

# **HEALTHCARE** and aging

VOLUME 10 • NUMBER 3

Pages 3 and 8

FALL 2003

ISSN: 1527-4101

[www.asaging.org/han](http://www.asaging.org/han)

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## **Understanding Consumer Satisfaction in Continuing Care Retirement Communities**

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Given the burgeoning variety of housing options for elders, the issue of residents' satisfaction with care and services has become more critical to the success of the facility. Continuing care retirement communities (CCRCs) are one option that covers housing and services across a retired person's lifespan. Understanding the key components of consumer satisfaction in this setting is crucial to making the provision of care and services responsive to the growing needs and demands of elders.

Retirement used to be largely a one-size-fits-all concept. Today, however, new attitudes about retirement and new retirement-living options are quickly changing these old notions. Given the changes, providers of housing and services no longer can afford to view retirees as passive consumers; now they must be seen as people who are actively involved in making decisions for themselves and have definite views about the services they seek.

To obtain a clearer picture of older adults' perspectives, we conducted a study examining CCRC residents' satisfaction with the care and services they are receiving. The study involved telephone interviews with a total of 137 respondents residing either in independent living units (116 residents) or in assisted living units (21 residents) in eight CCRCs in Ohio. The study was funded by the AARP Foundation, based in Washington, D.C.

The CCRC residents in our study were primarily Caucasian (90%), widowed (61%) and female (75%). The average age was 83, and the age range was 59 to 99. They were well educated: Seventeen percent had at least a master's degree, 22 percent had completed an undergraduate education, and 24 percent had attended some college. The participants had resided in their CCRCs for an average of 3.6 years; the range was from less than one year to 11 years. Ninety-six percent were retired.

The residents in the study perceived their physical health as either very good or good (79%) compared with that of other people their age. Forty-four percent asserted that their health did not interfere at all with their independence, whereas 48 percent determined that their health status interfered somewhat with their ability to do things for themselves. The participants were highly functional overall, capable of doing many activities without any help.

When asked why they had decided to move from their previous residence to the CCRC, residents cited the following reasons: their spouse's physical health problems (31%); their own phys-

ical health (30%); wanting a smaller place to live (25%); and wanting to live closer to family and friends (19%).

Issues that residents listed as very important for living in a retirement community were as follows: the security and safety of their apartment and grounds (92%); the cleanliness of the facility and the quality of housekeeping services in general (91%); the freedom to live their own lifestyle (91%); and the availability of emergency services (89%).

Interestingly, fewer residents rated the importance of programs and services (58%) or transportation services (65%) as being very important, but a vast majority used such services. The most widely used services residents cited were the following: housecleaning (93%); having someone who checks in on them (77%); special community events (77%); and educational programs and lectures (66%).

We surveyed the CCRC residents about their satisfaction in a variety of service areas using an instrument developed by HealthRays Alliance, a consortium of long-term care agencies in Northeast Ohio. Participating residents rated each item—admission process, appearance of facility, maintenance of facility, dining services, safety and security, management, overall satisfaction—on a scale ranging from excellent to poor.

Residents were generally satisfied with the care and services they received, rating most as excellent or good. The results showed a great deal of variation, however, in the different domains. For example, residents were the most satisfied with the appearance of the facility and the least satisfied with dining services.

With respect to residents' overall satisfaction with the CCRC, two areas proved to be significant: the types of interactions residents have with staff and the importance residents place on care and services. The findings indicate that the more positive the interaction between residents and staff, the more satisfied residents are with the overall care in the CCRC.

These findings have important implications for improving the services provided in CCRCs. For one thing, administrators should promote positive staff-resident interactions, even if residents are quite functionally independent. In addition, it is critical for administrators to understand the importance that CCRC residents place on certain care and service areas. Residents' priorities may differ from what administrators believe is important—and those differences may profoundly affect residents' perceptions of the quality of care. Understanding what residents value is key to the success of a CCRC; all you need to do is ask. ■

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