaction of residents in relationship to gender, race, age, education level, and marital status. Data were collected from 39 residents in four East Baton Rouge Parish nursing homes. Trained interviewers conducted private interviews in the nursing homes. A structured interview schedule was used to record responses in a forced choice format, with descriptive comments recorded on a separate paper. Residents responded to 19 items related to food served, resident's room, doctor visits, nurses, and nursing assistants, daily schedules and activities, assistance requested, privacy, choices and decisions, complaints, personal belongings, personal interest by staff, level of social support, and overall life satisfaction. These 19 items formed the nursing home satisfaction scale.

The sample size consisted of 39 nursing home residents. Item scores were summed and means computed to determine the nursing home satisfaction score. ANOVA tests were then run to determine the relationship of satisfaction and demographic variables.

Overall, residents were satisfied most of the time with the nursing homes. Race and marital status were significantly related to nursing home satisfaction. Residents were least satisfied with the amount of boredom they experienced and were most satisfied with the amount of personal possessions they were allowed to keep in their rooms.

## CHAPTER I

### Introduction

The aging of America will result in enormous consequences for every aspect of society. It will challenge America to provide a variety of services for frail and at risk older persons, to develop opportunities for growth and service for healthy, vital older people, as well as to investigate the scientific approaches to promote successful aging (<http://www.usc.edu/dept/gero/andrus/introduction/shtml>).

In 1996, Louisiana has 496,606 people over the age of 65 and ranked 23rd in the nation of elderly population (<http://www.aoa.dhhs.gov/aoa/stats/96pop/rankxnumber.html>). The elderly population of the is expected to grow for the next 40 to 50 years, especially the 85+ population (American Health Care Association, 1996). Health tends to decline with age (Papilla, Camp, & Feldman, 1996), and those over 85 use nursing homes more than anyone else (American Health Care Association, 1996). Therefore, the number of nursing homes that are able to care for these ill and frail elderly may be expected to grow also. An increase in the number of long term care facilities calls for a closer look at quality of care and the satisfaction of the residents.

More researchers explored quality of care than resident satisfaction. Most studies of quality care of nursing homes was assessed evaluations of cleanliness, patient/staff ratio, violations of the residents, and other factors (Merck Manual of Geriatrics, 1995). Although satisfaction with nursing home

residency has been the focus of some studies, few studies have actually interviewed residents about their satisfaction with the nursing home. Some researchers, determined satisfaction by contacting surrogates or responsible parties (Lavizzo-Mourey, Zinn, & Taylor, 1992; Prawitz, Lawrence, Draughn, Wozniak, 1991). Other researchers have attempted to use observer impressions to determine satisfaction (Greenwald & Linn, 1971). Further, researchers who actually did interview residents worked with focus groups primarily to design tools to assess nursing home satisfaction (Kleinsorge & Koenig, 1991). Studies in which residents were interviewed about satisfaction focused on organizational factors of the nursing home (Kruzich, Clinton, & Kebler, 1992; Kart & Manard, 1976; Vallerand, O'Connor & Blais, 1989) or the professional versus paraprofessional staff members (Zinn, Lavizzo-Mourey & Taylor, 1993). Another study, which measured the residents' and nursing staffs' perceptions of the quality of care (Bliesmer & Earle, 1993), found that residents did not consider all of the quality care indicators (QCI) to be important. Residents and nursing staff were given a list of quality care indicators and asked to identify which ones they felt were important. One study focused on difference in satisfaction between male and female nursing home residents (Joiner & Freudiger, 1993). They found that voluntary placement and living arrangements before being placed in the home were relevant to females'

satisfaction and adjustment to the nursing home, but none of the variables studied had an effect on males' satisfaction and adjustment to the nursing home.

While a few studies have used residents to measure nursing home satisfaction (Grau, Chandler, & Saunders, 1995; Kruzich, Clinton, & Kelber, 1992). A limited number have explored the areas of most and least satisfaction, nor have the variations in satisfaction by race, gender, and marital status received much attention. The current study was derived from a larger study designed to determine individual and environmental determinants of nursing home satisfaction. This study was designed to determine satisfaction of nursing home residents using the 19 item nursing home satisfaction scale derived from several previous studies (Kruzich, Clinton, & Kelber, 1992; Zinn, Lavizzo-Mourey, & Taylor, 1993; Lavizzo-Mourey, Zinn, & Taylor, 1992), as well as with individual and environmental factors. The data presented here represent a preliminary analysis from a purposive sample of four nursing homes.

#### Purpose of the Study

The purpose of this study was to determine the level of satisfaction of nursing home residents with personal and environmental factors of the nursing homes. In addition, the relationship between the satisfaction level and race, gender, marital status, educational level, and age.

Satisfaction was assessed on the following factors:

- a. food served



- b. resident's room
- c. keeping personal possessions
- d. doctor visits
- e. nurses
- f. nursing assistants
- g. regulations imposed on residents daily schedules and activities
- h. noise
- i. assistance requested by the resident
- j. privacy for the resident
- k. cheerfulness of the home
- h. choices and decisions allowed the residents
- l. resolution of complaints
- l. variation of activities offered
- m. care of personal belonging
- n. personal interest in resident shown by nursing staff
- o. personal interest in resident shown by the nursing assistants
- p. expectations compared with reality in quality of care
- q. overall nursing home satisfaction

#### Justification

At the 1995 White House Conference on Aging, the 1990's were declared to be a time of tremendous demographic change, characterized by the

increasing numbers and proportion of older people for the next 40 to 50 years. Delegates were charged with the task of helping to shape our nation's social policies, so that they might better meet the needs of older Americans (Report, 1995). Recurring issues were: a) independence, choice, and security, b) universal health coverage, c) long-term care, d) services under the Older American Act, e) concern for all generations, and f) special populations.

Underlying all of these issues, both explicitly and implicitly, was the concern for quality of life and independence for older individuals and families. In fact, ensuring the quality of life of all Americans as they age was declared to be one of the guiding principles that will shape policy for our nation. Such policies must address the care of this elderly population, and including long term care.

The growing number of elderly persons has many implications for society. Since health problems and severely disabling illnesses tend to increase with age (Papilla, Camp, & Feldman, 1996) the need for facilities that can care for the ill and frail elderly will increase as the population increases. Currently, nursing homes offer the primary alternative to housing and care for the elderly when the family system can no longer provide the care needed (Papilla, Camp, & Feldman, 1996).

Nursing home placement of a family member is viewed as undesirable by many and to be considered only when other alternatives are exhausted (Papilla, Camp, & Feldman, 1996). Several studies have focused on the decision-making

process for nursing home choices, and satisfaction with those choices (Prawitz, Lawrence, Draughn, & Wozniak, 1991); on organizational characteristics of nursing homes (Greenwald & Linn, 1971); or on staff and services (Grau, Chandler, & Saunders, 1995).

Studies which used responses from the actual residents are scarce for several reasons. Many residents are too frail to participate in such studies and they may fear retaliation if complaints are registered. The latter is difficult to document but appears to be a general assumption (Zinn, Lavizzo-Mourey, & Taylor, 1993).

The following is a brief exploration of foci and methods found in the literature. Several studies have assessed nursing home satisfaction from surrogates or responsible parties (Prawitz, Lawrence, Draughn, & Wozniak, 1991; Lavizzo-Mourey, Zinn, & Taylor, 1992). Other studies have determined nursing home satisfaction by observer impressions (Greenwald & Linn, 1971). Although these studies reported nursing home satisfaction, results may not represent nursing home satisfaction of the residents.

When residents were interviewed, research tools were either in the form of focus groups (Grau, Chandler, & Saunders, 1995) or interviews using free response. Data from these studies are more qualitative and therefore, more difficult to quantify for objective analysis. Using a qualitative analysis method, they found that more of the residents' "best" responses were concerned with the

nurses or professional staff and more of the residents' "worst" responses were about the nursing assistants.

Several studies that included resident responses focused on organizational characteristics of the nursing homes as related to satisfaction (Kart & Manard, 1976; Vallerand, O'Conner, & Blaise, 1989; Kruzich, Clinton & Kebler, 1992). Some studies focused on nursing home staff and the types of staffing related to satisfaction of residents. One study explored satisfaction with the nurses, nursing assistants and professional staff (Zinn, Lavizzo-Mourey, & Taylor, 1993), while another study measured residents' and nursing staffs' perceptions of quality of care (Bliesmer & Earle, 1993). Bleismer and Earle (1993) had residents and staff determine if certain quality care indicators (QCI) were important. The staff reported more of the QCI's as being important than did the residents. Although these factors are important to nursing home satisfaction, they represent only a small part of the total concept of satisfaction. Joiner and Freudiger (1993) interviewed residents and compared nursing home satisfaction between males and females. They found that voluntary placement and living arrangements before being placed in the nursing home affected females' satisfaction and adjustment, but none of the variables studied affected males' satisfaction and adjustment. Very few other studies considered demographic comparisons of satisfaction.

The current research examined individual and environmental determinants of nursing home satisfaction in the broader version. While preliminary and exploratory, this study determined nursing home satisfaction and compared satisfaction by the demographic characteristics of gender, race, marital status, age, and educational level of a sample of nursing homes from the larger study. Satisfaction was measured by 19 items on the nursing home satisfaction scale presented in a forced answer format. Items on the scale were related to food, resident's room, doctor visits, nurses and nursing assistants, daily schedules, assistance requested choices and decisions, privacy, complaints, activities, personal belongings, and social support, and overall nursing home satisfaction.

### Objectives

The objectives for this study were to:

1. determine level of satisfaction of nursing home residents.
2. compare differences in men's and women's satisfaction with nursing home residency.
3. compare differences in satisfaction of nursing home residents by race of respondent.
4. compare differences in satisfaction of nursing home residents by marital status of respondent.

5. compare differences in satisfaction of nursing home residents by educational level of respondent.
6. compare differences in satisfaction of nursing home residents by age of respondent.
7. determine whether nursing home residents satisfaction differed significantly between or among the demographic groups specified.

#### Limitations of the Study

1. This study was limited to respondents currently residing in nursing homes in four nonrandom nursing homes in East Baton Rouge Parish.
2. The size and selection process limits generalizations to the nursing home population as a whole. Only residents who were mentally competent to respond to a question and answer format were included. The Pfeiffer Short Portable Mental Status Questionnaire was used to determine competency. Those who were less competent to answer correctly on the Mental Status Questionnaire might have very different opinions or experiences related to nursing homes.
3. The identification of individual and environmental aspects of nursing home satisfaction were limited to those in the scale used in this study.

## CHAPTER II

### Review of Literature

#### Nursing Home Residents

Papilla, Camp, and Feldman (1996) described the significance of nursing home residence as follows:

Although at an given time only 5 percent of people over 65 in the United States (mostly women) live in institutions, the lifetime probability of spending time in a nursing home is much higher. The probability increases markedly with age: 1% at ages 65 to 74, 6 percent at 75 to 84, and 24 percent at 85 and over (AARP, 1994; U.S. Bureau of the Census, 1995).

Today there are nearly 1.5 million people living in approximately 17, 000 nursing homes across the nation (American Health Care Association, 1996; Strahan, 1997). Almost 90% of nursing home residents were over age 65, and 35% of those residents were over age 85 (American Health Care Association, 1996; Strahan, 1997). Seventy-five percent of nursing home patients were women and 88% were white (American Health Care Association, 1996, Strahan, 1997). The American Health Care Association reported that 63% of nursing home patients are disoriented or memory impaired (1996).

Kemper and Murtaugh (1991) estimated the amount of time the average person spends in the nursing home over his or her lifetime. They found that 29%

of those who died in 1986 who were over 25 years old had spent some time in a nursing home. Almost 55% of those who entered a nursing home spend a cumulative average of at least one year there; 21% percent spent an average of at least five years.

### Nursing Home Satisfaction

While much of the literature on nursing homes is concerned with quality of care rather than satisfaction of the residents, the literature reviewed on satisfaction revealed that most respondents are generally satisfied with nursing home life (Joiner & Freudiger, 1993; Zinn, Lavizzo-Mourey, & Taylor, 1993; Kruzich, Clinton, & Kelber, 1992; Vallerand, O'Connor & Blais, 1989; Lavizzo-Mouray, Zinn & Taylor, 1992). However, Papilla, Camp and Feldman (1996) stated that most residents do not want to be institutionalized. Literature that covered satisfaction of the residents explored a variety of factors and used many different methodologies to conduct the research.

Nursing home staff. Grau, Chandler, and Saunders (1995) asked residents to report their "worst" and "best" experiences. Residents' "worst" experiences were most often about nursing assistants, while the "best" experiences were most often about the professional staff members. Grau, Chandler and Saunders (1995) discovered that the nursing home staff had a great impact on residents' satisfaction. Zinn, Lavizzo-Mourey, and Taylor found higher levels of satisfaction with the professional staff than with the nursing staff



in two separate studies (1993; 1992). Wages for nursing assistants, longevity of personnel, level of benefits, and the residents' perceptions of the charge nurse's fairness were all relevant to nursing home satisfaction. Residents also reported that the nurses showed more personal interest in them than did the nursing assistants (Kruzich, Clinton & Kebler, 1992). Kart and Manard (1976) described five characteristics as major contributors to a good old age institution (OAI). Professionalism of the staff was indicated to be one of the most important characteristics. Looman, Noelker, Schur, Whitlatch, and Ejaz (1997) found that nursing home staffs had an effect on residents' families' perceptions of quality of care.

Environmental factors. Environmental factors were included in many studies, also. In a study to determine if surrogates (family members or someone who could speak for the resident) could represent satisfaction of nursing home residents, Lavizzo-Mourey, Zinn, & Taylor (1992) found that environmental factors were more highly correlated than all other factors considered. Residents were asked various questions about their satisfaction with the nursing homes. Surrogates were also asked about the residents' satisfaction with the homes. Correlations were then made to determine if the surrogates could accurately portray the residents' satisfaction. They found that surrogates were not able to accurately reflect residents' satisfaction, but were the most accurate in describing residents' satisfaction with environmental factors. Kruzich, Clinton

and Kelber (1992) asked residents to report their level of satisfaction with the food, cleanliness of the surroundings, personal possessions, choices and decisions, noise level, responses to complaints, privacy, cheerfulness of the home, and the amount of boredom. Residents were least satisfied with amount of personal possessions that disappeared from their rooms, but were most satisfied with the cleanliness of the room and surroundings. In a study that assessed the personal and environmental influences on nursing home satisfaction (Kruzich, Clinton, & Kelber, 1992), the degree of personalization of the residents' rooms was one of the characteristics most highly related to overall satisfaction. In another study (Zinn, Lavizzo-Mourey, & Taylor, 1993), residents reported high levels of satisfaction with their physical environment, and slightly lower satisfaction with food and privacy. Physical surroundings were also found to be a more reliable measure of nursing home satisfaction than food or privacy. Herzberg (1997) reported that dining room atmosphere, similar functional level of roommates, and interactions with the staff were significant factors to the residents' quality of life.

Organizational factors. Organizational factors of the nursing homes were also evaluated in many studies. One study compared the levels of satisfaction between residents of private residential (regular) housing, low-cost community housing, and high and low self determination nursing homes (Vallerand, O'Connor & Blais, 1989). The researchers found that residents living in regular

housing, low-cost community housing, and high self determination nursing homes all reported similar levels of satisfaction, and all of which were higher than low-self determination nursing homes. Greenwald and Linn (1971) considered the cost and size of the nursing homes, as well as the services offered by having social workers visit the homes and record their impressions. The smaller nursing homes with the higher costs, as well as smaller patient/staff ratios, received higher ratings in patient satisfaction, cleanliness and activity, and pleasant atmosphere. Also, ownership and size of the facility were considered two of the five important characteristics in determining good old age institutions (Kart & Manard, 1976). However, in a study by Wehl (1981) increase in size of the facility was positively related to an increase in resident satisfaction. Harel (1981) interviewed residents about their life satisfaction, satisfaction with treatment in the home, and morale to investigate resident well being and quality of care. Social activities for the residents, support from the nursing home for residents, and contact with families and friends were found to be important to resident well-being. Residents were not satisfied with the amount of choices and control they were given in a study by Kane, Caplan, Urv-Wong, Freeman, Aroksar, and Finch (1997).

Demographic variables. Few studies considered the sociodemographic characteristics of the residents. Kart and Manard (1976) concluded that socioeconomic status of the nursing home was one of the five most important

characteristics identified in determining good old age institutions. Another study assessed the differences in nursing home satisfaction and adjustment of males and females (Joiner and Freudiger, 1993). They reported that voluntary placement and previous living arrangements were significantly related to satisfaction of female residents, but none of the variables explored seem to have an impact on males' satisfaction levels. Gender may be related to living arrangements before institutionalization which could affect satisfaction and adjustment of the resident (Dick, Friedsam and Martin, 1964). Kemper and Murtaugh (1991) found that marital status had a significant impact on the amount of time residents spent in the nursing homes. They found the married residents were much less likely to spend over five years in a nursing home than people who were divorced, widowed, or never married. They also found that married people were less likely to enter a nursing home at all. This study revealed little difference in lifetime nursing home use by education level.

#### Methodologies Used in Previous Studies

A number of methodologies have been used to study nursing home satisfaction, but few have explored how the residents in the nursing homes viewed this experience. Several studies relied on people other than the residents to report nursing home satisfaction. Lavizzo-Mourey, Zinn & Taylor (1992) questioned residents, but the focus of this study was to compare surrogates assessment of the residents' satisfaction to the satisfaction of the

residents themselves. The researchers found that surrogates could not accurately report satisfaction levels of residents because their responses were consistently more positive than those of the residents. Another study contacted responsible parties to determine how satisfied they were with their decision-making process in their choice of nursing home (Prawitz, Lawrence, Draughn & Wozniak, 1991). However, satisfaction was addressed as global satisfaction with the decision making process. Families in agreement about the home selected and who investigated all homes in an area before making a decision reported higher levels of nursing home satisfaction.

Some studies have relied on observer impressions. Gottesman and Bourestom (1974) and Greenwald and Linn (1971) had social workers visit the nursing home and record their impressions. Greenwald and Linn (1971) found that smaller nursing homes with higher costs were rated more favorably by the social workers who visited the homes. Two sets of focus groups, one made up of residents and the other made up of residents' family members, were created to develop a tool for evaluating nursing home satisfaction (Kleinsorge & Koenig, 1991). After testing the instrument constructed by the focus groups, Kleinsorge and Koenig found that the instrument was only an illustration of a qualitative aspect of reliability.

In the previously cited study by Vallerand, O'Connor and Blais (1989) questionnaires were used to measure differences in satisfaction by residents of

private resident housing, low-cost community housing, and high and low self determination nursing homes. Residents were chosen randomly and those who agreed to participate completed the questionnaire. Some of these questionnaires were completed in a group setting. The experimenter waited while the questionnaire was being filled out and answered any questions. Residents of low self determination nursing homes reported lower levels of satisfaction than other housing types.

Although residents were interviewed in a few studies, the interviews were usually limited to the questions used to determine satisfaction. Grau, Chandler and Saunders (1995) asked residents to report their "best" and "worst" experiences. Reports were qualitatively evaluated and classified in this study. More "best" stories were associated with professional staff members and more "worst" experiences with the nursing assistants. Some studies included nursing home satisfaction scales, but were compared to or used for very different things such as, the interrelationships among organizational characteristics and the relationship of organizational characteristics to residents' functioning (Kruzich, Clinton, & Kelber, 1992). Kruzich, Clinton and Kelber (1992) found nursing home satisfaction to be related to longevity of personnel, level of benefits, wages for nursing assistants, the perception of the charge nurse's fairness, and personalization of the residents' rooms. Joiner and Freudiger (1993) used interviews to compare satisfaction by gender and Zinn, Lavizzo-Mourey, and

Taylor (1993) used interviews to determine satisfaction scores to test the reliability of the nursing home satisfaction scale. Bliesmer and Earle (1993) interviewed residents and nursing staff, but inquired about their perceptions of the quality of care. This study was conducted in only two nursing homes.

Kruzich, Clinton, and Kelber's (1992) study is very similar in methodology; however, that study was based on residents at different levels of care. In the current study only residents' mental competence was used as a criterion for participation. Further, this study explored variations in nursing home satisfaction by gender, race, age, marital status, and educational level.

## CHAPTER III

### Methodology

The overall project was designed to explore the individual and environmental determinants of nursing home satisfaction. The individual determinants included food, personal possessions allowed in the residents' rooms, doctor visits, having a choice about bed time and clothing, and overall satisfaction with the nursing home. Environmental determinants were cleanliness of the surroundings, nurses and nursing assistants, noise, response time of staff, privacy, cheerfulness of the home, complaint handling, boredom, disappearance of personal belongings and personal interest shown by staff.

The proposed project and the necessary application forms were reviewed and approved by the Use of Human Subjects Committee of Louisiana State University. Because nursing homes are regulated by the Louisiana Department of Health and Hospitals, the proposed project was reviewed by that department. In addition, the project proposal was sent to the executive director of the Louisiana Nursing Home Association as a matter of courtesy for their information.

#### Instrument Development

Pfieffer's Short Portable Mental Status Questionnaire (1975) was incorporated as a part of the instrument to assess the competency of the respondents. This questionnaire was reduced to six items. The questions



eliminated from Pfeiffer's Questionnaire were "What is the date today?", "What is your telephone number and street address?", "Who was the president just before him?" and "Subtract 3 from 20 and keep subtracting 3 from each new number all the way down". Because preliminary assessments by nursing home staff eliminated some residents, and because of the decision to shorten the questionnaire, these items were not considered crucial to the determination of mental competency.

The nursing home satisfaction scale was adapted from the instrument used by Kruzich, Clinton and Kelber (1992). The scale originated with McCafre and Harkins (1976) and was revised by Kane and Kane (1982). Two questions were added to assess the differences in satisfaction with nurses and nursing assistants, and to assess overall satisfaction with the nursing home. The scoring procedure was changed from yes-no responses to almost never, sometimes, most of the time, and no response. In the larger study, questions were added to assess health, families and friends, and participation in decision making by residents. These components were not addressed in this analysis. An administrator survey was used to assess characteristics of the nursing home and health conditions of the residents interviewed, but was not included in this analysis.

### Sample Selection

A list of nursing homes in East Baton Rouge Parish and contiguous parishes was obtained from the Governor's Office of Elderly Affairs. This list included addresses and names of administrators. Administrators were contacted for appointments. The principal investigator and a research assistant visited each nursing home administrator to explain the project and obtain consent for participation by residents who agreed to be interviewed. Administrators were asked to designate a contact person to provide information about the health conditions of the participating residents and to facilitate contacts for interviews. Administrators completed questionnaires giving descriptive information about the nursing home.

Interviewers were Human Ecology graduate students. Each interviewer was trained by the principal investigator in building rapport with elderly persons, conducting the interview, and recording answers. All interviewers were knowledgeable about the overall project.

Forty residents from each of the four nursing homes were randomly selected. The lists of those selected were given to the contact person at each home. The contact person was asked to identify and eliminate any resident from the list who was comatose, aphasic, non-English speaking, in facilities less than three months, too physically ill to respond, diagnosed with Alzheimer's, having a private duty caregiver, or having a legal guardian. The first ten residents on the list who agreed to participate in the study became the respondents.

### Interviews

Interviewers set up appointments for private interviews with the residents through contact persons at each home. Interviews were one on one in a private setting. A consent form was read to each participant which explained that participation was voluntary, anonymous, and that participation could be terminated at any point in the interview. Each resident was administered the Pfeiffer's Short Portable Mental Status Questionnaire. If the resident did not pass this assessment, the interview was terminated, and that individual was not included in the sample. The questions were posed in a forced choice answer format and data were recorded on precoded scantron sheets. Comments were recorded on separate sheets if they were considered relevant.

### Data Analysis

Data were analyzed at the Louisiana State University Office of Measurement and Evaluation. Questions numbered 8, 14, and 15 were reverse coded so that all responses of 3 indicated satisfaction most of the time and all responses scored 1 indicated lowest satisfaction. Means of the Nursing Home Satisfaction Scale were computed and summed.

A one-way ANOVA was used to determine how nursing home satisfaction was related to the demographic variables of gender, race, age, educational level, and marital status. Gender was categorized as male and female. Race was identified as either black or white. Age was divided into two categories: a)

0-79, and b) 80+. Educational level was categorized as less than high school and high school graduate or higher. Marital status categories were married, divorced, widowed, and never married.

## CHAPTER IV

### Results

#### Description of the Sample

The sample (n=39) was composed of 30.8% males (n=12) and 69.2% females (n=27). White respondents represented 79.5% of the sample (n=31) while blacks were 20.5% of the sample (n=8). Twenty-one of the respondents (53.8%) completed high school and eleven respondents (28.2%) attended college (see Table 1).

Married respondents represented 12.8 % (n=5) of the study and the same number (12.8%) had never been married. Only 2 (5.1%) of the respondents were divorced, while 66.7% (n=26) were widowed. Over half of the respondents (52.9%) were 80 or more years of age, and 44.1% were 79 years old and younger.

#### Nursing Home Satisfaction

Respondents were asked to rate their overall satisfaction with the nursing home on a scale of 1 to 3 (1= "Almost never"; 2 = "Sometimes"; 3 = "most of the time") Overall, residents reported a mean satisfaction score of 2.64 indicating satisfaction most of the time. The standard deviation was .31. No, significant relationships were found between overall satisfaction and gender  $F(1, 38) = .64$ ,  $p = .43$ , educational level  $F(1, 38) = 1.3$ ,  $p = .26$ , and age  $F(1, 32) = .004$ ,  $p = .95$ . A significant relationship was found between overall satisfaction and race  $F$

Table 1

Sample Characteristics of Nursing Home Residents

Characteristics	n	%
<hr/>		
Gender		
Male	12	30.8
Female	27	69.2
Race		
White	31	79.5
Black	8	20.5
Education		
Less than high school	18	46.2
More than high school	21	53.8
Marital Status		
Married	5	12.8
Divorced	2	5.1
Widowed	26	68.4
Never Married	4	13.2
Age		
0-79	15	44.1
80+	19	65.9

(1, 38) = 4.3,  $p = .004$  were significant (See Table 2). Whites ( $n=31$ ) were more satisfied than blacks ( $n=8$ ). The mean satisfaction score for whites was 2.68, while the mean satisfaction of blacks was 2.44.

Also, marital status was statistically significant  $F(3, 37) = 3.68$ ,  $p = .02$ . Never married respondents ( $n=5$ ) were the most satisfied (2.81), followed by widowed respondents ( $n=26$ ), then married respondents ( $n=5$ ), and divorced respondents ( $n=2$ ) were the least satisfied. Never married respondents reported a mean satisfaction of 2.8105; widowed respondents, 2.6538; married residents, 2.6105; divorced respondents, 2.0263. The lowest level of satisfaction was based on boredom of the residents ( $M=2.23$ ) and the highest level of satisfaction with the amount of personal possessions they were able to have in their room ( $M=2.9$ ). However satisfaction with the amount of time residents were able to see a doctor, with being able to decide when to go to bed, with privacy, and with being able to choose their own clothing was almost as high.

Responses to each item on the nursing home satisfaction scale are presented in Table 3. The mean score of satisfaction with the food was 2.44. More than half of the residents (53.8%) reported the food was good "most of the time", but 10.3 % reported that the food was "almost never" good. Over one third (35.9%) of respondents indicated that the food was satisfactory "sometimes".

Table 2

Analysis of Variance for Satisfaction of Nursing Home Residents by  
Demographic Variables

Variable	df	F	p
Gender	1, 38	.64	.43
Educational level	1, 38	1.32	.26
Age	1, 33	.004	.95
Race	1, 38	4.31	.04
Marital Status	3, 37	3.67	.02



Table 3

Means of Nursing Home Scale Items (n=39)


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Variable	Mean	SD
Item1	2.44	.68
Item2	2.85	.37
Item3	2.90	.31
Item4	2.38	.85
Item5	2.67	.58
Item6	2.74	.55
Item7	2.85	.49
Item8	2.62	.54
Item9	2.59	.68
Item10	2.85	.43
Item11	2.59	.68
Item12	2.85	.43
Item13	2.56	.94
Item14	2.23	.71
Item15	2.41	.68
Item16	2.72	.56
Item17	2.67	.58
Item18	2.64	.71
Item19	2.56	.60

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Note. Item number refers to Nursing Home Satisfaction Scale (see Appendix A).

Housekeeping of the rooms did not appear to be a major problem. A large majority (84.6%), reported their rooms and surroundings were kept clean. The mean score of satisfaction with cleanliness of surroundings was 2.85.

Respondents were asked if they could keep as many personal items as they wanted in their room. The mean score of satisfaction was 2.90. Four residents (10.3%) reported "sometimes" and thirty five (89.7%), "Most of the time".

When asked if they could see a doctor as often as they would like 23.1% (n=9) said "Almost never"; 15.4% (n=6) said "Sometimes"; and 61.5% (n=24) said "Most of the time". The mean score of satisfaction was 2.38.

The respondents were asked if the nurses and the nursing assistants provided the care they needed, also. Respondents were slightly more satisfied, in general, with the nurses ( $\bar{M}$ =2.74) than with the nursing assistants ( $\bar{M}$ =2.67). When care was provided by the nursing assistants, 5.1% (n=2) reported they "almost never" received the care they needed; almost a fourth (23.1% n=9), "Sometimes"; and 71.8% (n=28) said "Most of the time". When care was provided by nurses, 5.1% (n=2) responded they "Almost never" received the care they needed; 15.4% (n=6) said "Sometimes"; and 79.5% (n=31) said "Most of the time".

Thirty-five (89.7%) of the respondents said they had a choice of when to go to bed "Most of the time". Only two (5.1%) residents said "Sometimes" and

another two (5.1%) residents said "Almost never". The mean score of satisfaction was 2.85.

The next question was "Does the amount of noise here bother you? Sixty-four percent (n=25) responded "Almost never", one-third (33.3% n=13), "Sometimes", and one resident (2.6%) said "Most of the time". The mean score of satisfaction was 2.62.

Respondents were then asked the question "When you need help, does someone come within a reasonable time? Overall, the mean score of satisfaction was 2.59. Twenty-seven (69.2%) respondents said "Most of the time", eight (20.5%) said "Sometimes" and four (10.3%) said "Almost never".

When asked about the amount of privacy 87.2% (n=34) respondents said they had enough "Most of the time"; 10.3% (n=4), "Sometimes"; and one resident (2.6%), "Almost never". The mean score of satisfaction was 2.85.

Four respondents (10.3%) said the nursing home was "almost never" a cheerful place. Eight respondents (20.5%) said the nursing home was a cheerful place "Sometimes", and twenty-seven (69.2%) said "Most of the time". The mean score of satisfaction was 2.59.

Residents were then asked if they had a choice in what they wear each day. Eighty seven percent (n=34) said "Most of the time", 10.3% (n=4) said "Sometimes" and one (2.6%) said "Almost never". The mean score of satisfaction was 2.85.

The next question was "When you have a complaint, is something done about it?". One-fifth (20.5% n=8) responded "Almost never"; 12.8% (n=5), "Sometimes"; over half (56.4% n=22) responded "Most of the time"; and 10.3% (n=4) had no response. The mean score of satisfaction was 2.56.

Respondents were asked how often they were bored in the nursing home. Over a third (38.5% n=15) said "Almost never"; 46.2% (n=18) said "Sometimes"; and 15.4% (n=6), said "Most of the time". The mean score of satisfaction was 2.23.

Over half of the respondents (51.3% n=20) said that personal belongings disappeared from their room "Almost never"; 38.5% (n=15), "Sometimes," and 10.3% (n=4) said "Most of the time". The mean score of satisfaction was 2.41.

Respondents were slightly more satisfied with the amount of personal interest shown by the nurses ( $\bar{M}$ =2.72) than by the nursing assistants ( $\bar{M}$ =2.67). Respondents (76.9%; n=30) reported that they received personal interest from the nurses "Most of the time"; "Sometimes" by 17.9% (n=7), and "Almost never" by 5.1% (n=2). Respondents also reported that they received personal attention from the nursing assistants "Most of the time" (71.8%; n=28), "Sometimes"; 23.1% (n=9); and "Almost never" by 5.1% (n=2).

The next question asked was "Is life here better than you expected when you first came here?" Three respondents (7.7%) said "Almost never"; one-fourth (25.6% n=10) said "Sometimes"; 61.5% (n=24) said "Most of the time";

and two respondents (5.1%) had no response. The mean satisfaction score was 2.64.

Overall satisfaction with the nursing home was the last question. One-third of the residents (33.3% n=13) said "Sometimes"; 61.5% (n=24) said "Most of the time"; and two respondents (5.1%) said "Almost never". The mean score of satisfaction was 2.56.

## CHAPTER V

### Discussion

Respondents in this study reported satisfaction with nursing home residence most of the time on a scale of 1 to 3 (1= "Almost never"; 2= "Sometimes"; 3= "most of the time"). Since only mentally competent patients were interviewed, and since this type patient could communicate their needs and wants to nursing home personnel, these results may not be reflective of the residents as a whole. Measuring satisfaction of mentally incompetent residents would be very difficult, if not impossible. Also, fear of retaliation from nursing home staff for complaints expressed to others was identified as a problem with recording accurate responses (Zinn, Lavizzo-Mourey, & Taylor, 1993).

More residents reported satisfaction most of the time with being allowed to keep personal possessions in their room than with any other item. Kruzich, Clinton, and Kelber (1992) reported that the degree of personlization in the residents' rooms was significantly related to nursing home satisfaction. Reminders of home and family, as well as maintaining a sense of identity, may make residents more comfortable and keep them from feeling totally institutionalized.

Boredom appeared to be the most frequently experienced problem. Gottesman and Bourestom (1974) reported that during observations, the residents were not doing anything more than half of the time. Most people have daily routines and when they are no longer able to carry out their routines, there is likely to be some maladjustment. Although most nursing homes have activities for their patients, some may long for the

hobbies they are no longer able to enjoy. Both physical and health limitations, as well as institutionalization, can keep people away from activities that they enjoy.

Demographic variables were seldom explored as explanations of differences. Of the demographic differences analyzed in this study, race and marital status accounted for differences in satisfaction of residents. Differences in satisfaction between black and white residents may be due largely to culture. Black families are more likely to take in their elderly to care for than are whites (Cherlin, 1996). The differences in satisfaction may also be due to the types of nursing homes. Since more blacks live in poverty and in poverty stricken neighborhoods (Johnson & Grant, 1996), it is likely that more blacks will live in poorer nursing homes in poorer neighborhoods. However, all nursing homes in this study served predominantly middle class residents. Greenwald & Linn (1971) found that smaller nursing homes with higher costs tend to have more satisfied patients. Gottesman and Bourestom (1974) reported that differences in race were observed in the amount of care patients received. However, the small number of black respondents in this study makes it difficult to generalize to blacks as a group.

No studies reviewed reported differences in satisfaction by marital status. Most married older people live together and care for each other until one dies (Papilla, Camp, & Feldman, 1996). Only the survivor is likely to go to the nursing home. Few married people lived in the nursing homes. Perhaps previous researchers assumed that there would be only single people in nursing homes and thus, excluded marital status in the study.

In this study, the patients who had never been married reported that they were the most satisfied. People who have never been married are likely to have less of a social support system because they have no spouse or in-laws and are less likely to have children to care for them. Dunaway (1993) reported that elderly who have children most often name a spouse or child as their primary caregivers while those without children more often name siblings. Never married residents may not have the same expectations for someone to care for them as those with a spouse. Never married people may find the company and the activities at the home more fulfilling than those residents with larger social support networks. In the absence of a spouse, siblings and others in the kinship system may be less willing to assume major care.

Widowed residents enjoyed the second highest level of nursing home satisfaction. Nursing homes may offer support and safety for those who no longer have a spouse to care for them. Also, expectations are likely to have changed with the death of a spouse, so many residents may find nursing homes a secure place.

Married respondents in this study reported the third highest level of satisfaction. These residents may report lower levels of satisfaction because they are separated from their spouses. Kemper and Murtaugh (1991) reported that married residents were least likely to enter a nursing home and were least likely to stay for more than five years. Perhaps this finding reveals some expectations of married elderly. While some nursing homes allow married couples to live in the same room, some may not.



Divorced respondents reported the lowest levels of satisfaction. This finding may be due to divorced residents having already experienced some disappointment and disruption in life. However, these findings could also be affected by the small number of divorced respondents.

Few previous studies found differences by demographic variables. This might be due to the fact that once in a nursing home satisfaction depends on life and health events of the individual. Satisfaction may be more affected by events in the health situation of the nursing home resident and the nursing home itself instead of the individual characteristics of the people before they became nursing home residents.

In summary, the findings of this study suggested that most nursing home residents are satisfied. Lack of interesting activities appeared to be the primary problem. Never married, white residents were more satisfied.

### Conclusions and Recommendations

As more and more elderly people enter nursing homes, it will become increasingly important to concentrate on resident satisfaction. Due to the fact that there is a lack of literature on satisfaction of the residents, there is still much to be done.

Most importantly, the findings of this study indicate that the amount of boredom felt by many nursing home patients needs to be addressed. Perhaps an increase in social activities or functions with family and friends outside the home could alleviate

some of the boredom. Also, programs allowing residents to continue with hobbies when they are physically and financially able could be implemented.

Another relevant finding of this study is that residents are most pleased with the amount of personal possessions they are allowed to have. Increased personalization of the rooms may therefore make residents experiences more pleasurable.

The fact that residents were less satisfied with the nursing assistants than the nurses as was found in many other studies, could have several implications. Perhaps nursing assistants should be subject to more training for patient empathy and understanding. More attention may also need to be directed at the attitudes and behaviors of the nursing assistants.

Black residents reporting less satisfaction with the nursing home may indicate a need for assessment of discrimination in the homes. More research may need to be done to assess how to better accommodate satisfaction of black nursing home residents.

Overall, there is a great need for more research on resident satisfaction and this information should come from the residents. These studies should contain more information about individual likes and dislikes, which could lead to more individualized care. Also, studies asking residents opinions on how nursing homes could be improved for the residents may be a future possibility.

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## APPENDIX A

# Resident Survey

Interviewer: \_\_\_\_\_

Subject #: \_\_\_\_\_

Date: \_\_\_\_\_

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## Part A. Demographics:

1. Sex: ① Male  
② Female

2. Race: ① White  
② Black  
③ Other

3. Education: Did you graduate from high school?

If yes, did you attend college?

If no, what was the last school grade you attended? \_\_\_\_\_

YES NO

Y N

Y N

0123456789

4. Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Never Married

5. Age: \_\_\_\_\_  
0123456789  
0123456789  
0123456789

## Part B. Competency (Interviewer write in responses.)

Correct Response  
YES NO

1. What day of the week is it? \_\_\_\_\_

Y N

2. What is the name of this place? \_\_\_\_\_

Y N

3. How old are you? \_\_\_\_\_

Y N

4. When were you born? \_\_\_\_\_

Y N

5. Who is the President of the United States now? \_\_\_\_\_

Y N

6. What was your mother's maiden name? \_\_\_\_\_

Y N

Total number of errors \_\_\_\_\_ 0123456

## Scoring procedure:

0 - 2 errors = continue interview

3 or more errors = discontinue interview (Thank individual for participating.)

Allow one more error if subject has had only a grade school education.

Allow one less error if subject has had education beyond high school.

## Part C. Nursing Home Satisfaction

I. I want to ask you some questions about what you like or don't like about living here.  
(Record information given in addition to responses on a separate sheet of paper.)

	Almost Never	Sometimes	Most of the time	No Response
1. Is the food good here?.....①	②	③	④	
2. Are your room and surroundings kept clean?.....①	②	③	④	
3. Can you keep as many personal possessions in your room as you want?.....①	②	③	④	
4. Do you see a doctor as often as you would like?.....①	②	③	④	
5. Do the nursing assistants provide the care you need?.....①	②	③	④	
6. Do the nurses provide the care you need?.....①	②	③	④	
7. At night, do you have a choice of going to bed when you want?.....①	②	③	④	

	Almost Never	Sometimes	Most of the time	No Response	
8. Does the amount of noise here bother you?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
9. When you need help, does someone come within a reasonable time?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
10. Do you have enough privacy here?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
11. Is this a cheerful place?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
12. Do you have a choice in deciding what clothing you will wear each day?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
13. When you have a complaint, is something done about it?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
14. How often are you bored here?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
15. Do any of your personal belongings ever disappear from your room?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
16. Do the nurses show a personal interest in you?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
17. Do the nursing assistants show a personal interest in you?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
18. Is life here better than you expected when you first came here?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
19. How often are you satisfied with this nursing home facility?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	None	Some	A lot	No Response	
20. Did you have any "say so" in the decision to be placed in a nursing home?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	Not at all	Somewhat	Yes	No Response	
21. Were you ready to move to a nursing home?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
22. Would you say you are satisfied with your life here?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
23. If you had a question about the care or treatment you received in this facility, who would you contact?					
<input type="radio"/> family member					<input type="checkbox"/>
<input type="radio"/> doctor					<input type="checkbox"/>
<input type="radio"/> nursing home employee					<input type="checkbox"/>
<input type="radio"/> friend/pastor					<input type="checkbox"/>
<input type="radio"/> ombudsman (representative from Elderly Protective Services)					<input type="checkbox"/>
<input type="radio"/> no one					<input type="checkbox"/>

Part C.

II. 1. Why are you living here? (Check all answers that apply.)

- ☐ safety (afraid to live alone)
- ☐ need medical care on a daily basis
- ☐ couldn't afford help needed to stay in my own home
- ☐ help needed to stay home was not available
- ☐ didn't want to live with my children
- ☐ my children didn't have room for me
- ☐ nowhere else to live
- ☐ my friends are here
- ☐ other \_\_\_\_\_

2. Would you like to live somewhere else?

☐ ☐



3. If so, where?

- ☐ (A) my own home
- ☐ (B) with my spouse
- ☐ (C) with my child
- ☐ (D) with my friend
- ☐ (E) other \_\_\_\_\_

4. What do you like best about living here

- ☐ (A) care received
- ☐ (B) not having to live alone
- ☐ (C) activities
- ☐ (D) my friends are here
- ☐ (E) my family and friends come to see me more often
- ☐ (F) feel safer
- ☐ (G) other \_\_\_\_\_

5. What do you like least about living here?

- ☐ (A) nursing assistants are not good to me
- ☐ (B) nurses are not good to me
- ☐ (C) lack of freedom
- ☐ (D) food
- ☐ (E) lack of privacy
- ☐ (F) I don't like anything about living here
- ☐ (G) other \_\_\_\_\_

Part D. Family

1. How many children do you have? \_\_\_\_\_ ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

2. Does any member of your family visit you? ☐ (Y) ☐ (N) If so, how often?

- ☐ (A) daily
- ☐ (B) two times per week
- ☐ (C) weekly
- ☐ (D) monthly
- ☐ (E) less than monthly

3. Do any of your friends visit you? ☐ (Y) ☐ (N) If so, how often?

- ☐ (A) daily
- ☐ (B) two times per week
- ☐ (C) weekly
- ☐ (D) monthly
- ☐ (E) less than monthly

4. Does your clergy visit you? ☐ (Y) ☐ (N) If so, how often?

- ☐ (A) daily
- ☐ (B) two times per week
- ☐ (C) weekly
- ☐ (D) monthly
- ☐ (E) less than monthly

5. Tell me about your family, (Mr. or Mrs. \_\_\_\_\_)  
(Interviewer: Use a separate sheet of paper to record this response.)

Record impression:

6. Is the family "story":

- ☐ (A) a "happy" review
- ☐ (B) a "sad" review
- ☐ (C) neutral

7. Is the family "story":

- ☐ (A) past oriented
- ☐ (B) future oriented
- ☐ (C) both

# Administrator Survey

ID Number: \_\_\_\_\_

0123456789  
0123456789

1. Parish in which nursing home is located:

- ☐ Ascension
- ☐ East Baton Rouge
- ☐ East Feliciana
- ☐ Iberville
- ☐ Livingston
- ☐ St. Helena
- ☐ West Baton Rouge
- ☐ West Feliciana

2. Number of beds in nursing home: \_\_\_\_\_

0123456789  
0123456789  
0123456789

3. What is the average number of beds you have filled monthly? \_\_\_\_\_

0123456789  
0123456789  
0123456789

4. Payment structure by percentage of patients: (Darken all that apply.)

- ☐ Medicaid approved.....% 0123456789  
0123456789
- ☐ Private pay.....% 0123456789  
0123456789
- ☐ Medicaid and Private Pay.....% 0123456789  
0123456789
- ☐ Veterans Administration approved.....% 0123456789  
0123456789
- ☐ Insurance (Private).....% 0123456789  
0123456789
- ☐ Medicare.....% 0123456789  
0123456789
- ☐ Managed Care, i.e. HMO.....% 0123456789  
0123456789

5. Administrative Staff (All that apply.)

- ☐ Administrator.....% 0123456789  
0123456789
- ☐ Assistant Administrator.....% 0123456789  
0123456789
- ☐ Director of Nurses.....% 0123456789  
0123456789
- ☐ Patient Activity Coordinator.....% 0123456789  
0123456789
- ☐ Social Worker.....% 0123456789  
0123456789
- ☐ Other Title: \_\_\_\_\_ % 0123456789  
0123456789

6. How long has the administrator been at this nursing home? \_\_\_\_\_

Years:  
0123456789  
0123456789

Months:  
0123456789  
0123456789

7. Nursing Staff (Give number of employees within each job title.)

- a. Registered nurses \_\_\_\_\_ 00000 00000  
010000000000
- b. Nurse assistants \_\_\_\_\_ 0000000000  
010000000000
- c. Certified Nurses Aides \_\_\_\_\_ 0100000000  
010000000000
- d. LPNs \_\_\_\_\_ 01 00000000  
01 00000000

8. This nursing home is owned by:

- ☐ A Individual or family (private)  
Corporation  
☐ B Health care agency or hospital  
☐ C Religious denomination  
☐ D Other

9. This nursing home is operated for:

- ☐ A Profit  
☐ B Non-profit

10. What is the percentage of patients in this nursing home who need skilled care?

\_\_\_\_ % 0 1 2 3 4 5 6 7 8 9  
0 1 2 3 4 5 6 7 8 9

11. What is the ratio of patient-care staff to residents? (Darken one of the following.)

- ☐ A 1:1 to 1:3  
☐ B 1:4 to 1:6  
☐ C 1:7 to 1:9  
☐ D 1:10  
greater than 1:10

12. How many Certified Nursing Aides have been employed here for more than one year?

\_\_\_\_ 0000000000  
01 0000000000

13. What is the turnover rate of patients per year? \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9  
0 1 2 3 4 5 6 7 8 9

14. The following physical spaces are available in this nursing home (Mark all that apply.):

- ☒ A General visiting room  
☒ B Separate dining room  
☒ C Activity (game) room  
☐ D Chapel  
☒ E Physical therapy room  
☒ F Exercise room  
Other \_\_\_\_\_

15. Are residents allowed to have their own personal effects (e.g., TV, radio, chair, chest, etc.) in their room? ☐ A

16. Who decides when the residents get up in the morning?

- ☐ A Nursing home staff  
☒ B Resident

17. Who decides when the residents go to bed at night?

- ☐ A Nursing home staff  
☒ B Resident

Part E. Health Status (Information to be obtained from key informant at nursing home.)

1. How long has this individual been a resident here?

months \_\_\_\_\_  
0123456789  
0123456789  
0123456789

2. Do you consider this patient to be mentally competent?

- ☐ all of the time  
☐ most of the time  
☐ some of the time  
☐ rarely

3. Based on your records, has the resident experienced any of the following health conditions, and, if so, at what age did it occur?

	YES	NO	UNDER 65	65-74	75+
a. heart attack.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. stroke.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. diabetes.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. broken bones.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. glaucoma, cataracts, or other eye problems.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ringing of the ears or difficulty hearing.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. arthritis.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. digestive problems.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. constipation.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. diarrhea.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. osteoporosis.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. incontinence.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. diverticulitis.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. high blood pressure.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. frequent head aches.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. angina.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. cancer.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Parkinson's disease.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Alzheimer's.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. obesity.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. autoimmune disease.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. other ( ).....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Is the resident ambulatory? ☐ YES ☐ NO

5. Does the resident receive daily assistance with any of the following activities:

a. getting out of bed.....	<input checked="" type="radio"/>	<input type="radio"/>
b. toileting.....	<input checked="" type="radio"/>	<input type="radio"/>
c. dressing.....	<input checked="" type="radio"/>	<input type="radio"/>
d. eating.....	<input checked="" type="radio"/>	<input type="radio"/>
e. care of hair.....	<input checked="" type="radio"/>	<input type="radio"/>
f. exercise or therapy.....	<input checked="" type="radio"/>	<input type="radio"/>
g. bathing.....	<input checked="" type="radio"/>	<input type="radio"/>
h. taking medicine.....	<input checked="" type="radio"/>	<input type="radio"/>
i. moving inside his/her room.....	<input checked="" type="radio"/>	<input type="radio"/>
j. going up and down steps outside your residence.....	<input checked="" type="radio"/>	<input type="radio"/>
k. moving about in the nursing home.....	<input checked="" type="radio"/>	<input type="radio"/>
l. going outside the nursing home.....	<input checked="" type="radio"/>	<input type="radio"/>

## APPENDIX B

CONSENT FORM FOR NURSING HOME RESIDENTS

PROJECT: INDIVIDUAL AND ENVIRONMENTAL DETERMINANTS OF NURSING HOME SATISFACTION

RESEARCH LOCATION: School of Human Ecology, Louisiana State University

PRINCIPAL INVESTIGATOR: Peggy S. Draughn, PhD. Phone: 388-2709

DESCRIPTION OF RESEARCH: The purpose of this study is to assess the personal and environmental factors associated with satisfaction of residents in nursing homes. Interviews with a random sample of ten residents per facility and a designated staff member at each facility will be conducted by trained interviewers. This study is not part of the usual program/facility services.

BENEFITS TO SUBJECTS: Nursing homes may become aware of satisfactory and nonsatisfactory services for residents and may enhance and/or improve their services as a result. This could benefit residents and increase consumer satisfaction with the nursing home.

ALTERNATIVE TO PARTICIPATION: Participation by both nursing homes and residents is completely nonmandatory. Agreement to participate may be rescinded at any time.

SUBJECT REMOVAL CRITERIA: The Pfeiffer Short Portable Mental Status Questionnaire will be administered to randomly selected participants. Those who do not pass the test as measured by preestablished criteria will be excluded from the interview.

I understand that participation in this research is completely voluntary and that I may refuse to participate in or may withdraw from this study at any time without being penalized in any way.

I understand that my name and the name of the nursing home or any of its residents nor any information identifying either will be used under any circumstances.

I understand that this form does not authorize the release of any identifying information to any party under any circumstances. I understand that specific demographic and health condition data will be requested from my case records subject to the approval of the administrator of this nursing home. I agree that this information may be released to the interviewer with the stipulation that my name not be identified with this information.

I understand that the results of this research may be published or otherwise disseminated but that these results will not contain any identifying information.

This study has been discussed with (or read to) me. I have been able to ask questions, and those questions have been answered to my satisfaction. I understand that I may ask other questions of the researcher(s) at any time. I also have been informed that if I have any concerns about rights of human subjects of research I may call the Bureau of Client Rights and Protection at (504) 342-383. I agree with all of the terms of this consent form and have been given a copy.

\_\_\_\_\_  
Signature of Nursing Home Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## CONSENT FORM FOR NURSING HOMES

PROJECT: INDIVIDUAL AND ENVIRONMENTAL DETERMINANTS OF NURSING HOME SATISFACTION

RESEARCH LOCATION: School of Human Ecology, Louisiana State University

PRINCIPAL INVESTIGATOR: Peggy S. Draughn, PhD. Phone: 388-2709

DESCRIPTION OF RESEARCH: The purpose of this study is to assess the personal and environmental factors associated with satisfaction of residents in nursing homes. Interviews with a random sample of ten residents per facility and a designated staff member at each facility will be conducted by trained interviewers. This study is not part of the usual program/facility services.

BENEFITS TO SUBJECTS: Nursing homes may become aware of satisfactory and nonsatisfactory services for residents and may enhance and/or improve their services as a result. This could benefit residents through improvement of services and increase consumer satisfaction.

ALTERNATIVE TO PARTICIPATION: Participation by both nursing homes and residents is completely nonmandatory. Agreement to participate may be rescinded at any time.

SUBJECT REMOVAL CRITERIA: The Pfeiffer Short Portable Mental Status Questionnaire will be administered to randomly selected participants. Those who do not pass the test as measured by preestablished criteria will be excluded from the interview.

I understand that participation in this research is completely voluntary and that I, as administrator of this nursing home, may refuse to allow the residents of this nursing home to participate in interviews as described in this project and that I may withdraw consent for this facility to participate in this study at any time without this home or its residents being penalized in any way.

I understand that the privacy of this nursing home and its residents will be protected, and neither the name of the nursing home or any of its residents nor any information identifying either will be used under any circumstances.

I understand that this form does not authorize the release of any identifying information to any party under any circumstances.

I understand that this study will require descriptive information as specifically detailed to me in writing from the case records



of residents. I have reviewed the information requested and do authorize the release of this material only from the case records of participants by the designated representative of this nursing home. Only the designated representative of this facility may see the records of our clients.

I agree that the resident may be interviewed in private by the interviewer representing the School of Human Ecology at Louisiana State University and the principal investigator, Dr. Peggy S. Draughn.

I understand that the results of this research may be published or otherwise disseminated but that these results will not contain any identifying information.

This study has been discussed with (or read to) me. I have been able to ask questions, and those questions have been answered to my satisfaction. I understand that I may ask other questions of the researcher(s) at any time. I also have been informed that if I have any concerns about rights of human subjects of research I may call the Bureau of Client Rights and Protection at (504) 342-383. I agree with all of the terms of this consent form and have been given a copy.

\_\_\_\_\_  
Signature of Nursing Home Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## APPENDIX C

TO THE NURSING HOME CONTACT PERSON

We have randomly selected 40 residents from your list of residents. Would you identify any residents who are: (1) comatose, (2) aphasic, (3) non-English speaking, (4) residents of this facility for less than three months, (5) are too physically ill to respond, (6) are diagnosed with Alzheimer's or other form of dementia, or (7) have private duty caregivers. Please cross out these names. IF THERE ARE ANY RESIDENTS' NAMES ON THIS LIST WHO MIGHT BE COMPETENT TO PARTICIPATE, DO NOT CROSS THEM OFF THE LIST.

We must interview residents in the group order in which they appear on this list. If 10 are not available in Group 1, we go to Group 2; next Group 3 if necessary to obtain 10; and finally Group 4. If 10 are not competent and agreeable to participate, we must go back to the major list and randomly redraw another Group. Once we begin Group 2, we must interview residents in the order in which they appear on the list. We realize that this may cause some inconvenience, but it is absolutely necessary for everyone to continue in this manner.

THANK YOU FOR YOUR ASSISTANCE. THIS COULD NOT BE COMPLETED WITHOUT YOUR ASSISTANCE.

GROUP 1

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

GROUP 3

GROUP 2

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

GROUP 4