

2005 NATIONAL SURVEY OF RESIDENT AND FAMILY SATISFACTION IN NURSING FACILITIES

JUNE 2006



The 2005 National Survey of Resident and Family Satisfaction in Nursing Facilities is the first of its kind. Never before has there been a national database to benchmark customer satisfaction in nursing facilities throughout the United States. This report summarizes key findings from 70,966 surveys compiled by researchers at My InnerView Inc. Data were collected in 2,224 nursing facilities in 50 states and the District of Columbia. This is by far the largest and most comprehensive database on resident and family satisfaction ever assembled. The report addresses four questions:

- Who are the respondents to the survey?
- How satisfied are respondents with services they are receiving?
- How do respondents rate the quality of life, care and service?
- What can we learn from the survey?

The 2,224 facilities surveyed are not a random stratified sample. To make the estimates of resident and family satisfaction nationally representative, My InnerView researchers developed a weighting methodology to adjust for facility characteristics within each state and nationally.

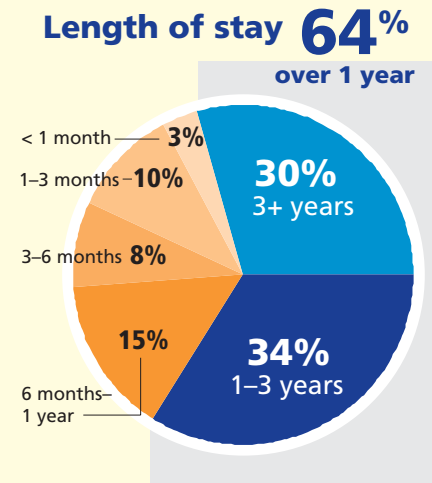
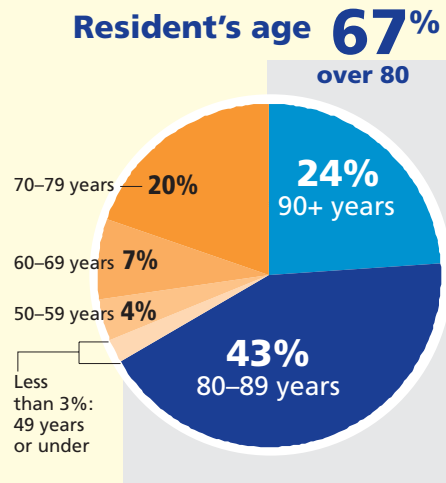
(See technical notes, page 7)

My InnerView is an applied research company that promotes quality improvement through evidence-based management. During 2006, My InnerView will be conducting satisfaction surveys in over 4,000 nursing facilities throughout the U.S. Contributions to this report were made by the following members of My InnerView's research team: Leslie A. Grant, Ph.D., Vivian Tellis-Nayak, Ph.D., Jean Grube, Ph.D., Michael Davern, Ph.D., and Cesar Guerra-Salcedo, Ph.D.

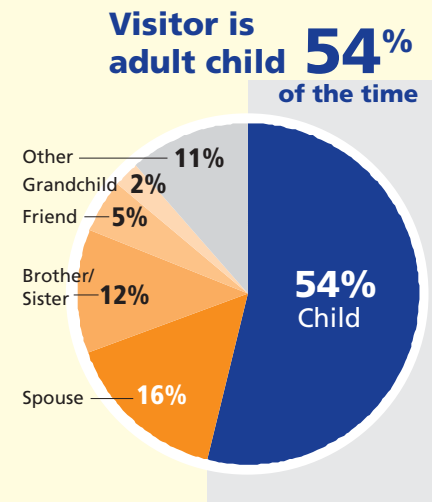
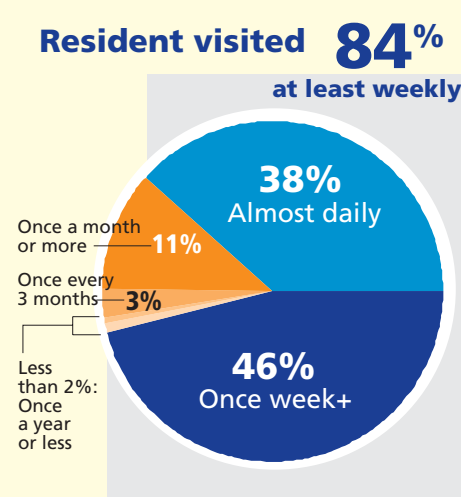
About the respondents

70,966 RESPONDENTS
89% families of residents
11% residents

The majority of residents are over the age of 80. Most (73%) are female, and most (64%) have lived in the nursing facility for at least one year.



The family member most often surveyed is the resident's adult child. This is also the person who visits the resident most often. Typically, residents are visited at least weekly.



RESPONDENT'S RELATIONSHIP TO RESIDENT

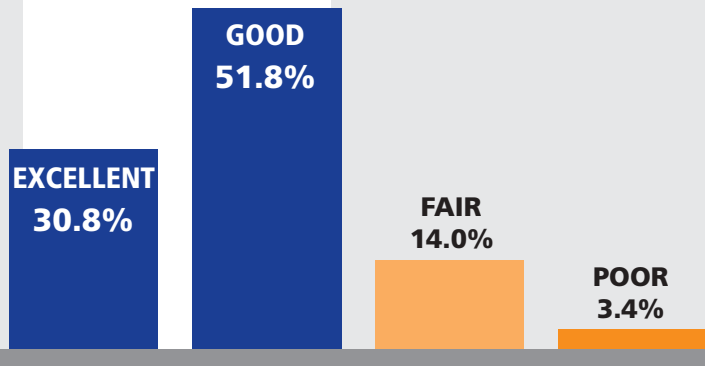
Adult child	54.2%	Friend	3.1%
Spouse	15.7%	Grandchild	1.6%
Brother/Sister	12.0%	Other	13.3%

Percentages may not total 100% due to rounding

How satisfied are they?

OVERALL SATISFACTION

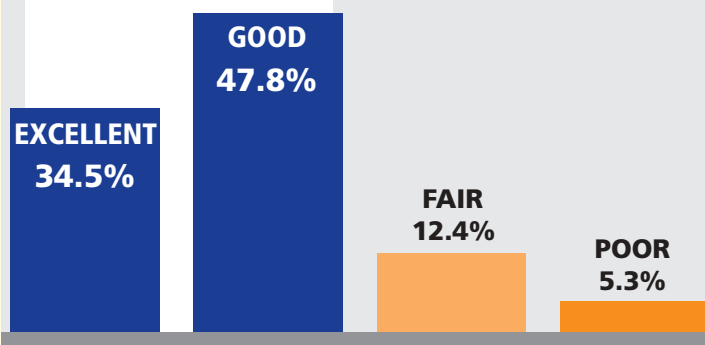
83%
satisfied



TOP 10% OF FACILITIES:
96.5% "excellent" or "good"

WILLINGNESS TO RECOMMEND

82%
satisfied



TOP 10% OF FACILITIES:
97.1% "excellent" or "good"

Two global questions ask how residents and families judge the overall quality of nursing home care. One question asks respondents to rate their overall satisfaction with the facility. Another question asks how they would recommend the facility to others. The percentage of respondents who rate their overall satisfaction as "excellent" or "good" is 82.6% (see charts at left). Our national data show that the level of dissatisfaction among residents and families who are the actual customers in nursing homes is quite low. Only 3.4% rate their overall satisfaction as "poor." And, 5.3% give their facility a recommendation of "poor." These findings are contrary to negative public perceptions of nursing homes.

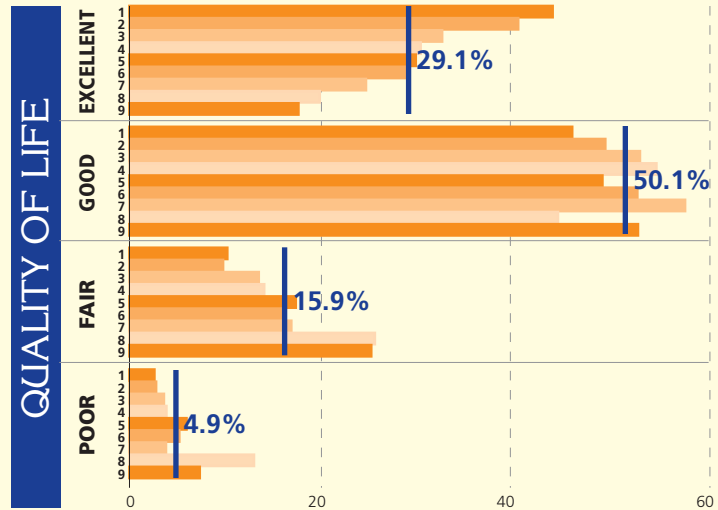
If we consider those nursing facilities among the "best in class" (defined as the 90th percentile; i.e., top 10% on customer satisfaction), the percentage of "excellent" or "good" ratings for overall satisfaction increases to 96.5%. In this group of top performers, the customer's willingness to recommend the facility to others as "excellent" or "good" increases to 97.1%. These results demonstrate that even higher levels of customer satisfaction are achieved by the best facilities.

How do respondents rate quality of life, care and service?

In addition to measuring global satisfaction, My InnerView researchers assessed three domains: (1) quality of life, (2) quality of care and (3) quality of service. My InnerView's survey instrument has undergone extensive field testing and has outstanding psychometric properties. (See validity of survey instrument, page 8)

QUALITY OF LIFE

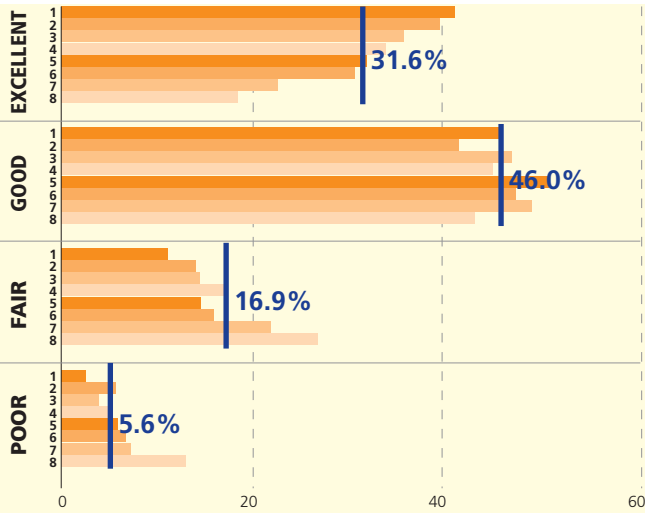
Quality of life measures such things as social relationships with staff and other residents, autonomy, dignity, privacy, meaningful activities, spirituality, enjoyable dining experiences, security of personal belongings, and resident safety. Most residents and families (79.2%) give an "excellent" or "good" rating for the overall quality of life.



	Excellent	Good	Fair	Poor
1 Dignity	43.0%	44.9%	9.7%	2.4%
2 Safety	39.3%	48.6%	9.5%	2.6%
3 Social relationships	31.8%	51.9%	13.1%	3.2%
4 Privacy	29.6%	53.5%	13.6%	3.3%
5 Meaningful activities	29.3%	48.2%	16.8%	5.6%
6 Spirituality	28.6%	51.7%	15.1%	4.7%
7 Autonomy	24.0%	56.6%	16.2%	3.1%
8 Security of personal belongings	19.1%	43.6%	25.0%	12.3%
9 Dining experience	17.1%	51.7%	24.4%	6.8%
Overall average	29.1%	50.1%	15.9%	4.9%

Percentages may not total 100% due to rounding

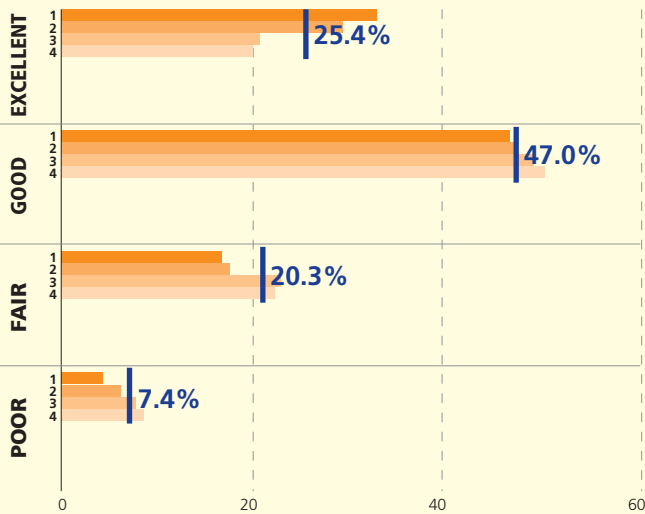
QUALITY OF CARE



	Excellent	Good	Fair	Poor
1 Nursing care	40.7%	45.7%	11.1%	2.5%
2 Family communication	39.2%	41.2%	13.9%	5.6%
3 Caring staff	35.8%	46.9%	14.0%	3.4%
4 Nursing assistant care	33.7%	44.6%	17.1%	4.6%
5 Staff competency	31.9%	50.6%	14.5%	2.9%
6 Rehab therapy	30.5%	47.2%	15.8%	6.5%
7 Grooming	22.5%	48.8%	21.8%	6.8%
8 Staffing adequacy	18.3%	43.0%	26.6%	12.1%
Overall average	31.6%	46.0%	16.9%	5.6%

Percentages may not total 100% due to rounding

QUALITY OF SERVICE



	Excellent	Good	Fair	Poor
1 Cleanliness	32.5%	45.6%	17.0%	4.8%
2 Mgmt. responsiveness	28.9%	45.7%	18.2%	7.1%
3 Quality of meals	20.3%	47.7%	23.5%	8.6%
4 Laundry	19.9%	48.9%	22.3%	8.9%
Overall average	25.4%	47.0%	20.3%	7.4%

Percentages may not total 100% due to rounding

QUALITY OF CARE

Quality of care measures the adequacy, competency and attitudes of staff; the care the nurses, aides and therapists provide; how the resident is groomed; and how staff communicate with families to keep them informed about the resident's status. Most residents and families (77.6%) give an "excellent" or "good" rating for the overall quality of care.

QUALITY OF SERVICE

Quality of service assesses quality of meals, laundry services, cleanliness of the premises and management responsiveness. Most residents and families (72.4%) rate the overall quality of service as "excellent" or "good."

What can we learn?

Societal views of nursing homes have not always been positive. Yet the voices of the 70,966 families and residents surveyed for this report challenge these notions. Customer ratings of global satisfaction and quality of life, care and service are overwhelmingly positive. However, this is not to say there is no room for improvement.

IMPROVEMENT OPPORTUNITIES

QUALITY OF LIFE: When it comes to quality of life, nursing facilities have the highest ratings of “excellent” on dignity, safety and social relationships. The greatest improvement opportunities include dining experience, security of personal belongings and autonomy.

QUALITY OF CARE: In terms of quality of care, nursing facilities have the highest ratings of “excellent” on nursing care, family communication and caring staff. Areas offering the greatest opportunities for improvement include staffing adequacy, grooming and rehabilitation therapy.

QUALITY OF SERVICE: Nursing facilities rate higher on quality of life (79.2% “excellent” or “good” overall) and quality of care (77.6% “excellent” or “good” overall) than quality of service (72.4% “excellent” or “good” overall). In terms of service quality, facilities do better on cleanliness and management responsiveness than on quality of meals and laundry.

A BASELINE

Satisfaction among residents and families is an important aspect of nursing home quality that has not previously been assessed in a large national sample. Before My InnerView collected these data, the long-term care profession did not have a national database from which to benchmark performance on these key metrics. This 2005 national survey provides a baseline assessment with important implications for public policy, research and practice.



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TECHNICAL NOTES

In order to create representative weights, we assume that the respondents to the survey are representative of their facilities and those facilities that did not participate in the survey after adjusting the responding facilities to the population characteristics by facility size, ownership status, metropolitan/non-metropolitan location, and state.

We created weights for each respondent based on:

1. The number of residents in the facility
2. The state where each facility is located
3. Whether the facility is in a Metropolitan Statistical Area (MSA) versus a non-Metropolitan Statistical Area (non-MSA)
4. Ownership of the facility

The weighting process resulted in each respondent to the survey being representative of the number of residents in a facility, the number of residents in the state and the number of residents nationally.

To construct the weights we used several steps. First, we built a basic weight which is equal to the number of residents divided by the number of respondents. Second, we created a state weight by post-stratifying the basic weight to the state population totals based on the number of residents in the state by MSA versus non-MSA location, and for-profit versus not-for-profit ownership. Third, we created a final weight by adjusting the state weight to equal the U.S. national population totals for the number of residents nationally by whether the facility is in a MSA versus a non-MSA, and whether the facility is for-profit versus not-for-profit.

BASIC WEIGHT

The basic weight is calculated by taking the number of residents in the facility divided by the number of respondents in the facility. We assume that the respondents within a facility are not different from the non-respondents.

Basic weight = (Number of residents/Number of respondents)

STATE WEIGHT

To create the state weight, we created a series of population control totals at the state level. The control totals are the number of residents in facilities within the state by MSA versus non-MSA location, and whether the facility is for-profit versus not-for-profit. Accordingly, each state can have up to four population control totals (2 x 2) based on MSA versus non-MSA and for-profit versus non-profit. Each respondent's basic weight is multiplied by the quantity of the number of residents in the control total divided by the sum of the basic weights within each of these four cells within each state.

State weight = Basic weight x (sum of the residents within population control total cell/sum of basic weight within population control total cell)

Each respondent's basic weight is multiplied by one of four quantities.

FINAL WEIGHT

Because there were no respondents to the survey in some of the population control total cells by state, to create a national weighted estimate we further modified the state weight to create a final weight that is representative of the country.

Final weight = State weight x (sum of residents within population control total cell/sum of basic weight within population control total cell)

The final weight is equal to the weighted national totals of the number of residents in nursing facilities throughout the U.S. This final weight was used to make national level estimates of resident and family satisfaction.

VALIDITY OF SURVEY INSTRUMENT

Cronbach's coefficient alpha is a special application of construct validity. In general, a Cronbach's alpha of 0.80 or greater is considered excellent. **TABLE 1** shows Cronbach's coefficient alphas for four sub-scales and overall satisfaction scale in our resident and family satisfaction survey instrument.

TABLE 1
CRONBACH'S ALPHA COEFFICIENTS
FOR RESIDENT AND FAMILY SATISFACTION
SCALE AND SUB-SCALES

SUB-SCALE/SCALE	NO. ITEMS	CHRONBACH'S ALPHA	N
Quality of life	10	.92	70,966
Quality of care	8	.93	70,966
Quality of service	4	.81	70,966
Global satisfaction	2	.93	70,966
Satisfaction scale	24	.97	70,966

Grant¹ found very strong positive correlations between family and employee satisfaction assessed using My InnerView's customer and employee satisfaction survey instruments. Because these data come from two independent sources (i.e., a survey of families and a separate survey of employees), there is strong empirical evidence for the predictive validity of My InnerView's survey instruments.

TABLE 2 displays zero order correlation coefficients between customer satisfaction scores and performance indicators in three areas: (1) clinical performance, (2) workforce performance and (3) financial performance. These data further validate My InnerView's survey instruments.

TABLE 2
ZERO ORDER CORRELATIONS BETWEEN
SATISFACTION SCALE AND OTHER PERFORMANCE INDICATORS

METRIC	COEFFICIENT (R)	SIGNIFICANCE
Clinical performance:		
Residents without falls	.118	.009
Residents without acquired catheters	.086	.049
Workforce performance:		
CNA turnover	-.156	.001
Nurse turnover	-.271	.000
CNA retention (% with tenure >1 year)	.108	.015
Nurse retention (% with tenure >1 year)	.170	.000
CNA absenteeism	-.090	.034
Nurse absenteeism	-.145	.002
Financial performance:		
Occupancy rate	.194	.021

¹Grant, L.A. (2004). Organizational Predictors of Family Satisfaction in Nursing Facilities. *Seniors Housing and Care Journal*. Vol. 12, No. 1, 3-13.