For members of the elderly housing industry, important questions concern how people decide to become residents of a particular senior community, how they function after they move in, and how they feel about their experience in the community. Scientists can design and conduct research to answer these questions. In an elderly housing facility, management must maintain control of the operation of the facility but residents must feel they are in control of their lives. Since these feelings of control are important to residents' satisfaction, management needs to help residents maintain the kinds of control they need. An evaluation procedure measuring internal health of senior communities has been developed by the Foundation for Aging Research of Clearwater, Florida. This evaluation determines if residents are dissatisfied, what training staff needs, priorities for improvements, impact of current programs and policies, and effectiveness of various communities under the same management. The evaluation assesses attitudes of residents, staff, management, and board members. The same questions are asked of all groups. Large differences of opinion suggest problem areas. Past studies have shown that residents' satisfaction is most dependent on their perception of staff caring about them as people. Staff, on the other hand, believe residents' satisfaction to be most dependent on interesting activities. Residents felt more in control of their lives than staff perceived them to be. This type of research can be useful and addresses specific questions for which owners and managers need answers. (ABL)
EVALUATING THE INTERNAL HEALTH
OF SENIOR COMMUNITIES

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PRESENTED AS PART OF A SEMINAR
"THE SENIORS FINAL TEST: HOW WELL
IS MANAGEMENT PERFORMING?"

NATIONAL ASSOCIATION OF SENIOR LIVING INDUSTRIES
FIRST ANNUAL SENIOR LIVING EXPOSITION
COLORADO SPRINGS, CO

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INTRODUCTION
I first want to make some general comments about the value of researchers and practitioners working together. Then I will share some information that I hope you can use in the business decisions you have to make.

I'm a clinician and a scientist. My business is observing people.

After twelve years as a college and university professor, I decided it was time to do full time what I like to do best – research. After three years of giving papers at meetings of other psychologists and gerontologists and seeing my publications gather dust on their shelves, I decided something was wrong!

Nine years ago I made some important decisions.

I decided to take my knowledge of people, particularly older people, and my research skills and try to find out what developers and managers of senior housing and service delivery programs needed to know.

We organized the Foundation for Aging Research for the express purpose of bridging the gap between research and practice.
Since that time we have gathered extensive information from over 8,000 residents and prospective residents of retirement communities in states as widespread as Massachusetts, Florida and Arizona.

We've worked with developers, owners and managers who have decided to build and not to build, to buy and not to buy, to hire and not to hire, and to change or not to change management policies.

One of the professional organizations to which I belong is the Environmental Design Research Association. The theme of this year's annual meeting was "The Costs of Not Knowing: the costs of practice in the absence of inquiry; the costs of inquiry in the absence of practice." I think that title depicts perfectly how essential it is for researchers and practitioners to work together.

The biggest problem to a more fruitful interaction between researchers and practitioners is communication. Researchers frequently do not know what kinds of questions need to be addressed and practitioners do not know what researchers could do for them.

I am not a developer, marketer or manager, but I think I've learned some important things from practitioners over the last nine and one half years about the unique challenges which senior communities present to management. These lessons have come from working with developers and managers to address their questions and problems. They are people challenges.
Senior communities are not just real estate; they are ongoing management-intensive businesses.

They are complex organizations of people, most of whom have made a life commitment to be part of the community.

Whether your particular organization calls itself life care, continuing care, leisure living, or simply a retirement community, the fact remains that most people who move in will spend or will try to spend the rest of their lives there. That will be true even if that was not their intention when they moved in. Further, whether you like it or not, the longer you are in business, the more your reputation will depend on the extent to which people can and do spend the rest of their lives within your organization.

Thus, questions regarding how people decide to become residents, how they function after they move in and how they feel about their experience in your community are all rather important questions.

But, two basic considerations should be part of any decision you would make to sponsor research:

1- Is a question testable? And,

2- Is it worth testing, that is, will the result justify the expense?

If both can be answered "yes", there is no reason to continue guessing.
What is important about this process is that it can be done. Some questions are well worth addressing. Some answers can reduce significantly the risks practitioners have to take. Some answers can assist you in doing a far more effective job.

The industry needs to understand the importance of having objective and reliable information and how it can be obtained.

I do a lot of market research, both for developing facilities and for ongoing established organizations. I sometimes get the feeling that some developers don't want too much information. This probably does not apply to you since you've bothered to come to this meeting on the last day of the conference. For some I think it would reduce the entrepreneurial fun. Others really don't want to know it if the market data do not support what they had already decided to build. Still others do not see the value of spending a relatively small amount of money up front before they risk millions.

Scientists are no better guessers than you are; they're probably not as good. But, they know how to obtain objective and reliable data.

A scientist's role is not to give an opinion but to devise a way to answer a question which is valid and reliable, that is, it is useful and repeatable.

I'd like to come back now to what we've learned about some of the people questions that are important to management in this industry.
A key word for all businesses is "control". In order to achieve your objectives, you need a plan to move you toward those objectives and you need control over the human and physical resources required by that plan.

In a senior community, several kinds of control are essential to its effective operation. And, sometimes it appears as if they work against each other.

Management must maintain control of the operation of the facility but residents must feel they are in control of their lives.

There is considerable research support for the importance of feelings of control as predictors of the health and life satisfaction of seniors. It is clear it is in the best interests of a senior community to help residents maintain the kinds of control they need to remain as healthy and satisfied as they can be.

Probably the most dramatic difference between this and other businesses is that you'll be dealing with all aspects of the same people's lives for an average of 12 to 15 years.

The people who move into upper middle income retirement communities are not representative of the older population as a whole. These people are planners. The average educational level is 15 years in spite of the fact that
They are part of a generation in which most people did not finish high school. Both men and women have held responsible positions in society. They are used to making their own decisions and fully intend to continue to do so.

Managers are thus faced with maintaining a fiscally sound organization while also interacting effectively with a large group of bright, independent older persons who have made this organization their home. An example which drives this point home is the manager who had been listening to residents' expressions of concern that the lobby furniture and carpet were looking worn. Finally, through careful planning, the manager put aside sufficient funds to completely redo the lobby. He hired a decorator and ordered new drapes, carpet and slip covers. The manager knew the residents would be delighted. The day the installers showed up was a total disaster. The residents were so upset that the residents' council called a special meeting. "Their" chairs, carpet and drapes had been changed without any prior announcement or consultation.

Do not be misled by your experience in other businesses. You may own this business but it is the personal home of 300 seniors who are paying for the features and services they are getting.

A colleague friend of mine from the University of Florida, Gordon Streib, described it this way. "Most residents appear to be content to let other residents or competent and benign management decide day-to-day and month-to-month issues. However, if a crisis arises--an
EVENT OR SITUATION THAT IS PERCEIVED AS THREATENING TO THE COMMUNITY OR TO SUBSTANTIAL NUMBERS OF RESIDENTS--THEY CAN MOBILIZE AND PROBABLY ACT MORE QUICKLY THAN RESIDENTS OF NON-RETIREMENT COMMUNITIES. DEVELOPERS AND MANAGERS WHO REGARD THE RESIDENTS AS 'PASSIVE OLD PEOPLE' WILL RECEIVE A SPEEDY GERONTOLOGICAL EDUCATION."

Thus, control for these residents does not mean they want to make all the day to day decisions of management. Most have deliberately decided to rid themselves of some of those decisions. But, it means they expect to know what is going on, that there is a mechanism whereby their concerns are listened to and considered and that the integrity of their lives is maintained.

This does not mean that residents expect catering to their every whim. One manager was so anxious to please that everything the residents mentioned that would be nice to have was done. But, the more the manager did, the more unsettled the residents became. The residents knew the manager lacked integrity. He was afraid to say "no" to anything. The residents knew they could not trust the manager to protect their best interests.

People who have successfully run other businesses may have problems with the interpersonal dynamics in this setting.

In another instance, on paper, the business seemed to be functioning very well. Then, one day, one of the residents brought a plate of creamed chicken into the manager's office and dumped it in his lap.
The residents had been writing complaints about the food but in the words of another resident "he doesn't have enough spine to get out from behind his desk." So, the residents had decided to take their complaint behind the desk.

Management's perception of what is going on within a facility is not always accurate. Frequently, the surface complaints of a few vocal residents, even if they are members of the residents' council, are not representative of how the residents as a whole feel. An administrator can be doing what looks like a good job by other business standards and at the same time creating problems within the group of residents which will take a long time to overcome.

About five years ago, we developed an evaluation procedure which we now describe as measuring the internal health of senior communities. The contract which made it happen was part of the long range planning process of a multi-community organization. They wanted to evaluate their existing communities before deciding whether and how to expand.

Since that first time, we have used it twice to evaluate the conditions within facilities for prospective buyers of those projects.

Two communities have decided to adopt the methodology as a regular evaluation procedure which will be repeated every two years.

We are presently doing evaluations in seventeen additional senior living facilities.
The procedure is suitable to address a variety of questions including:

- Why do some residents complain all the time? Are the residents really that dissatisfied?
- What kind of training do our staff members need?
- How should we set our priorities in terms of the improvements to be made?
- Are there any areas in which we really should be considering making changes?
- What overall impact are our policies and programs having on the residents?
- How do the various communities under our management compare in terms of their effectiveness?

The procedure begins with distribution of essentially parallel questionnaires for residents, staff and management, and board members, if such a group exists.

No one is asked to sign the questionnaires. Everyone is assured that the only persons who will see the questionnaires are the research staff of the Foundation. Summarized findings and recommendations are reported and discussed with members of the community.

The instrument contains questions with regard to general satisfaction, why people have moved in, the availability and quality of services and activities, staff performance, interpersonal relations among
Residents and staff and a variety of items related to resident feelings of control. The latter group include such items as: whether residents know what's going on, whether they are able to achieve the levels of privacy and social interaction they desire, whether the policies and rules are clear and whether the residents are able to influence management decisions.

Each question is asked of all three groups. For example, each group is asked whether maintenance requests are handled efficiently and each evaluates whether residents are getting a good value for their money.

In addition, questions such as age, marital status, education, number of years in the facility and health status are asked. These variables assist in interpreting the nature of the findings. For example, differences in perceptions may depend on how long a person has lived or worked there. If the planned activities are seen as appropriate by married couples but not by singles, or by more frail but not by more active residents, management can use that information to evaluate program offerings.

The responses from the questionnaires are analyzed by computer and result in profiles of resident, staff and board attitudes. Attention is then given to those areas in which large differences of opinion exist among the groups tested. Such instances suggest problem areas which need to be addressed by management.
One should not expect perfect agreement between residents and staff because their goals are not the same. On the other hand, there has to be some reasonable congruence of expectations or communication suffers and inappropriate decisions will be made on both sides. Here the availability of comparative findings from other facilities is invaluable. The knowledge of how your community compares with others of a similar type can be very informative.

If the results point to staff attitudes which interfere with appropriate program development or the development of constructive interpersonal relations within the community, a program of in-service training can be designed to address those identified needs.

An assessment of this sort can also say things are O.K. in a community. The findings can be very reassuring. It can be very good to know that basically there is nothing wrong. Such knowledge can provide a base of confidence and perspective as one deals with the inevitable complaints. Don't fire the manager if the problem is with a few residents. The principle "If it ain't broke, don't fix it." is also an important one in retirement communities. While some novelty is critical in programming, consistency and stability in management are highly valued by residents.

We have learned a great deal about the way residents and staff function, relate and perceive each other through the use of this evaluation procedure.
When the data, for example, from all the life care residents we have studied are combined, the characteristic which best discriminates between those who feel more satisfied with their community and those who feel less satisfied is whether they feel the staff care about the residents as people. The second most important is whether management is concerned with maintaining the appearance of the building. It is more important in terms of satisfaction that there are interesting activities outside of the facility in which they participate than that there are activities within the community in which they are engaged.

The most important features in terms of whether residents feel they are getting their money's worth are whether maintenance requests are handled efficiently and whether they feel they know what is going on in the facility.

By contrast, the staff's perception of what is most important to resident satisfaction is that there are interesting activities within the facility in which residents participate. Here is a distinct difference. The factor thought to be most important by the staff is not considered an important variable by the residents. On the other hand, residents and staff agree that the residents who feel they know what is happening in the building are more satisfied.

It is also possible to look at differences within the staff. More of the staff who feel residents are satisfied also feel that staff care about other staff as people. Second, more of the staff who feel the residents' council functions effectively on behalf of the residents
also feel the residents are less satisfied. Evidently, these staff perceive the residents' council primarily as a vehicle for expression of dissatisfaction.

The areas of greatest overall discrepancy between residents and staff concern the extent to which residents are limited by their health and the degree to which they feel in control of the important events of their lives. Residents feel less limited and more in control than staff perceive them to be.

In terms of reasons given for having moved to the community, staff members overwhelmingly feel it is because of the availability of health care. Staff feel the safety features and the ability to spend the rest of their lives in the community are next in importance.

Residents agree that the availability of health care, the assurance they can continue to live there and safety features were important to their decision to move. They also, however, cite a variety of other factors which influenced them, including the location and apartment size and design.

When residents' reasons for having moved in are compared with their general levels of satisfaction, it becomes clear that the people who moved in simply because health care is available or because their family liked the idea are the less satisfied residents. Those who moved in because they liked the location or apartment size and design are more likely to be generally satisfied.
Recent statistical testing of the instruments have demonstrated that residents and staff have each been able to use the same set of questions to express and describe their own way of viewing or understanding their senior community.

For example, both see "caring" as of central importance within their communities but what behaviors express caring has some different components for staff and residents.

Because the staff perceive the residents to be more limited by their health and less in control of their lives; believe overwhelmingly people have moved to the community because of the availability of health care; and believe that the most important factor in resident satisfaction is the activities available within the facility, staff run a significant risk of being overly concerned with caretaking or trying to do too many things for residents. This is no doubt reinforced by the demands of a few vocal residents. As can be seen by these findings, however, while residents want staff to care about them as people, their satisfaction is more related to whether the physical plant is taken care of and to whether they know what is going on within the community. The ability to be sensitive to the needs of residents while not being overprotective or patronizing is a delicate balance to achieve. It is critical to the effective management of senior communities, however. These are qualities for which it is worth it to select and train staff. They are qualities which exist in varying degrees in different communities.
IN CONCLUSION

THE PURPOSE FOR THIS DISCUSSION IS TO ILLUSTRATE THE FACT THAT RESEARCH CAN BE USEFUL TO ADDRESS SPECIFIC QUESTIONS FOR WHICH OWNERS AND MANAGERS NEED ANSWERS.

AT THE SAME TIME, RESEARCH CAN INFORM US ABOUT THE NATURE OF OUR COMMUNITIES AND THE PERSONS WHO HAVE MADE COMMITMENTS TO BE PART OF THEM.

THUS, CONDUCTING EVALUATIONS USING A STANDARDIZED TECHNIQUE NOT ONLY PROVIDES AN INDIVIDUAL FACILITY WITH IMMEDIATELY USEFUL INFORMATION, BUT IT ALSO MAKES A CONTRIBUTION TO A CENTRAL BODY OF KNOWLEDGE FROM WHICH ALL OF US CAN LEARN - PRACTITIONERS AND RESEARCHERS ALIKE.

RESEARCH STIMULATED AND SPONSORED BY PRACTITIONERS IS MORE LIKELY TO ADDRESS QUESTIONS WITH IMMEDIATE IMPLICATIONS FOR DECISIONS WHICH MUST AND WILL BE MADE.

YOU NEED TO BE SURE THAT RESEARCH ANSWERS YOUR QUESTIONS, THAT IT DOES WHAT YOU WANT AND NEED IT TO DO. I AND OTHER RESEARCHERS WILL BE SURE IT IS DONE IN A MANNER SUCH THAT WE'LL BOTH BE ABLE TO HAVE CONFIDENCE IN THE FINDINGS. LET'S DO IT TOGETHER. IT'S THE ONLY WAY WE BOTH CAN ACCOMPLISH OUR GOALS.