

ASSESSMENT OF RESIDENT SATISFACTION LEVELS AT A SOUTHEASTERN
UNIVERSITY-AFFILIATED LIFE CARE COMMUNITY

By

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Over the past 20 years the concept of retirement communities has undergone continuous, metamorphic change. No longer does the term “retirement community” automatically default to the traditional images of the languorous shuffle-board communities. Instead, the general concept of the retirement community has transitioned into a nearly antithesis perspective. The focus has turned to enjoyment of and capitalization on the freedom from occupational and familial responsibilities and constraints. Active-lifestyle communities are big business in states like Florida, Arizona, North Carolina, and to a lesser, but emerging degree in Tennessee, Georgia, and the Carolinas. A fairly new concept in retirement living is the university-affiliated life care community (U-LCC). In addition to characteristics of the traditional LCC, these communities highlight lifelong learning, available via their affiliation with a large university located in close proximity. This study does not investigate the decision-making process involved in a person’s decision to move to a U-LCC or remain in their own home through their retirement years. Rather, the focus of this study is to measure the degree of satisfaction of individuals who have already made the move to this particular southeastern university-affiliated life care community. This may help identify the potential demand for other similar facilities around the country.

CHAPTER 1 INTRODUCTION

The perspective of retirees has changed significantly over the years and has evolved to the point that the historical concept of the retirement community as a languorous enclave of elderly folks playing checkers and shuffleboard in the twilight of their life has nearly disappeared altogether. In its place are retiring baby-boomers seeking to capitalize on a new phase of life and the freedom to pursue new adventures and further expand their horizons. They are more cognizant of the importance of leading a healthy lifestyle and taking proactive steps to ensure a sound body, mind and lifestyle. A growing phenomenon in the evolution of retirement communities is that of the university-affiliated life care community. The idea of a retirement-age person agreeing to pay a lump sum upfront and a set monthly fee for the remainder of their life in exchange for a home or apartment of their choice in a well planned community offering a variety of wellness-oriented amenities and activities, coupled with a return to the “college life” via university affiliation, underscored by the assurance of life-long medical care at no extra cost is gaining popularity and certainly worthy of investigation.

This study looks at one such university-affiliated life care community in the southeastern United States and examines the level of satisfaction of its members on the following criteria: overall satisfaction with the facility, overall value for price paid at the facility, long-term confidence in the facility, likeliness to recommend the facility to others, and the likeliness of the resident to select the facility again. Suggestions for future work based on the findings in this study are discussed.

The aim of this study is to provide an analysis of residents’ satisfaction levels with respect to five key survey questions at this university-affiliated life care community. The objective is to contribute to the database of resident satisfaction information in an effort to determine the

potential for expanded development of existing and new similar-type retirement communities, as well as maintain or improve existing similar-type communities.

CHAPTER 2 RESEARCH METHODOLOGY

In December, 2006 a resident satisfaction survey was completed by a national consulting firm at the university-affiliated life care community examined in this study. Since this survey was current, permission to analyze these data was obtained from the consulting firm and the raw data were furnished for use in this study with the stipulation that both the U-LCC and consulting firm remained anonymous.

Survey Procedure

After distribution of a pre-communication letter, all residents were mailed a survey questionnaire from the consulting firm in early October, 2006. Each questionnaire included a pre-addressed, postage-paid envelope and a request to return the questionnaire to the consulting firm by mid-October, 2006. Married residents each received a questionnaire, such that every individual resident received the opportunity to participate. Residents' participation was encouraged in an effort to not only assess their overall satisfaction, but specifically identify potential areas of concern. Residents were assured of anonymity in their responses and were advised that the consulting firm, which collected all the raw data, would not share any individual questionnaires with the U-LCC administration or management; only the consolidated results of the survey. Of the 350 surveys distributed, 302 were returned, yielding a response rate of 86.3%.

Respondent Demographics

All respondents are or were current residents of the U-LCC at the time of the survey. Resident demographics were ascertained by the Member Information (MI) section in the Resident Satisfaction Survey. Tallies of the frequency of responses in the MI section are shown on Tables 2-1 through 2-5.

Table 2-1. Frequency distribution by Gender

Gender (N=292)	Frequency %
Male	42.8
Female	57.2

Table 2-2. Frequency distribution by Marital Status

Marital Status (N=284)	Frequency %
Single	9.2
Married	72.5
Widowed	18.3

Table 2-3. Frequency distribution by Age Range

Age Range (N=288)	Frequency %
Under 65 years	3.5
65-70 years	11.8
71-75 years	18.8
76-80 years	28.5
81-85 years	28.5
More than 85 years	9.0

Table 2-4. Frequency distribution by Length of Residence

Length of Residence (N=287)	Frequency %
Less than 1 year	16.4
1-2 years	27.5
More than 2 years	56.1

Table 2-5. Frequency distribution by Type of Residence

Type of Residence (N=294)	Frequency %
Villa/Club Home	18.7
Apartment	81.3

Survey Questionnaire

The survey consisted of eight major sections: Member Information, Administration, Independent Living Medical/Clinical, Daily Living, Facility Environment, Dining Services, Overall Satisfaction and Final Thoughts. (A copy of the survey questionnaire is included in the Appendix with identifying language deleted.) The Member Information (MI) section solicited

demographic information from eight categories: gender, marital status, age, type of dwelling unit the respondent lives in, the respondent's self-described physical health condition, the respondent's self-described emotional health condition and the respondent's current level of comfort with their own financial situation. The last three questions in the MI section were Likert-type with five response options: very poor, poor, fair, good, and excellent.

Each of these MI categories served as an independent variable in the analyses of each Overall Satisfaction question (the dependent variables). The remaining sections in the questionnaire (Administration, Independent Living Medical/Clinical, Daily Living, Facility Environment, Dining Services, Overall Satisfaction and Final Thoughts) were not analyzed in this study.

Scope of Analysis

This study is limited to an examination of only the responses to the five key questions in the Overall Satisfaction (OS) section of the survey. The stratification of respondents into groups according to their responses in the MI section occasionally produced groups with very small (n) sample sizes. Also, since this is a social sciences survey, more latitude was given with respect to possible differences in the means of the groups of respondents. Therefore, an 80% confidence level was selected since it was deemed neither too narrow nor too broad for the purpose of this study. The null hypothesis, then, assumed no significant difference between the means of each group of respondents at the 80% confidence level ($p \leq 0.20$). The objective was to report the overall satisfaction of the residents at this major university-affiliated life care community in the southeastern United States. Of particular interest was not only a general sense of resident satisfaction in this facility, but if there were statistically significant differences between levels of satisfaction when respondents were grouped according to demographic categories listed in the MI section.

Statistical Analyses

Each of the five key questions in the OS section of the survey was used as a dependent variable with each category in the MI section serving as the independent variables. For two-group comparisons (gender and type of dwelling unit) an analysis of variance (ANOVA) was performed on each data set using SPSS statistical software to determine if a significant difference existed between the means of each group. A statistically significant difference between the means of the groups at the 80% confidence level was noted when the value in the Sig. column of the ANOVA results was ≤ 0.20 . A two-tailed t-Test for Equality of Means was then conducted using SPSS statistical software to corroborate the findings in the ANOVA. A statistically significant difference was noted when the value in the Sig. (2-tailed) column of the t-Test for Equality of Means was ≤ 0.20 . When both analyses produced Sig. values ≤ 0.20 for a particular key OS question, the null hypothesis was rejected.

The remainder of the analyses involved multiple means comparisons from the independent variables (marital status, age, length of residency, physical and emotional health conditions, and financial situation). As with the two-group comparisons, an ANOVA was conducted for each of the remaining groups to determine if a significant between-group difference existed. A statistically significant difference between the means of the groups at the 80% confidence level was noted when the value in the Sig. column of the ANOVA results was ≤ 0.20 . The SPSS statistical software was then used to perform Tukey's HSD (Honestly Significantly Different) procedure to test all pairwise comparisons among means of multiple-group independent variables to determine which two groups accounted for the difference. A statistically significant difference was noted when the value in the Sig. column of the Tukey HSD test results were ≤ 0.20 . As with the two-group comparisons, the null hypothesis was rejected when the results of both tests

produced a value of ≤ 0.20 . The groups producing the significant difference between the means were noted.

Dependent Variables

- How do you rate your overall satisfaction with (name of U-LCC)?
- How do you rate the value for price paid at (name of U-LCC)?
- How do you rate your long-term confidence in (name of U-LCC's) future?
- Would you recommend (name of U-LCC) to a friend or relative?
- Would you select (name of U-LCC) again?

Independent Variables

- Gender
 - Male
 - Female
- Marital Status
 - Single
 - Married
 - Widowed
- Age
 - Under 65
 - 65 – 70
 - 71 – 75
 - 76 – 80
 - 81 – 85
 - 86 and older
- Length of residence at this facility?
 - Less than 1 year
 - 1 – 2 years
 - More than 2 years
- What type of dwelling unit do you live in?
 - Villa/Club Home
 - Apartment
- In general, how would you rate your physical health?
 - Very Poor
 - Poor
 - Fair
 - Good
 - Excellent

- In general, how would you rate your emotional health?
 - Very Poor
 - Poor
 - Fair
 - Good
 - Excellent

- In general, how would you rate your current level of comfort with your financial situation?
 - Very Poor
 - Poor
 - Fair
 - Good
 - Excellent

A matrix was developed from the results of the analyses indicating areas where significant differences at the 80% confidence level occurred. Additionally, a table was developed from the highest scores in each MI category as they related to each key survey question creating a resident profile based on each key survey question. These are found in the final two chapters and may help in constructing resident profiles useful in target marketing for this and future university-affiliated life care communities around the country.

CHAPTER 3 LITERATURE REVIEW

Over the past 20 years the concept of retirement communities has undergone continuous, metamorphic change. No longer does the term “retirement community” automatically default to the traditional images of the languorous shuffle-board communities. Instead, the general concept of the retirement community has transitioned into a nearly antithesis perspective. Lethargy has been replaced with energy, activity and vitality. The focus of retirement has turned to enjoyment of and capitalization on the freedom from occupational and familial responsibilities and constraints.

Active-lifestyle communities have become big business in states like Florida, Arizona, North Carolina, and to a lesser, but emerging degree in Tennessee, Georgia, and the Carolinas. Two such types of communities are life care communities and continuing care residential communities, and though not a particularly new concept in and of themselves, they continue to evolve with respect to amenities, level of care, financial considerations, and a myriad of other distinctions and features, including affiliations with religious and fraternal entities, as well as nearby universities. Often, the terms “life care community” and “continuing care retirement community” are used interchangeably. Historically, life care facilities were characterized by the elderly person turning over all their possessions and holdings to a non-profit organization in exchange for the assurance of having their daily housing, meal, and healthcare needs met. In the latter 20th Century, the continuing-care retirement community (CCRC) had emerged, resembling the life care community with respect to meeting the needs of the resident (Gordon 1998). However, the CCRC, according to Gordon, differed from the life care community, in that, instead of requiring residents to give up all their possessions and holdings to the CCRC, residents were charged substantial entrance fees, endowments or founder’s fees upfront. Residents, then,

would pay a monthly maintenance fee for the duration of their stay (usually the remainder of their life) at the CCRC. There are some other technical distinctions between the two terms which should be pointed out for the sake of completeness. A continuing care retirement community (CCRC) contract in California, for example, is defined as a "written contract which includes a promise, expressed or implied by a provider to provide *one or more elements of care* to an elderly resident for the duration of his or her life or for a term in excess of one year, in exchange for the payment of an entrance fee, or payment of periodic charges, or both types of payments" (Episcopal Homes Foundation 2007). The types and levels of medical services may vary greatly between CCRCs. On the other hand, a life care contract means a continuing care contract which includes a promise, expressed or implied by a provider to provide routine services *at all levels of care* including acute care and physicians' and surgeons' services, to a resident *for the duration of his or her life*. Furthermore, care shall be provided in a continuing care retirement community having a comprehensive continuum of care, including a skilled nursing facility, under the ownership and supervision of the provider on, or adjacent to, the premises of the retirement community (Episcopal Homes Foundation 2007). In addition, under the terms of a life care retirement community contract, no change may be made in the monthly fee based on needed level of services, as well as the inclusion of a provision to subsidize residents who become financially unable to pay their monthly care fees.

Many LCCs feature large campuses that offer a variety of housing options including separate housing (including detached homes, clustered homes and apartment homes) for those who live very independently, assisted living facilities for those who require more support, and nursing homes for those needing skilled nursing care. With all on the same grounds, people who

are relatively active, as well as those who have serious physical and mental disabilities, all live nearby. Residents then move from one housing choice to another as their needs change.

While usually very expensive, LCCs guarantee lifetime shelter and care with long-term contracts that detail the housing and care obligations of the LCC as well as its costs. The level of on-campus amenities may vary between LCCs, but a common denominator between them is a commitment to wellness through rehabilitation, fitness, nutrition, preventive and reactive care.

A growing number of LCCs are affiliating with nearby universities to provide what is commonly referred to as Lifelong Learning. Community members are provided campus privileges similar to those of the university faculty, including access to sporting events, performing arts events, libraries, research facilities, museums and most classes taught at the university. The idea of providing a social and academic opportunity through a university affiliation is thought to add another dimension to the overall wellness of the community member. Thus, for the purpose of this study, the term university-affiliated life care community (U-LCC) is used as it most appropriately describes this facility. Potential members are screened for overall health and medical history, as well as financial stability. Entrance fees and monthly maintenance fees are commensurate with the type of dwelling unit selected by the community member. Some LCCs and U-LCCs offer programs by which the community member may apportion a percentage of their investment in the facility to their heirs. These programs carry a higher initial investment than programs without the beneficiary component.

Numerous studies have been conducted outlining the benefits and pre-selection considerations related to the decision-making process involved in whether or not to move into a CCRC or LCC, and if so, which type should be selected. Thus, ample literature exists on the pros and cons of selecting a life care community over an alternative type of retirement residence.

This study, however, does not investigate the decision-making process involved in a person's decision to move to a CCRC or LCC or remain in their own home through their retirement years. Rather, the focus of this study is to measure the degree of satisfaction of individuals who have already made the move to a university-affiliated life care community. A review of existing literature revealed no substantive results in the form of resident satisfaction surveys, per se, of university-affiliated life care communities. Perhaps this is due, in part, to the relative newness of university-affiliated concept. However, a search for pertinent literature revealed that much of the existing information of this type is proprietary and difficult to acquire - especially when such information is generally considered sensitive by the community's management. Understandably, communities are reluctant to publish satisfaction surveys for public dissemination. This concern is evidenced by the stipulation placed on the release of the raw survey data used in this study. It was only released after agreement by the researcher that neither the name of the life care community, nor the identity of the independent consulting firm conducting the survey be published. As such, the facility is only identifiable, geographically, as a major university-affiliated life care community in the southeastern United States.

CHAPTER 4 RESULTS

Indicators of Overall Satisfaction by Respondents

The first part of the data analysis focused on the overall results of the five key questions from the Overall Satisfaction (OS) section of the survey. The results from each of the five questions were tabulated without regard to respondent stratification by the categories in the Member Information section (gender, marital status, type of dwelling unit, etc.) The purpose was to give an overview of the collective responses to provide insight into the levels of satisfaction across the spectrum of all the respondents. Figure 4-1 shows the frequency of responses to the question: “How do you rate your overall satisfaction with (name of U-LCC)?” The results show a very strong tendency toward above average satisfaction with nearly half of the respondents (45.3%) selecting “good” overall satisfaction and 37.6% selecting “excellent”. The mean score by survey respondents to the question of overall satisfaction was 82.8.

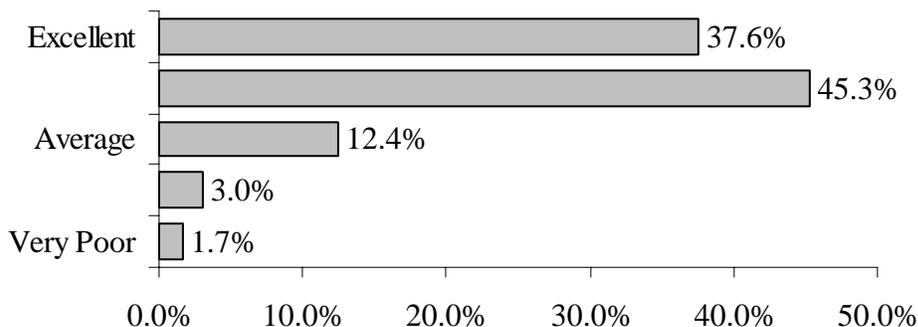


Figure 4-1. Frequency of responses by survey respondents to the question: “How do you rate your overall satisfaction with (name of U-LCC)?”

The second question in the OS section was: “How do you rate the value for price paid at (name of U-LCC)?” Figure 4-2 shows that the most frequently selected response was “good”, with 40.5% of the responses. While the responses were slightly more dispersed in this question than the first, the mean score for this question was 74.8; a difference of -0.8 compared to overall

satisfaction with the facility. This may suggest that there are factors other than financial that drive an increased overall satisfaction with the facility. It may be of interest in a follow-up study to determine what factors (if any) account for the difference between overall satisfaction and value for price paid.

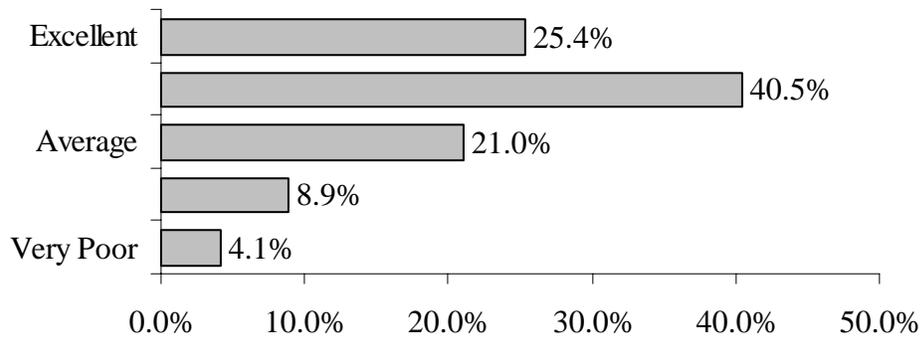


Figure 4-2. Frequency of responses by survey respondents to the question: “How do you rate the value for price paid at (name of U-LCC)?”

Long-term confidence in the facility, like overall satisfaction, showed a tendency toward higher-than-average confidence. Figure 4-3 shows the frequency of responses to the question: “How would you rate your long-term confidence in (name of U-LCC)?” Nearly the same

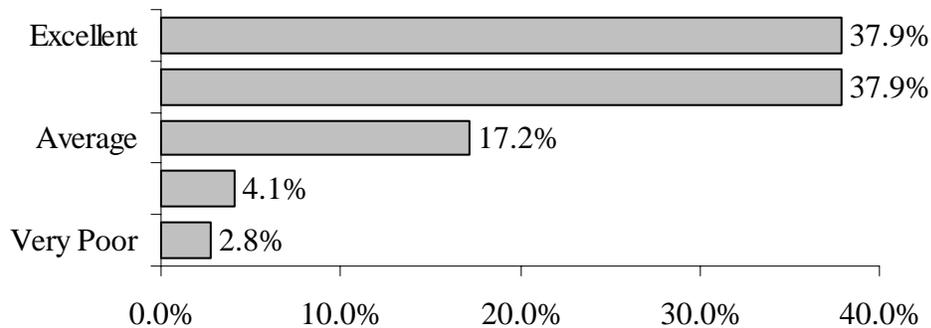


Figure 4-3. Frequency of responses by survey respondents to the question: “How do you rate your long-term confidence in (name of U-LCC's) future?”

proportion of respondents (37.9%) selected “excellent” in response to long-term confidence as selected “excellent” (37.6%) in response to overall satisfaction with the facility. While there was

a slight shift in “good” responses toward “average” in this question as compared to overall satisfaction, the mean score for long-term confidence was 80.8; a difference of only -2.0.

The last two questions in the OS section were three-point response type, with “yes”, “no”, and “don’t know” response options. Figure 4-4 and Figure 4-5 shows the frequencies of responses to the two final questions: “Would you recommend (name of U-LCC) to a friend or relative?” and “Would you select (name of U-LCC) again?”

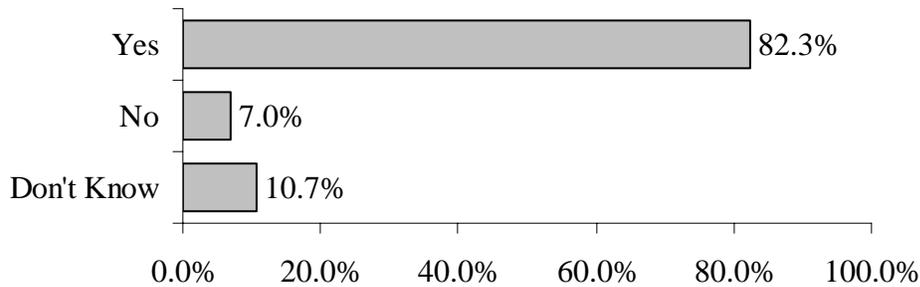


Figure 4-4. Frequency of responses by survey respondents to the question: “Would you recommend (name of U-LCC) to a friend or relative?”

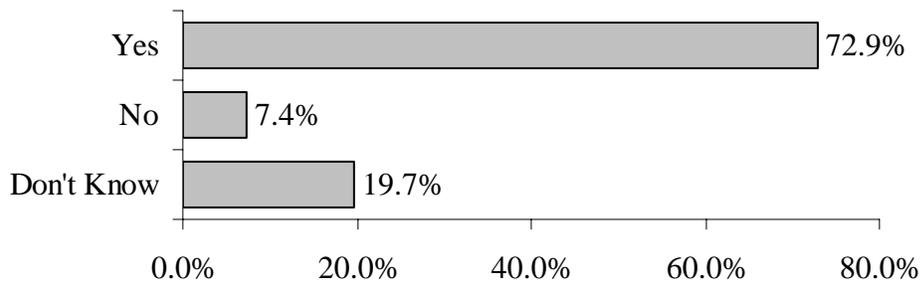


Figure 4-5. Frequency of responses by survey respondents to the question: “Would you select (name of U-LCC) again?”

A fairly high majority of residents indicated a willingness to both recommend the facility to a friend or relative and select the facility again as shown by the frequency of “yes” responses (82.3% and 72.9%, respectively). However, it is interesting to note that the frequency of “yes” responses to a resident selecting the facility again lagged behind by nearly 10% when compared to whether a resident would recommend the facility to another person. These results beg the

question: “Why would a resident be more likely to recommend this facility to a friend or relative when he or she is either not sure of selecting it or would not select it again?” Perhaps this question would be worthy of pursuit in a follow-up study to assess the differing motivation of individuals to recommend the facility while lacking the inclination to select it again.

Overall Satisfaction (by Group)

Now that an overall basis of satisfaction by all survey respondents has been identified, this section delves further into each of the five key OS questions and stratifies the survey respondents by groups according to the categories described in the Member Information (MI) section (gender, marital status, age range, length of residency, type of dwelling unit, physical health condition, emotional health condition, and financial situation). Each of these MI categories served as an independent variable in the analyses of each key OS question (the dependent variables). Of interest was whether significant differences existed between the means the groups of respondents at the 80% confidence level. The results of these analyses are shown in Figures 4-6 through 4-45.

Gender

Referring back to the first question in the Overall Satisfaction section; “How do you rate your overall satisfaction with (name of U-LCC)?” the analyses of means variation began with a

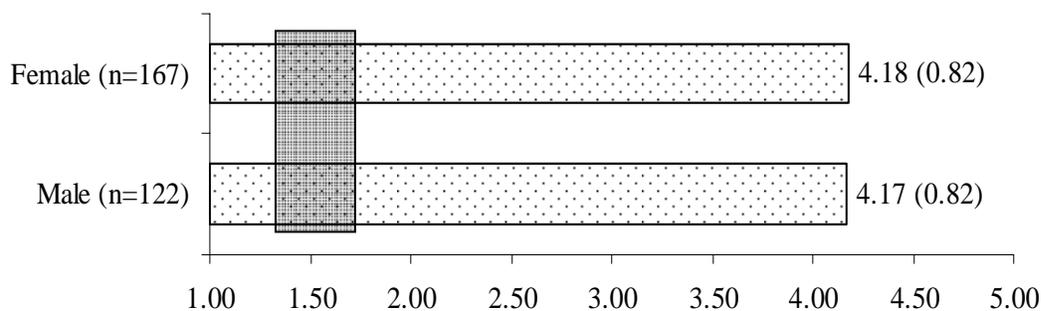


Figure 4-6. Mean ratings by gender to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

t-Test for the two gender groups. Figure 4-6 shows the mean rating by gender to this question. The scale is 1 through 5, where 1 = very poor/lowest satisfaction and 5 = excellent/highest satisfaction. This scale is used for all responses to the questions of Overall Satisfaction, Value for Price Paid and Long-Term Confidence. The horizontal bars represent the mean value of responses from each group. The numeric mean value is listed to the right of each bar, with the standard deviation noted in parentheses. The shaded vertical bar indicates homogeneity between the groups. An uninterrupted shaded vertical bar indicates no significant differences observed at the 80% confidence level ($p \leq 0.20$). A vertical line instead of the shaded vertical bar through a horizontal bar indicates a statistically significant difference at $p \leq 0.20$ between those groups sharing the line instead of the shaded vertical bar. In this case, no significant difference was observed between the two groups (Figure 4-6).

Table 4-1 shows the mean scores by gender to the question of overall satisfaction. The means scores were nearly identical between male and female respondents (83.4 and 83.6, respectively). No significant difference between the means of the groups was observed at the 80% confidence level.

Table 4-1. Mean scores by gender to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Gender		Mean Score
Male	(n=122)	83.4
Female	(n=167)	83.6

Marital Status

The next independent variable of interest in the analysis of the question of overall satisfaction with the facility is marital status. Figure 4-7 shows the mean ratings to this question by each group of respondents according to marital status. There were only 26 respondents in the

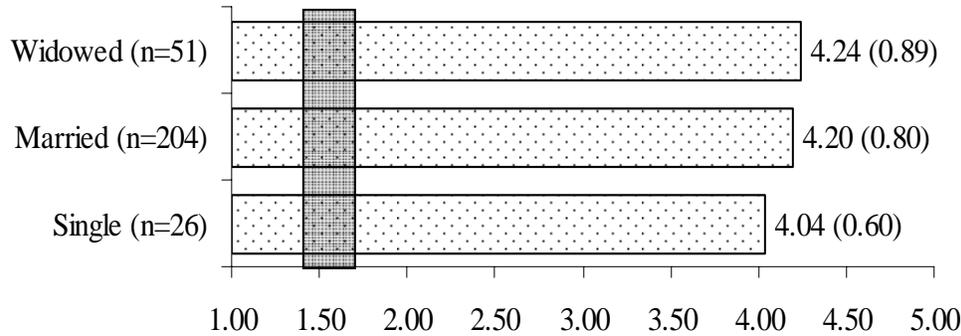


Figure 4-7. Mean ratings by marital status to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

“single” group (about half of the number of respondents in the “widowed” group, and slightly less than 13% of the total number of respondents in the “married” group).

Table 4-2 shows the mean scores by marital status to the question of overall satisfaction. Widowed respondents expressed the highest level of overall satisfaction with a mean score of 84.8. A comparison of the means between each group revealed no significant differences at the 80% confidence level.

Table 4-2. Mean scores by marital status to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Marital Status	Mean Score
Single (n=26)	80.8
Married (n=204)	84.0
Widowed (n=51)	84.8

Age Range

Each respondent was classified according to age and assigned to one of six age categories.

Figure 4-8 shows the mean ratings by age group and a general trend was observed; as age increases, so does the frequency of increased satisfaction by the respondents. Notwithstanding Group 1 (under age 65) with the smallest population (n=10), the frequency of responses shifted from “good” to “excellent” across the spectrum of age groups as age increased. These data are descriptive only and do not provide insight into the reasons behind this upward trend. A follow-

up study should probe into the reasons for increased overall satisfaction as residents' age increases.

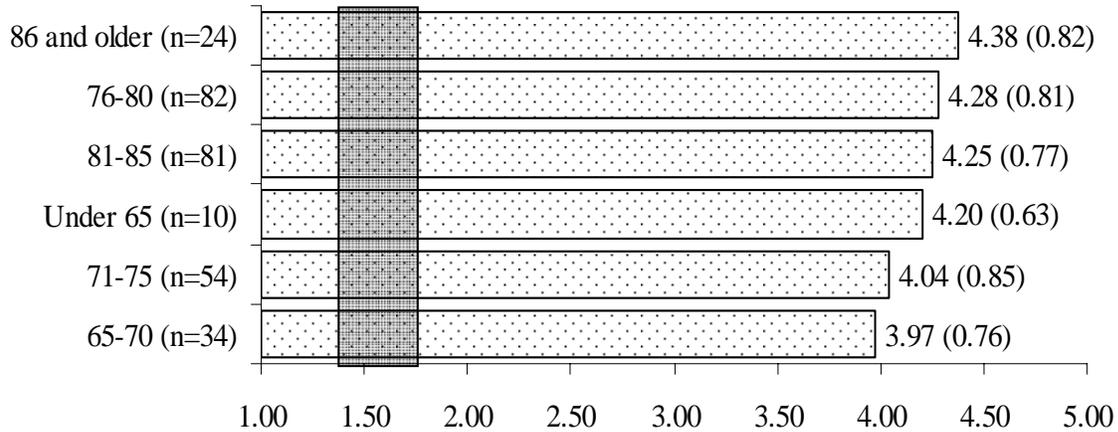


Figure 4-8. Mean ratings by age range to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-3 shows the mean scores by age group for the question of overall satisfaction. Despite what appears to be a good degree of variation in the frequency graph between Group 2 and Group 6, no significant differences were observed between the means of the any of the age groups at the 80% confidence level. Without considering the first group (under 65), this table more clearly shows the upward trend in satisfaction as age increases, with the oldest group (86+) having the highest mean score at 87.6.

Table 4-3. Mean scores by age range to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Age Range	Mean Score
Under 65 (n=10)	84.0
65-70 (n=34)	79.4
71-75 (n=54)	80.8
76-80 (n=82)	85.6
81-85 (n=81)	85.0
86+ (n=24)	87.6

Length of Residency

At the time of this survey, this U-LCC had been open for approximately two and a half years. Figure 4-9 shows the mean ratings by the length of each respondent's residency to the

question of overall satisfaction with the facility. The highest frequency of responses were above average (either “good” or “excellent”) for all groups, however, a slight downward shift in frequencies occurred in the two groups having the longest period of residency, as contrasted with the continuous upward trend of respondents having the shortest period of residency.

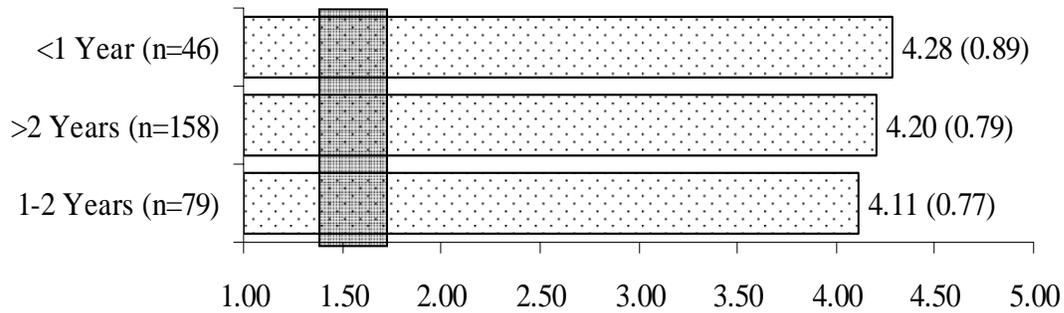


Figure 4-9. Mean ratings by length of residency to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-4 shows the mean scores by length of residency to the question of overall satisfaction. The group with the highest mean satisfaction score of 85.6 was Group 1 (less than 1 year). No significant differences were observed between the means of the groups at the 80% confidence level.

Table 4-4. Mean scores by length of residency to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Length of Residency	Mean Score
<1 Year (n=46)	85.6
1 - 2 Years (n=79)	82.2
2+ Years (n=158)	84.0

Type of Dwelling Unit

Two main classifications of housing exist in this U-LCC: apartment homes and detached homes (villas and club homes). Although respondents living in apartment homes outnumbered those living in villas or club homes by a margin of a little more than 4 to 1 (which is roughly the same proportion of apartment homes to detached homes in the community), very little difference

was observed between the means of these two groups. Once again, the mean rating of each group was well above average satisfaction.

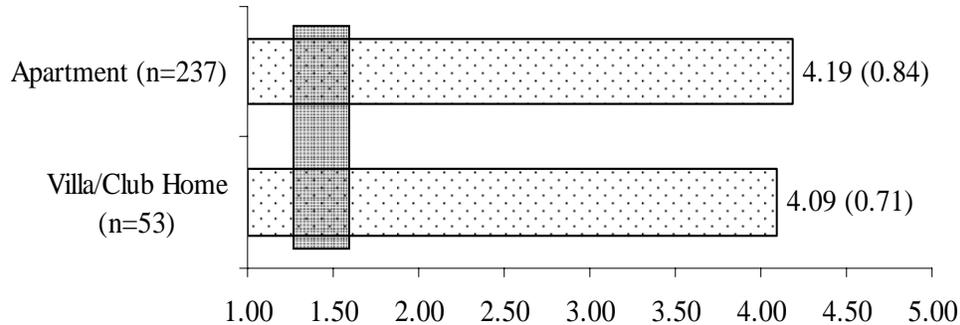


Figure 4-10. Mean ratings by type of dwelling unit to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-5 shows the mean scores by type of dwelling unit for the question of overall satisfaction. Respondents who live in apartment homes reported a higher degree of overall satisfaction with a mean score of 83.8 as opposed to 81.8 for residents living in villas or club homes. No significant difference between the means at the 80% level was observed.

Table 4-5. Mean scores by type of dwelling unit to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Type of Dwelling Unit	Mean Score
Villa/Club Home (n=53)	81.8
Apartment (n=237)	83.8

Physical Health Condition

The Member Information section of the survey asked respondents to report their perception of their physical health condition. The response option included five selections: very poor, poor, fair, good and excellent. No respondents reported having a very poor health condition and only seven reported having a poor health condition. Figure 4-11 shows the mean ratings to the question of overall satisfaction by self-reported health condition category. The results show a very similar trend of responses across all health condition groups.

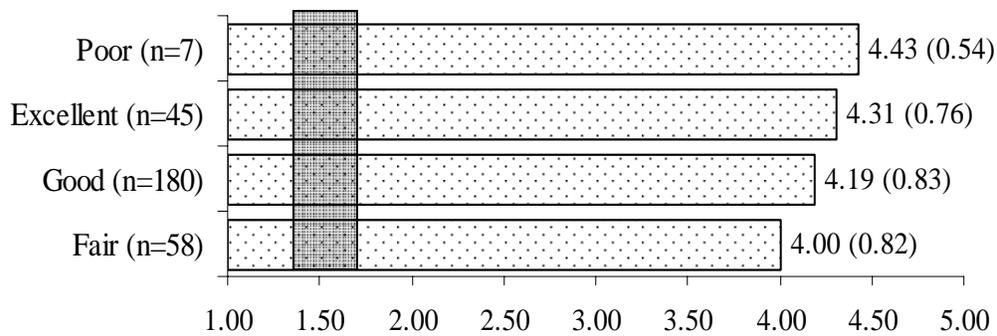


Figure 4-11. Mean ratings by self-described physical health condition to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-5 shows the mean scores by respondents’ physical health condition to the question of overall satisfaction. Although Group 1 (poor physical health condition) had the smallest number of respondents (n=7), this group exhibited the highest mean overall satisfaction score of 88.6. No significant differences between the means of any of the groups were observed.

Table 4-5. Mean scores by self-described physical health condition to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Physical Health Condition	Mean Score
Poor Health (n=7)	88.6
Fair Health (n=58)	80.0
Good Health (n=180)	83.8
Excellent Health (n=45)	86.2

Emotional Health Condition

Respondents were grouped according to their self-reported emotional health condition, which consisted of five response options: very poor, poor, fair, good and excellent. There were no respondents who reported having a very poor emotional health condition and only two who reported having a poor emotional health condition. The two who reported a poor emotional health condition were regarded as outliers and excluded from this analysis. The results of the remaining three groups are illustrated in Figure 4-12. Table 4-6 shows the mean scores by respondents’ emotional health condition to the question of overall satisfaction. In this analysis, a significant difference between the means of the groups at the 80% confidence level was

observed. The difference in means occurred between Group 3 (excellent emotional health) with a mean satisfaction score of 86.2 and Group 2 (good emotional health) with a mean satisfaction score of 84.0, as well as between Group 3 and Group 1 (fair emotional health) with a mean satisfaction score of 73.6. The results show an upward trend in satisfaction, commensurate with an increasing level of the self-described emotional health condition of the respondents.

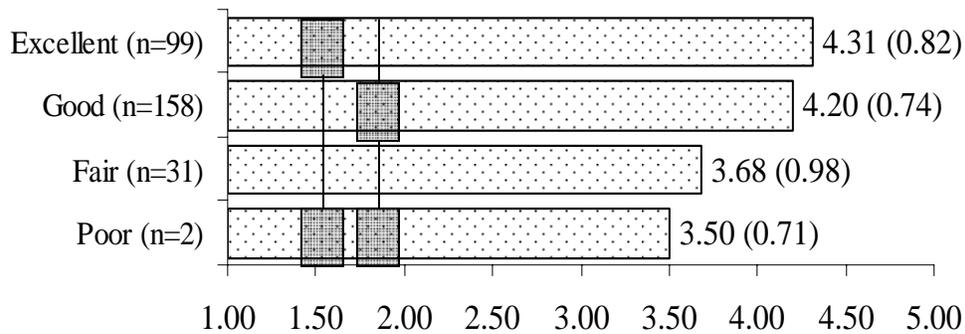


Figure 4-12. Mean ratings by self-described emotional health condition to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-6. Mean scores by self-described emotional health condition to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Emotional Health Condition		Mean Score
Fair EmoHlth	(n=31)	73.6
Good EmoHlth	(n=158)	84.0
Exc. EmoHlth	(n=99)	86.2

Financial Situation

Part of the Member Information section asked respondents to gauge their perception of their own financial situation. This served as another independent variable in the analysis of the five key survey questions. The results of the raw data analysis revealed one respondent who reported having a “very poor” financial situation. No respondents reported a “poor” financial situation. The respondent reporting a very poor financial situation was treated as an outlier and disregarded in this analysis. Figure 4-13 shows the mean ratings according to the self-described financial situation of the respondents. Here, a definite upward trend in overall satisfaction with

this facility was observed between the groups. As respondents' self-reported financial situation improved, so did the frequency of higher satisfaction indicators.

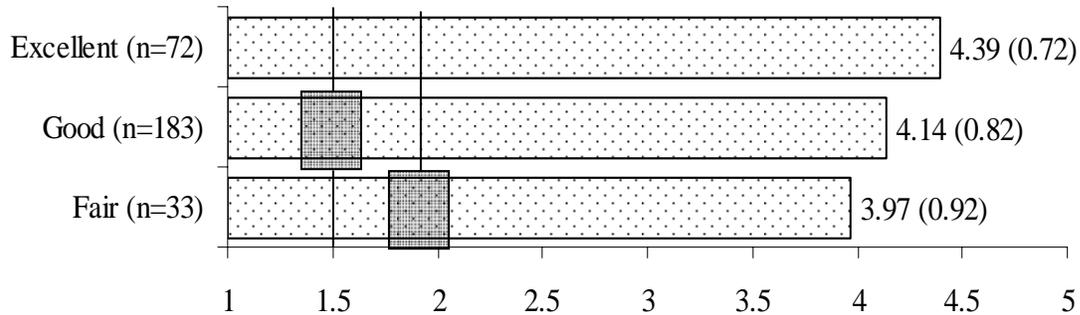


Figure 4-13. Mean ratings according to self-described financial situation to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Table 4-7 shows the mean scores by residents' financial situation to the question of overall satisfaction. Respondents in Group 2 (good financial situation) reported higher frequencies of greater satisfaction, producing a mean satisfaction score of 82.8, compared to Group 1 (fair financial situation) whose mean satisfaction score was 79.4. Similarly, respondents in Group 3 (excellent financial situation) reported higher frequencies of greater satisfaction than Group 2, with a mean satisfaction score of 87.8; the highest mean score of all three groups. A significant difference at the 80% confidence level was observed between Groups 3 and 1, as well as between Groups 3 and 2. The results suggest that individuals with the highest degree of self-reported financial strength had the greatest degree of overall satisfaction with this facility.

Table 4-7. Mean scores by self-described financial situation to survey question: “How do you rate your overall satisfaction with (name of U-LCC)?”

Financial Situation	Mean Score
Fair Financial (n=33)	79.4
Good Financial (n=183)	82.8
Exc. Financial (n=72)	87.8

Value for Price Paid (by Group)

The second question in the Overall Satisfaction section is: “How do you rate the value for price paid at (name of U-LCC)?” Respondents were left to interpret the concept of value for themselves. The eight independent variables were applied to this key survey question and results were analyzed as in the previous key question. Several significant differences were observed between the means of the various groups.

Gender

Figure 4-14 shows the mean ratings by gender to the question of the respondents’ perception of overall value for price paid at this facility. The mean ratings were closely related without regard to gender and showed an above average degree of perceived value.

Table 4-8 shows the mean scores by gender to the question of overall value for price paid. The mean scores from male and female respondents were 75.0 and 76.0, respectively, with no significant difference observed between the means at the 80% confidence level.

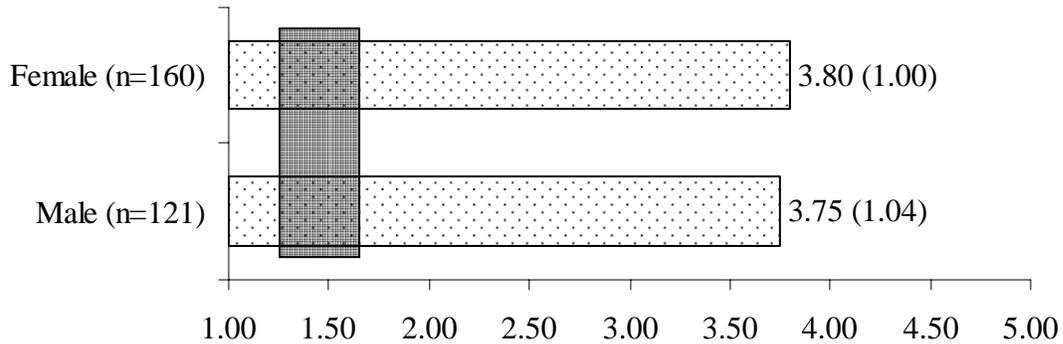


Figure 4-14. Frequency of responses by gender to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-8. Mean scores by gender to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Gender	Mean Score
Male (n=121)	75.0
Female (n=160)	76.0

Marital Status

Figure 4-15 illustrates the mean ratings by marital status to the question of overall value for price paid. The responses of each group followed the same general trend, indicating a level of overall value in the “good” to “excellent” range.

Table 4-9 shows the mean scores by marital status to the question of overall value for price paid. Married respondents (n=198, representing 72.5% of the total number of respondents) ascribed the lowest overall value for price paid with a mean score of 74.4. Widowed respondents ascribed the highest level of perceived value for price paid with a mean score of 81.2. Single respondents nearly split the difference between the other two groups with a mean score of 77.0. No significant differences were observed between the means of any of the groups at the 80% confidence level.

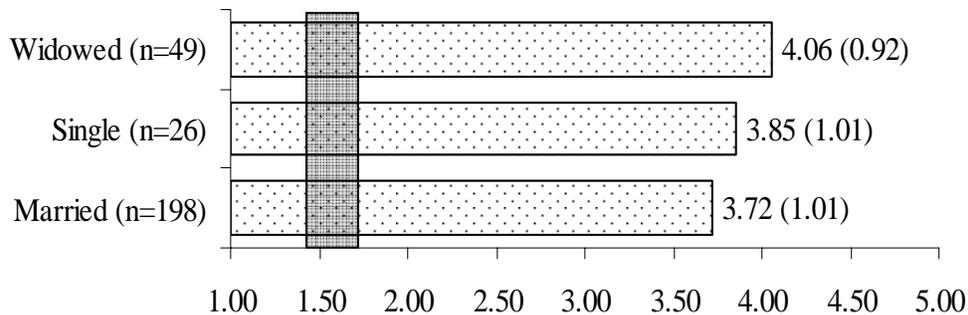


Figure 4-15. Mean ratings by marital status to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-9. Mean scores by marital status to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Marital Status	Mean Score
Single (n=26)	77.0
Married (n=198)	74.4
Widowed (n=49)	81.2

Age Range

Figure 4-16 illustrates the mean ratings by age range to the question of overall value for price paid. Interestingly, the only group with an almost linear upward trend in satisfaction was the oldest group – those respondents age 86 and over.

Table 4-10 shows the mean scores by age range to the question of overall value for price paid at this facility. Group 4 (age 76-80) ascribed the highest overall value for price paid with a mean score of 78.8 and Group 2 (age 65-70) was lowest at 71.8. No significant differences were observed between the means of any of the groups.

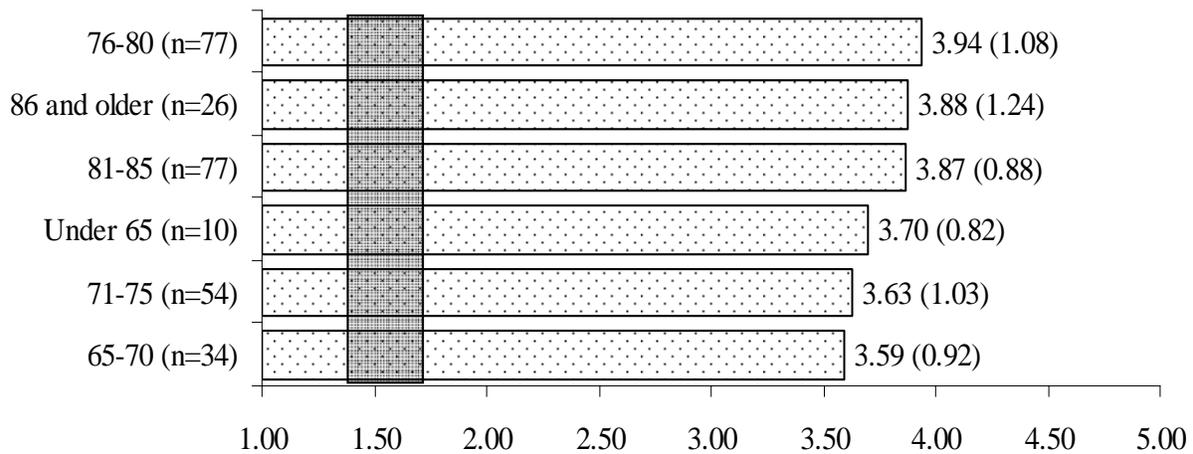


Figure 4-16. Mean ratings by age range to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-10. Mean scores by age range to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Age Range	Mean Score
Under 65 (n=10)	74.0
65-70 (n=34)	71.8
71-75 (n=54)	72.6
76-80 (n=77)	78.8
81-85 (n=77)	77.4
86+ (n=26)	77.6

Length of Residency

Figure 4-17 shows the mean ratings by the length of the respondents' residency to the question of overall value for price paid.

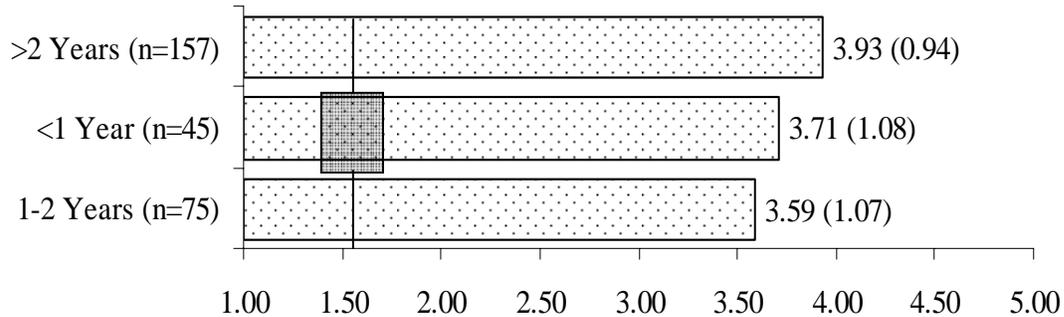


Figure 4-17. Mean ratings by length of residency to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-11 shows the mean scores by length of respondents' residency to the question of overall value. In this instance, a significant difference between the means of Group 2 (1 – 2-year residents) and Group 3 (those residing over 2 years) with mean scores of 71.8 and 78.6, respectively, was observed at the 80% confidence level. It may of interest in a follow-up study to examine the possible cause of this dip in the perception of overall value for price paid from intermediate-length residents.

Table 4-11. Mean scores by length of residency to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Length of Residency	Mean Score
<1 Year (n=45)	74.2
1 - 2 Years (n=75)	71.8
2+ Years (n=157)	78.6

Type of Dwelling Unit

Figure 4-18 shows the mean ratings by type of dwelling unit to the question of overall value for price paid. From the chart, it is evident that respondents in apartment homes tended to ascribe more overall value for the price paid than respondents residing in villas or club homes. The

vertical line through the horizontal bars indicates a significant difference was observed between the means of the two groups at $p \leq 0.20$.

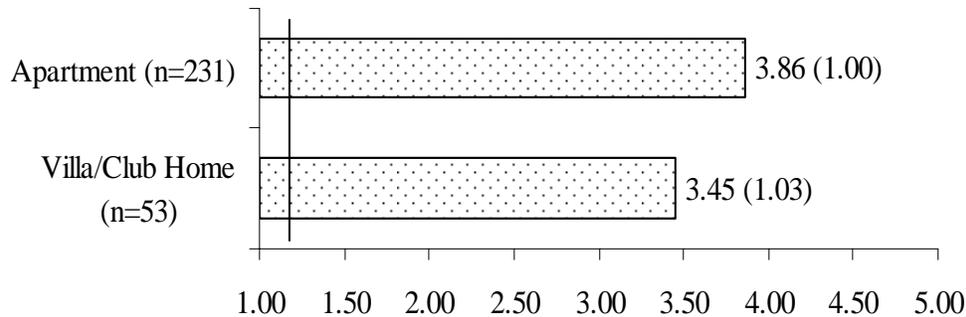


Figure 4-18. Mean ratings by type of dwelling unit to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-12 shows the mean scores by type of dwelling unit to the question of overall value for price paid. Respondents residing in apartment homes reported higher degrees of perceived value in the price paid (with a mean score of 77.2) than respondents residing in villas or club homes (with a mean score of 69.0).

Table 4-12. Mean scores by type of dwelling unit to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Type of Dwelling Unit	Mean Score
Villa/Club Home (n=53)	69.0
Apartment (n=231)	77.2

Physical Health

Figure 4-19 shows the mean ratings by self-described physical health condition to the question of overall value for price paid. Table 4-13 shows the mean scores by respondents’ physical health condition to the question of overall value for price paid. No significant differences between the means of any group were observed at the 80% confidence level. Group 1 (respondents reporting a poor physical health condition) ascribed the highest overall value with

a mean score of 80.0, while Group 2 (respondents reporting a fair physical health condition) ascribed the lowest perception of overall value at 72.0.

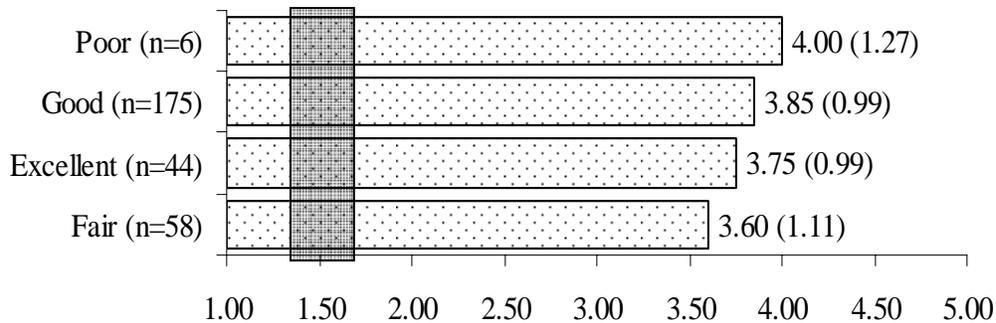


Figure 4-19. Mean ratings by self-described physical health condition to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-13. Mean scores by self-described physical health condition to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Physical Health Condition		Mean Score
Poor Health	(n=6)	80.0
Fair Health	(n=58)	72.0
Good Health	(n=175)	77.0
Excellent Health	(n=44)	75.0

Emotional Health

Figure 4-20 shows the mean ratings by respondents’ self-described level of emotional health condition to the question of overall value for price paid. Group 1 (respondents reporting a fair emotional health condition) ascribed the lowest degree of perceived value as shown by the distribution of the frequency of responses. Groups 2 and 3 (good emotional health condition and excellent emotional health condition, respectively) shared a similar trend in frequencies of responses as shown in Figure 4-19.

Table 4-14 shows the mean scores by respondents’ emotional health condition to the question of overall value for price paid. Significant differences were observed at the 80% level between the means of Group 1 and Group 2 (fair and good emotional health, respectively), as

well as Group 1 and Group 3 (fair and excellent emotional health, respectively). Group 1 (fair emotional health) ascribed the lowest perception of overall value for price paid with a mean score of 66.2, with respondents in Group 3 (excellent emotional health) ascribing the highest overall value at 77.2.

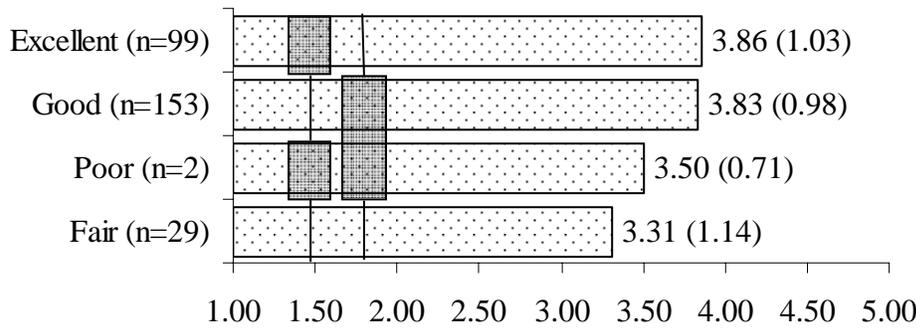


Figure 4-20. Mean ratings by self-described emotional health condition to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-14. Mean scores by self-described emotional health condition to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Emotional Health Condition	Mean Score
Fair EmoHlth (n=29)	66.2
Good EmoHlth (n=153)	76.6
Exc. EmoHlth (n=99)	77.2

Financial Situation

Figure 4-21 shows the mean ratings by respondents’ self-described financial situation. Group 3 (respondents with an excellent financial situation) reporting the highest frequencies of “good” and “excellent” responses, while Group 1 (respondents with a fair financial situation) had the highest frequencies of “very poor” and “poor” responses.

Table 4-15 shows the mean scores by respondents’ financial situation to the question of overall value for price paid. Here, another upward trend was observed. As respondents’ self-described financial situation improved, so did the mean scores. Group 1 (respondents with a fair

financial situation) ascribed the lowest perceived value for price paid with a mean score of 68.4 and Group 3 (respondents with an excellent financial situation) ascribed the highest overall value for price paid with a mean score of 78.8. A significant difference between these two groups was observed at the 80% confidence level.

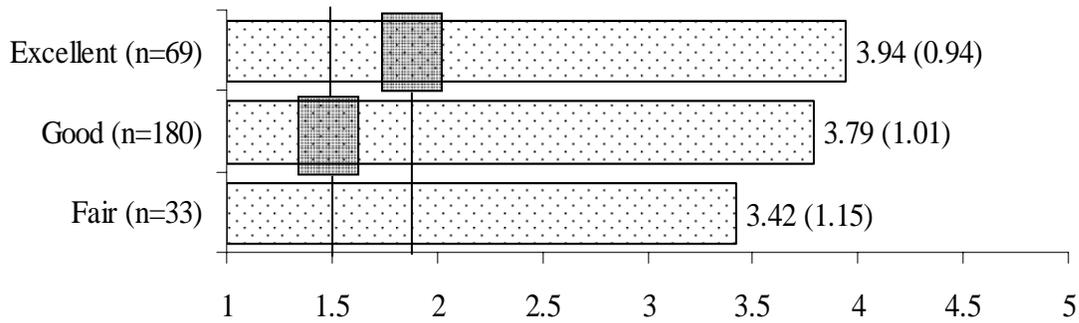


Figure 4-21. Mean ratings by self-described financial situation to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Table 4-15. Mean scores by self-described financial situation to survey question: “How do you rate the value for price paid at (name of U-LCC)?”

Financial Situation	Mean Score
Fair Financial (n=33)	68.4
Good Financial (n=180)	75.8
Exc. Financial (n=69)	78.8

Long-term Confidence (by Group)

The third question in the Overall Satisfaction section was: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Gender

Figure 4-22 shows the mean ratings by gender to the question of residents’ long-term confidence.

Here again, the mean responses were very similar between male and female respondents.

Female respondents exhibited a higher frequency of selecting “excellent” than male respondents, resulting in an increasing upward trend in long-term confidence in the facility. Despite a slight downward turn in the male respondents’ frequency curve compared to female respondents, the

mean scores between the two groups were 81.2 and 82.0 for male and female respondents, respectively. No significant differences were observed between the means of these two groups at the 80% confidence level.

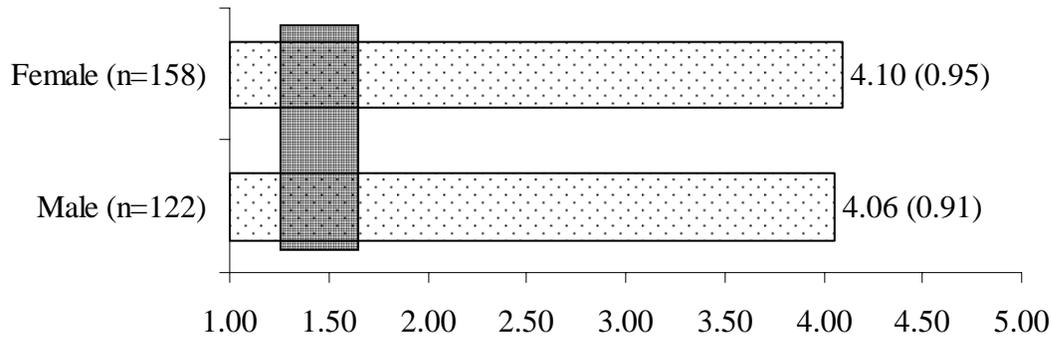


Figure 4-22. Mean ratings by gender to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-16 shows the mean scores by gender to the question of respondents’ long-term confidence in the facility.

Table 4-16. Mean scores by gender to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Gender	Mean Score
Male (n=122)	81.2
Female (n=158)	82.0

Marital Status

Very similar responses to the question of long-term confidence in the facility were observed across each category of marital status. An upward trend toward increased long-term confidence in the facility was observed in Groups 1 and 2 (single and widowed respondents, respectively). Group 2 (married respondents) showed a slight decrease in their mean rating, as shown in Figure 4-23.

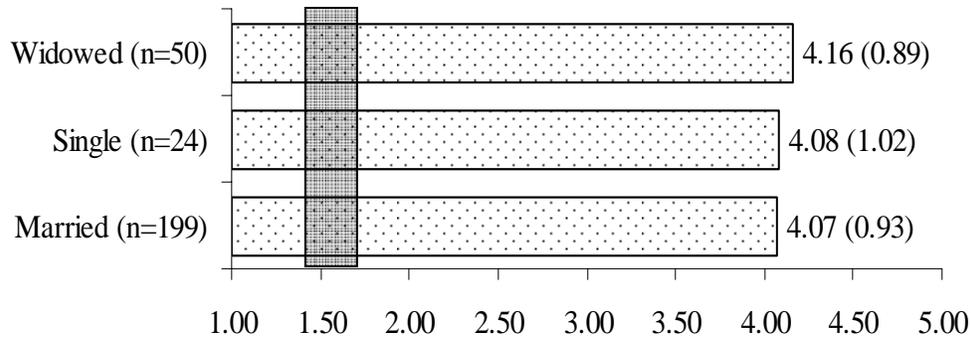


Figure 4-23. Mean ratings by marital status to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-17 shows the mean scores by marital status to the question of residents’ long-term confidence in the facility. Widowed respondents ascribed the highest long-term confidence in the facility with a mean score of 83.2. Single and married respondents’ mean scores were nearly identical at 81.6 and 81.4, respectively. No significant differences between the means of any of the groups were observed at the 80% confidence level.

Table 4-17. Mean scores by marital status to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Marital Status	Mean Score
Single (n=24)	81.6
Married (n=199)	81.4
Widowed (n=50)	83.2

Age Range

Figure 4-24 illustrates the mean ratings by age range in response to the question of long-term confidence in this facility. An interesting observation was made in this analysis, with the results showing an increasingly favorable trend toward long-term confidence in the facility as age increases. The two oldest age groups, Groups 5 and 6 (ages 81-85 and 86+, respectively), representing just over a third (35.9%) of all respondents, show an upward trend in long-term confidence across the spectrum of response options. Group 5 (ages 81-85) indicated “good” confidence from 33.8% of that group’s respondents and “excellent” confidence from 48.6% of

the respondents in that group. Group 6 (ages 86+) exhibited even more favorable long-term confidence in the facility with 68% of the respondents in that group selecting “excellent”.

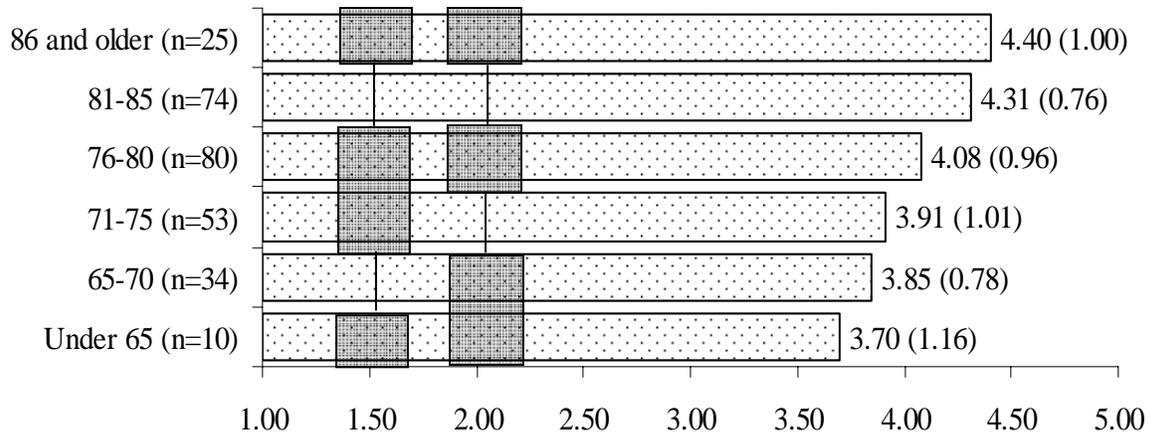


Figure 4-24. Mean ratings by age range to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

This was the highest frequency of responses by any one group to any of the key survey questions using the Likert-type scale. A clear trend was observed in the mean scores of each group as shown in Table 4-18; as age increased, so did respondents’ long-term confidence in the facility. Significant differences at the 80% confidence level were observed between the means of two age groups: Groups 2 and 5 (ages 65-70 and 81-85, respectively) and Groups 3 and 5 (ages 71-75 and 81-85, respectively). Group 6 (ages 86+) exhibited the highest long-term confidence in the facility with a mean score of 88.0.

Table 4-18. Mean scores by age range to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Age Range		Mean Score
Under 65	(n=10)	74.0
65-70	(n=34)	77.0
71-75	(n=53)	78.2
76-80	(n=80)	81.6
81-85	(n=74)	86.2
86+	(n=25)	88.0

Length of Residency

Figure 4-25 shows the mean ratings by length of the respondent’s residency to the question of long-term confidence in the facility. A very similar upward trend toward increased long-term confidence was observed between Groups 1 and 3 (less than 1 year residency and over 2 years residency, respectively), while Group 2 (1 to 2 years residency) exhibited a slightly lower overall rating.

Table 4-19 shows the mean scores by residents’ length of residency to the question of long-term confidence in the facility. Respondents having lived in this university-affiliated life care community for two or more years exhibited the highest long-term confidence in the facility with a mean score of 83.2. Respondents having lived in the community between one and two years exhibited the lowest long-term confidence with a mean score of 79.8. No significant differences between the means of any group were observed at the 80% confidence level.

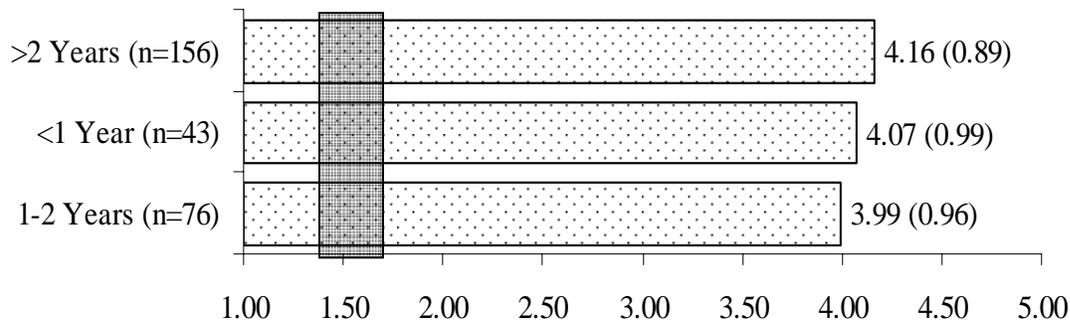


Figure 4-25. Mean ratings by length of residency to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-19. Mean scores by respondents’ length of residency to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Length of Residency	Mean Score
<1 Year (n=43)	81.4
1 - 2 Years (n=76)	79.8
2+ Years (n=156)	83.2

Type of Dwelling Unit

Figure 4-26 shows the mean ratings by dwelling unit type and, as was the case with the frequencies of responses to the question of overall value, apartment dwellers exhibited similar ratings of higher long-term confidence in the facility as those residing in club homes or villas.

Table 4-20 shows the mean scores by respondents' dwelling unit type to the question of long-term confidence in the facility. A significant difference at the 80% level was again observed between the means of respondents according the type of dwelling unit they occupy. Respondents residing in apartment homes exhibited a mean score of 82.4, while respondents residing in villas and club homes exhibited a mean score of 78.4.

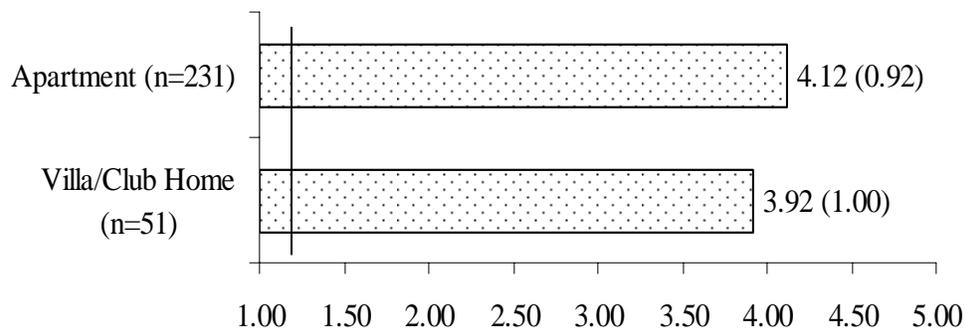


Figure 4-26. Mean ratings by type of dwelling unit to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-20. Mean scores by type of dwelling unit to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Type of Dwelling Unit	Mean Score
Villa/Club Home (n=51)	78.4
Apartment (n=231)	82.4

Physical Health

Figure 4-27 shows the mean ratings by each respondent's self-described physical health condition to the question of long-term confidence. Each of the groups displayed a similar trend in responses. Group 2 (fair physical health condition) had a disproportionately lower frequency

of “good” responses compared to the other groups, producing the lowest overall rating.

However, no significant differences between the means of the groups were observed at the 80% confidence level.

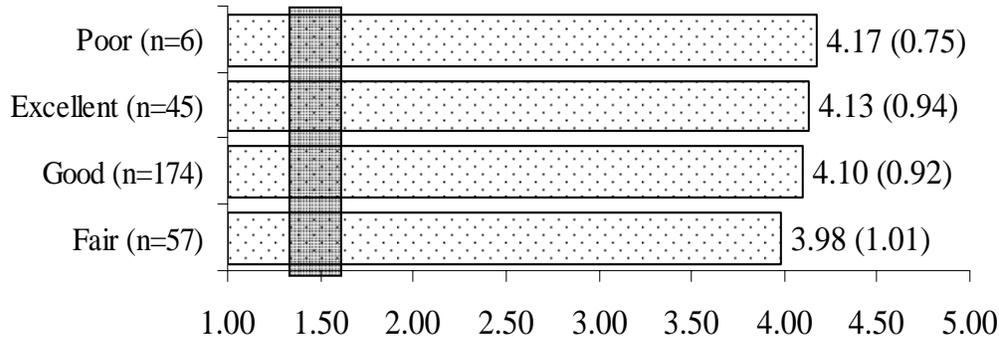


Figure 4-27. Mean ratings by self-described physical health condition to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Group 1 (poor physical health condition) had the lowest number of respondents (n=6), but exhibited the highest degree of long-term confidence in the facility with a mean score of 83.4, as shown in Table 4-21.

Table 4-21. Mean scores by self-described physical health condition to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Physical Health Condition	Mean Score
Poor Health (n=6)	83.4
Fair Health (n=57)	79.6
Good Health (n=174)	82.0
Excellent Health (n=45)	82.6

Emotional Health

Figure 4-28 shows the mean ratings by respondents’ emotional health condition to the question of long-term confidence in the facility shows an upward trend in long-term confidence from Groups 2 and 3 (respondents reporting good and excellent emotional health, respectively). Group 1 (respondents reporting fair emotional health condition) tended to exhibit decreasing confidence from average. It was observed that the frequency of “excellent” responses increased

as the emotional health condition of the respondents improved. As a result, those reporting an excellent emotional health condition exhibited the highest mean rating, however, no significant differences were observed at the 80% confidence level between the means of any of the groups.

A trend was observed in the mean scores from the groups as shown in Table 4-22; as respondents' emotional health condition improved, so did the mean scores. Group 3 (respondents reporting excellent emotional health) exhibited the greatest degree of long-term confidence with a mean score of 83.2.

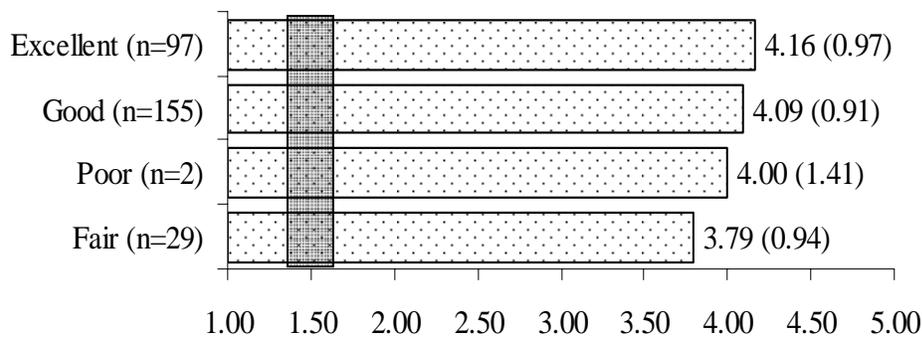


Figure 4-28. Mean ratings by self-described emotional health condition to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-22. Mean scores by self-described emotional health condition to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Emotional Health Condition	Mean Score
Fair EmoHlth (n=29)	75.8
Good EmoHlth (n=155)	81.8
Exc. EmoHlth (n=97)	83.2

Financial Situation

Figure 4-29 shows the mean ratings by respondents' self-described financial situation to the question of long-term confidence in the facility. A clear trend in the mean scores was observed. As respondents' self-reported financial situation improved, so did the respondents' long-term confidence in the facility, as evidenced in the upward trend in the mean scores shown

in Table 4-23. Group 1 had exhibited the lowest long-term confidence in the facility, with a mean score of 74.8, while Group 3 exhibited the highest degree of long-term confidence with a mean score of 87.8. A significant difference at the 80% confidence level was observed between the means of Groups 1 and 3 (fair and excellent comfort level with financial situations, respectively), as well as between the means of Groups 2 and 3 (good and excellent comfort level with financial situations, respectively).

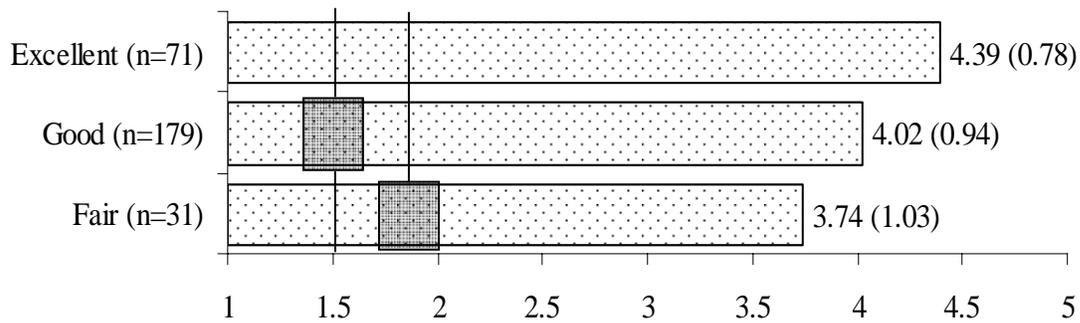


Figure 4-29. Mean ratings by self-described financial situation to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Table 4-23. Mean scores by self-described financial situation to survey question: “How do you rate your long-term confidence in (name of U-LCC’s) future?”

Financial Situation	Mean Score
Fair Financial (n=31)	74.8
Good Financial (n=179)	80.4
Exc. Financial (n=71)	87.8

Likelihood to Recommend this Facility to a Friend or Relative (by Group)

The fourth key question in the Overall Satisfaction section is: “Would you recommend (name of U-LCC) to a friend or relative?” For this question, a three-point scale was used: 1 = yes, 2 = no, and 3 = don’t know. As such, a lower mean rating is more favorable.

Gender

No significant differences were observed between the means of either group on the question of recommending the facility. Each group indicated a strong willingness to recommend

this facility to a friend or relative. Figure 4-30 shows the mean ratings by gender to this question.

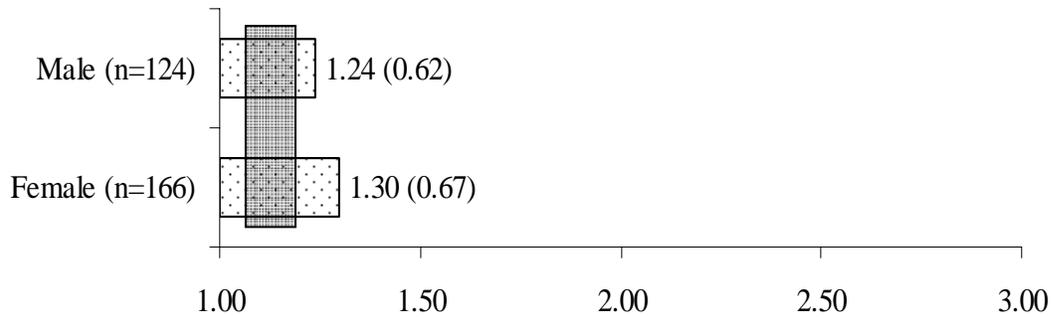


Figure 4-30. Mean ratings by gender to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Marital Status

Figure 4-31 shows the mean ratings by marital status to the question of recommending this facility to others. The results are very similar to those from the gender group, although the frequency of “don’t know” responses increased slightly, thereby slightly increasing the mean rating of each group as compared to the mean ratings by gender. No significant differences at the 80% level were observed.

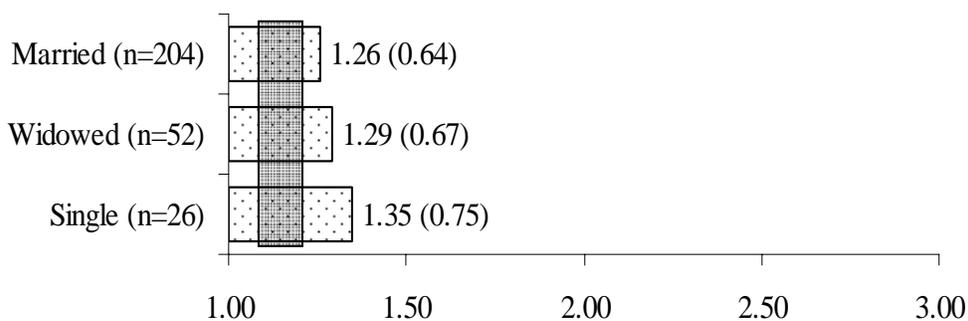


Figure 4-31. Mean ratings by marital status to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Age Range

Figure 4-32 shows the mean ratings by age range to the question of recommending the facility to others. A significant difference between the means at the 80% confidence level was observed between Groups 3 and 4 (ages 71 – 75 and ages 76 – 80, respectively). Group 4 (ages 76 - 80) represented the greatest number of survey respondents (n=82) and indicated the highest frequency of willingness to recommend the facility to family or friends with 90.2% of “yes” responses from individuals in that group. Group 3 (ages 71 - 75) representing the third largest group (n=53), displayed the lowest willingness to recommend the facility to others with 73.6% of respondents in that group selecting “yes” responses and the highest level of uncertainty with 17% of that group selecting “don’t know”.

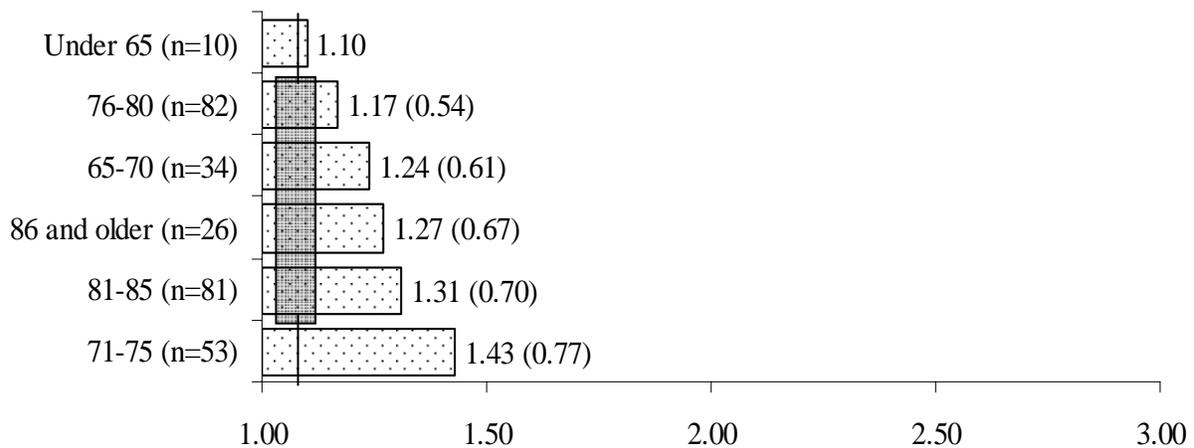


Figure 4-32. Mean ratings by age range to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Length of Residency

Figure 4-33 shows the mean ratings by the respondent’s length of residency to the question of recommending the facility to a friend or relative. The mean ratings by each group were closely related. The non-weighted average of “yes” responses of all respondents was 84.0%.

No significant differences between the means of the groups were observed at the 80% confidence level.

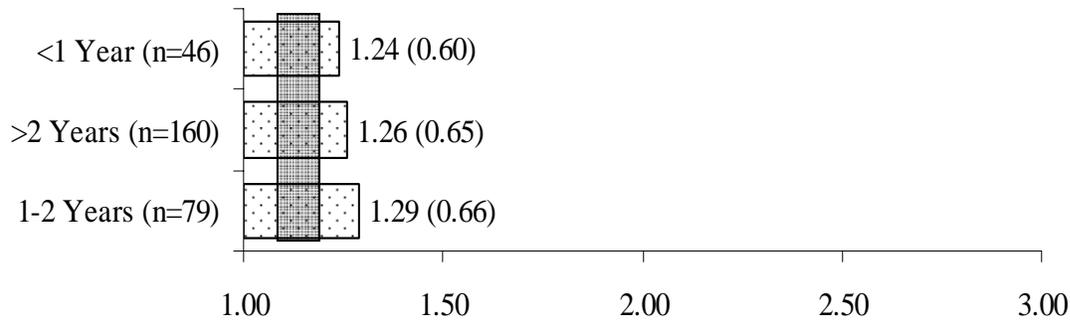


Figure 4-33. Mean ratings by length of residency to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Type of Dwelling Unit

Figure 4-34 shows the mean ratings by type of dwelling unit to the question of recommending the facility to a friend or relative. Here again, the mean ratings between the two groups were closely related. The non-weighted average of “yes” responses from all respondents was 84.2%. No significant differences between the means of either group were observed at the 80% level.

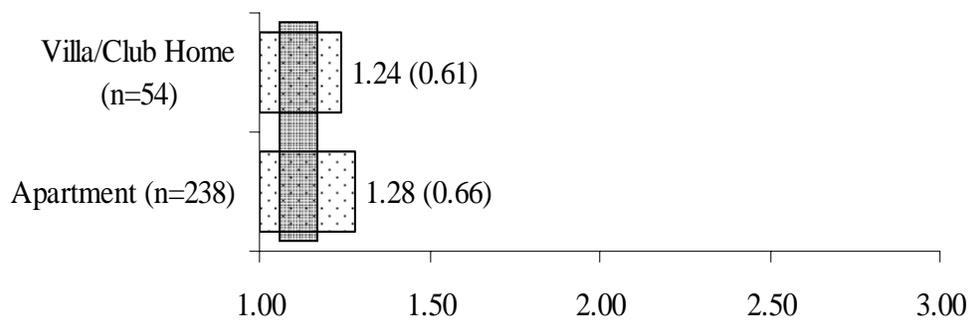


Figure 4-34. Mean ratings by type of dwelling unit to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Physical Health

Figure 4-35 shows the mean ratings by respondents’ self-described physical health condition to the question of recommending the facility to others. There were no respondents

who reported having a “very poor” physical health condition. Group 1 (poor physical health condition) had the smallest number of respondents (n=7), however, all indicated a willingness to recommend the facility with 100% “yes” responses. A significant difference between the means of Groups 2 and 3 (fair physical health and good physical health, respectively) at the 80% confidence level was observed. Group 2 (fair physical health), representing 20.2% of the respondents (n=59), had the lowest frequency of “yes” responses (74.6%) and the highest frequency of uncertainty, as evidenced by 18.5% “don’t know” responses, resulting in the highest mean rating (where the higher the mean rating the worse the score).

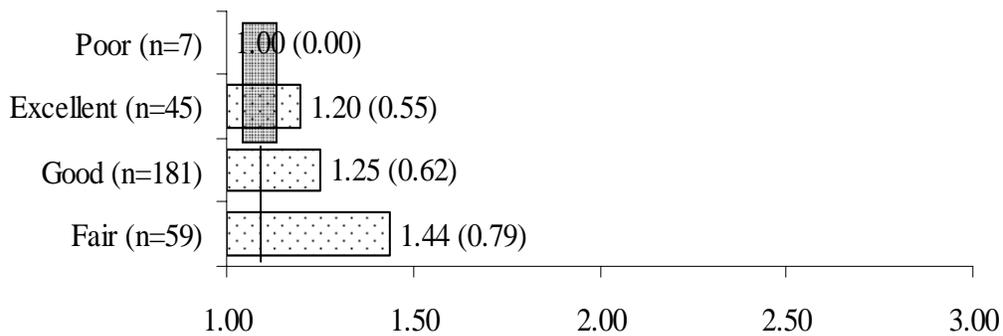


Figure 4-35. Mean ratings by self-described physical health condition to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Emotional Health

Figure 4-36 shows the mean ratings by respondents’ self-described emotional health condition to the question of recommending the facility to others. There were no respondents who reported having a “very poor” emotional health condition. Group 1 (respondents who reported a poor emotional health condition) had the lowest (most favorable) mean rating of 1. However, there were only two respondents in that group. A significant difference at the 80% confidence level was observed between Group 2 (respondents who reported fair emotional health) and Group 4 (respondents who reported excellent emotional health). When Group 2 (fair emotional health) is omitted from the analysis, the non-weighted average of “yes” responses by

the other groups is 85.8%. Group 2 (n=31) had the lowest frequency of “yes” responses (67.7%) and the highest degree of uncertainty, with 19.4% “don’t know” responses.

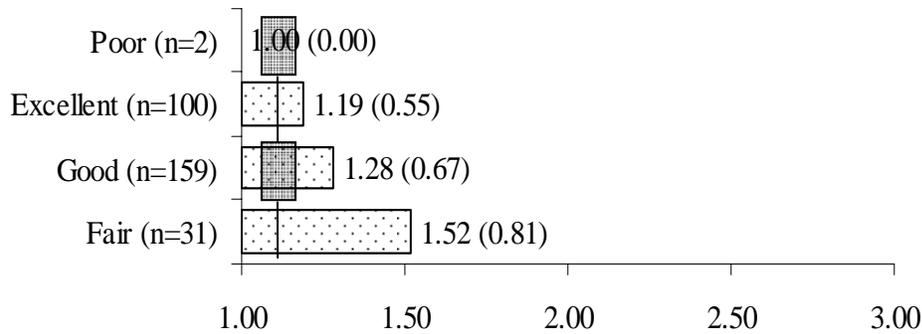


Figure 4-36. Mean ratings by self-described emotional health condition to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Financial Situation

Figure 4-37 shows the mean ratings by respondents’ self-described financial situation to the question of recommending the facility to a friend or relative. In inverse relationship between financial strength and willingness to recommend the facility was observed. The frequency of “yes” responses increased with the level of respondents’ self-described financial situation. A significant difference at the 80% confidence level was observed between the means of Groups 1 and 3 (fair financial situation and excellent financial situation, respectively).

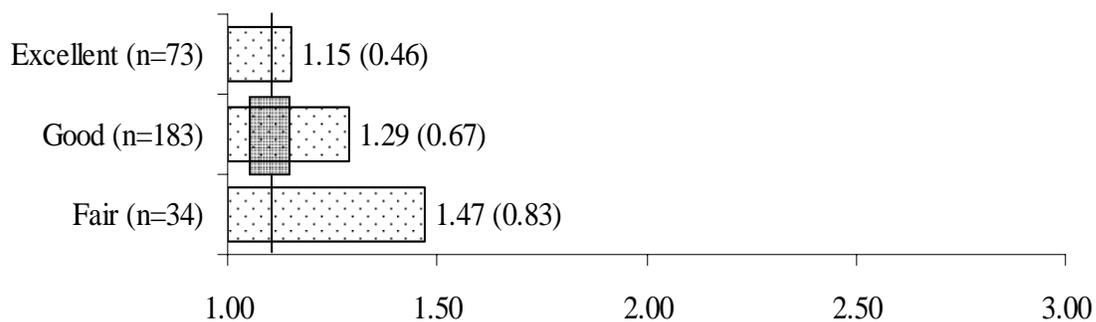


Figure 4-37. Mean ratings by self-described financial situation to survey question: “Would you recommend (name of U-LCC) to a friend or relative?”

Likelihood to Select this Facility Again (by Group)

The fifth and final question in the Overall Satisfaction section is: “Would you select (name of U-LCC) again?” As with the previous key satisfaction question, a three-point scale was used: 1 = yes, 2 = no, and 3 = don’t know.

Gender

Figure 4-38 shows the mean ratings by gender to the question of the respondent selecting the facility again. Once again, as with all of the other key questions, no significant differences were observed between the means of either group with respect to gender. However, the average number of “yes” responses to this question versus the question of the recommending the facility to a friend or relative is lower by nearly 10% (74% reselect versus 83.7% recommend to others).

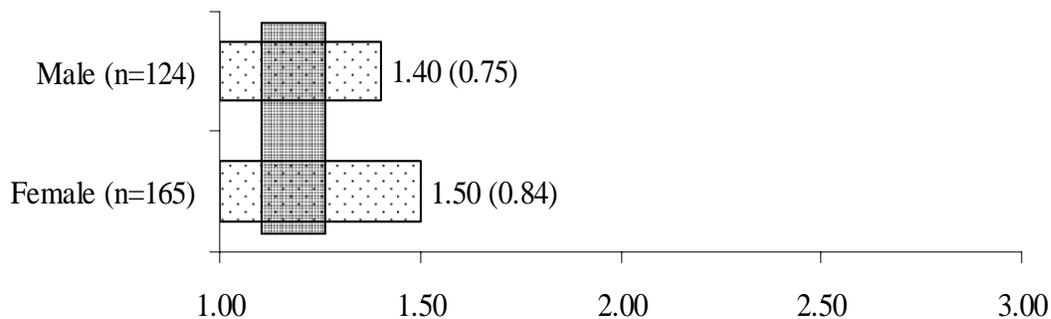


Figure 4-38. Mean ratings by gender to survey question: “Would you select (name of U-LCC) again?”

This reduction in “yes” responses was not directly offset by “no” responses. In fact, “no” responses from female respondents actually decreased by .05% while the frequency of “no” responses from male respondents increased by only 3.3%. The major offset occurred primarily from uncertainty. The frequency of “don’t know” responses by male respondents to the question of selecting the facility again was 16.1% as compared to only 9.7% “don’t know” responses to the question of recommending the facility to a friend or relative – an increase of just over 60%. The frequency of female “don’t know” responses to the question of selecting the facility again

was 22.4% as compared to 12.0% frequency of “don’t know” responses to the question of recommending the facility to a friend or relative – an increase of more than 53%. It would be of possible interest in a follow-up study to determine the reason some residents would likely recommend the facility, yet be uncertain about selecting it again.

Marital Status

Figure 4-39 shows the mean ratings by marital status to the question of the respondent selecting the facility again. No significant differences were observed between the means of any of the groups; however, there was a downward shift in “yes” responses and an almost equally corresponding upward shift in “don’t know” responses across each group of respondents when compared to the frequency of responses by marital status to the question of recommending the facility to a friend or relative. This was very similar to the observation made in the gender

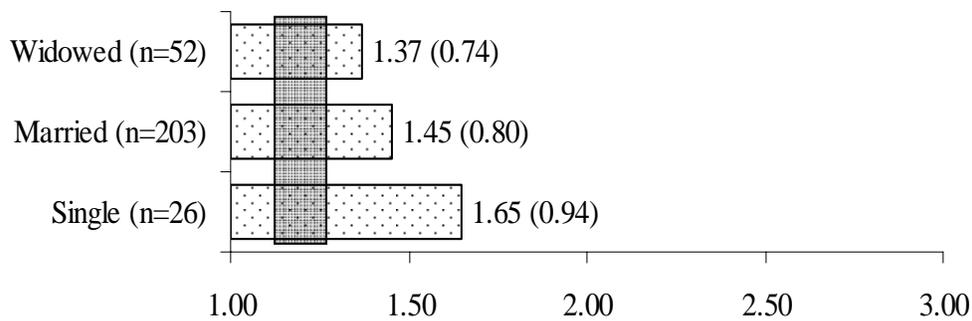


Figure 4-39. Mean ratings by marital status to survey question: “Would you select (name of U-LCC) again?”

category to the same two key survey questions. The frequency of “yes” responses from single respondents to the question of selecting the facility again was 65.4%, down from 80.8% frequency in response to the question of recommending the facility. The difference of 15.4% was shifted to a “don’t know” response and the frequency of “no” responses remained the same at 3.8%. There was a 9.9% decrease in the frequency of “yes” responses by married respondents to this question as compared to the question of recommending the facility (74.4% and 84.3%,

respectively). The frequency of “no” responses to this question increased slightly as compared to the question of recommending the facility from (4.9% to 6.4%) and uncertainty rose from 10.8% to 19.2%, as evidenced by the frequency of “don’t know” responses.

With only a 3.9% difference in the frequency of “yes” responses, the group of widowed respondents represented the smallest degree of difference between these two key survey questions. The downward shift in “yes” responses to the question of selecting the facility again was offset by an equal rise in the frequency of “don’t know” answers from 11.5% to the question of recommending the facility, to 15.4% response frequency related to selecting the facility again.

Age Range

Figure 4-40 shows the mean ratings by the respondents’ age range to the question of selecting the facility again. No significant differences between the means of any of the groups were observed; however, the trend of shifting “yes” responses to “don’t know” responses continued when comparing the question of recommending the facility to a friend or relative to

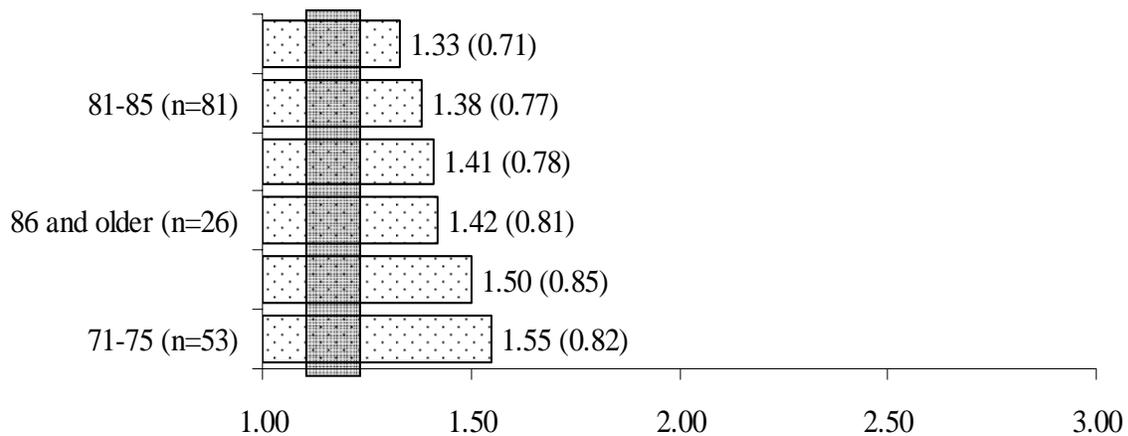


Figure 4-40. Mean ratings by age range to survey question: “Would you select (name of U-LCC) again?”

the question of selecting the facility again. The overall non-weighted average of the frequency of “yes” responses to the question of selecting the facility again fell by 9.5% to 74.9% when

compared to the overall non-weighted average of the frequencies of “yes” responses to the question of recommending the facility to a friend or relative (84.4%). Again, as in the question of recommending the facility to others, Group 3 (ages 71-75) showed the lowest frequency of “yes” responses. However, Group 4 (ages 76-80) with the largest number of respondents (n=82) demonstrated the highest frequency of “don’t know” responses at 23.2%.

Length of Residency

Figure 4-41 shows the mean ratings by the length of residents’ residency to the question of selecting the facility again. A significant difference between the means of Groups 1 and 2 (less than 1 year and 1-2 years, respectively) and Groups 2 and 3 (1-2 years and longer than 2 years, respectively) at the 80% confidence level were observed. A slight decline in the frequency of “yes” responses to the question of selecting the facility again when compared to the question to recommending the facility to a friend or relative was observed in Groups 1 and 3 (-6.5% and -5.6%, respectively). The decline in “yes” responses was directly offset by an increase in “don’t know” responses in Group 1. No change was observed in the frequency of “no” responses from

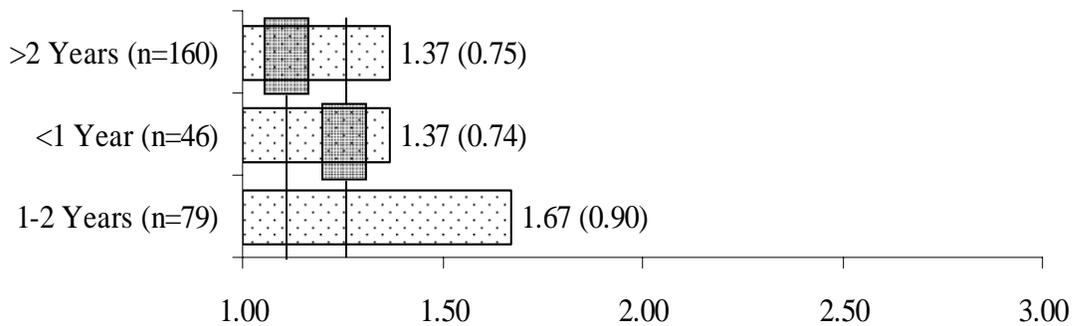


Figure 4-41. Mean ratings by length of residency to survey question: “Would you select (name of U-LCC) again?”

Group 1 respondents. The frequency of “no” responses from Group 3 increased slightly from 3.8% to 4.4% and the frequency of “don’t know” responses rose 5% to 16.3%. The frequency of “yes” responses from Group 2 dropped by 20.3%, compared to the frequency of “yes” responses

to the question of recommending the facility to a friend or relative. While the frequency of “no” responses for Group 2 increased slightly from 3.8% to 8.9%, the degree of uncertainty increased nearly three-fold to a 29.1% frequency of “don’t know” responses. It may be of interest in a follow-up study to probe into the possible causes of uncertainty within Group 2 to the question of selecting this facility again.

Type of Dwelling Unit

Figure 4-42 shows the mean ratings by the type of dwelling unit occupied by the respondent to the question of selecting the facility again. No significant difference was observed between the means of either group. Here again an overall decrease in the frequency of “yes”

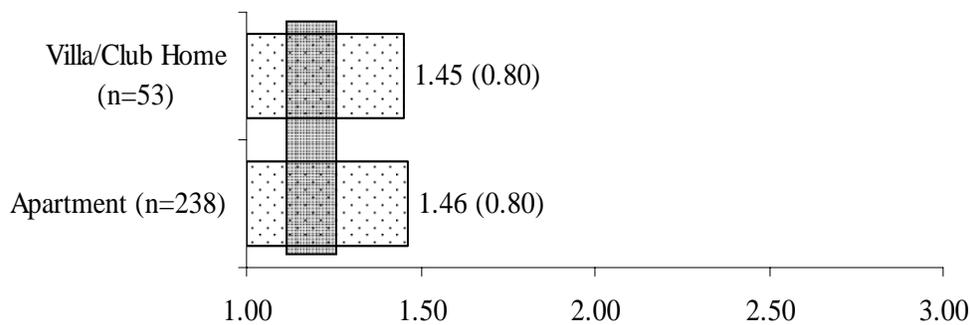


Figure 4-42. Mean ratings by type of dwelling unit to survey question: “Would you select (name of U-LCC) again?”

responses in favor of “don’t know” responses was observed. The non-weighted average frequency of “yes” responses to the question of selecting the facility again is 73.3%; down 10.5% from the frequency of “yes” responses (84.2%) of recommending the facility to a friend or relative. The non-weighted average frequency of “no” responses rose slightly (1.3%) from 5.6% on the question of recommending the facility to 6.9% on the question of selecting the facility again. The frequency of “don’t know” responses rose 9% overall from the non-weighted average of “don’t know” responses on the question of recommending the facility (10.3%) to a

non-weighted average frequency of 19.3% “don’t know” responses to the question of selecting the facility again.

Physical Health

Figure 4-43 shows the mean ratings by the self-described physical condition of the respondents to the question of selecting the facility again. A significant difference between

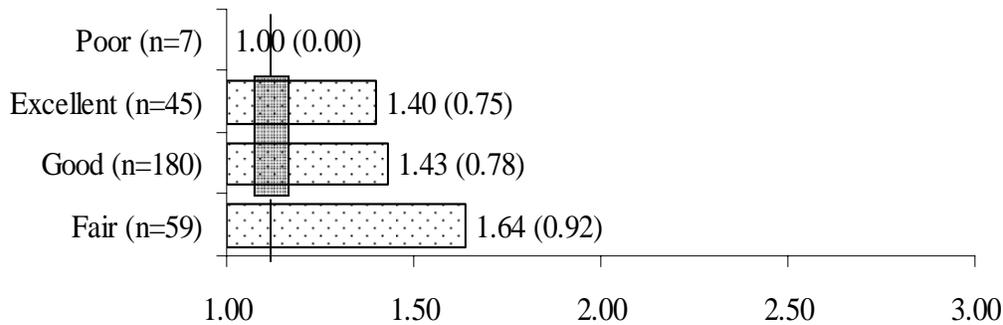


Figure 4-43. Mean ratings by self-described physical health condition to survey question: “Would you select (name of U-LCC) again?”

the means of Groups 1 and 2 (respondents reporting a poor physical health condition and respondents reporting a fair physical health condition, respectively) was observed at the 80% confidence level. Group 1 displayed a 100% frequency of “yes” responses while Group 2 had the lowest frequency of “yes” responses (66.1%) and the highest degree of uncertainty, evidenced by a 30.5% frequency of “don’t know” responses. It may be of interest in a future study to investigate the reason for the variation in responses from Group 2 compared to the others.

Emotional Health

Figure 4-44 shows the mean ratings based on respondents’ self-described emotional health condition. Group 1 (fair emotional health condition) displayed the lowest frequency of “yes” responses (61.3%) and the highest frequency of “no” responses compared to Groups 2 and 3 (good emotional health condition and excellent emotional health condition, respectively). The

frequency of “yes” responses by Groups 2 and 3 were 74.7% and 77.0%, respectively, with 5.1% and 6.0% frequencies of “no” responses, respectively. While no

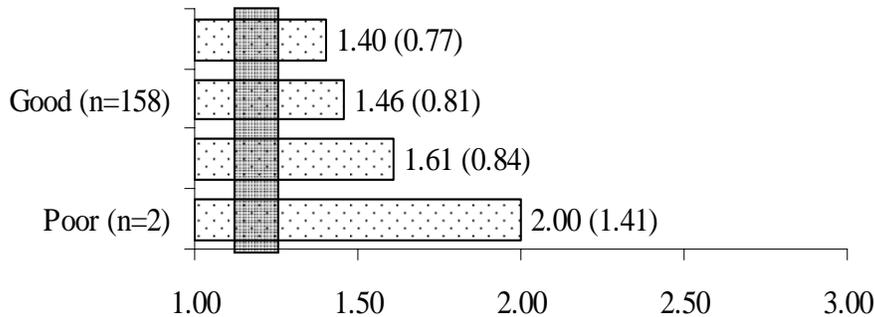


Figure 4-44. Mean ratings by self-described emotional health condition to survey question: “Would you select (name of U-LCC) again?”

significant differences were observed at the 80% confidence level between the means of any of the groups, it may be worthy of further investigation to determine why Group 1 respondents showed a much greater tendency toward uncertainty and “no” responses with respect to the question of selecting this facility again.

Financial Situation

Figure 4-45 shows the mean ratings by respondents’ self-described financial situation to the question of selecting this facility again. Not only was an interesting trend observed, there was a significant difference between the means of Groups 1 and 2 (fair and good level of comfort with financial situation, respectively), Groups 1 and 3 (fair and excellent level of comfort with financial situation, respectively), and Groups 2 and 3 (good and excellent level of comfort with financial situation). In no other analysis were significant differences between the means observed between each one of the groups. Also, a strong inverse tendency was observed. Respondents in Group 1 (fair financial situation) had the lowest frequency of “yes” responses (55.9%) and the highest frequency of “don’t know” responses (35.3%), resulting in the highest (least favorable) mean rating, while Group 3 (excellent financial situation) exhibited the highest

frequency of “yes” responses (83.6%) and the lowest frequency of “don’t know” responses (9.6%) resulting in the lowest (most favorable) mean rating.

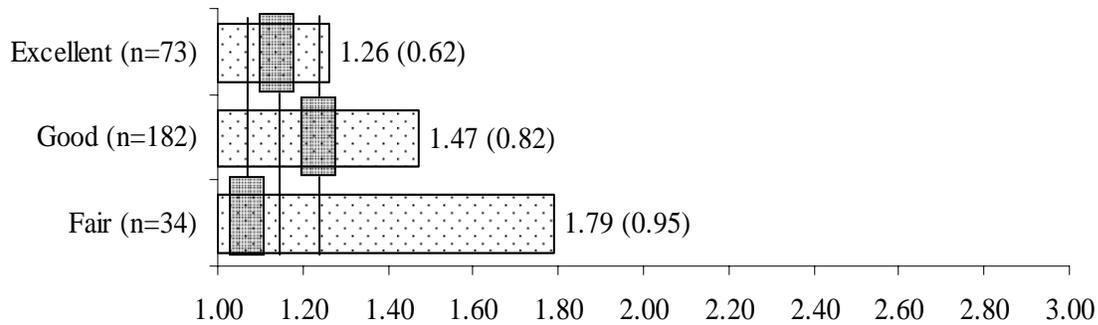


Figure 4-45. Mean ratings by self-described financial situation to survey question: “Would you select (name of U-LCC) again?”

Compilations of Mean Scores

Tables 4-24 through 4-32 summarize the results of the analyses of the five key Overall Satisfaction questions. The first three rows in each table (“Overall”, “Value” and “L-T Conf”) correspond with the first three Likert-type key survey questions in the Overall Satisfaction section of the survey. The scores represent the mean scores compiled from the frequencies of responses to each key survey question. The last two rows (“Recomm” and “Re-Select”) correspond with the last two three-point response key survey questions in the Overall Satisfaction section of the survey. They represent only the frequencies of “yes” responses from the respective groups of survey respondents. Except for Table 4-24, showing the mean scores for all non-stratified survey respondents, each table has been highlighted to show the highest score in each category.

Table 4-24. Mean scores of all survey respondents

All Respondents	
Overall	82.8
Value	74.8
L-T Conf	80.8
Recommend (Yes)	82.3
Re-Select(Yes)	72.9

Table 4-25. Mean scores compiled according to respondents' gender

	Gender	
	Male	Female
Overall	83.4	83.6
Value	75.0	76.0
L-T Conf	81.2	82.0
Recommend (Yes)	85.5	81.9
Re-Select(Yes)	75.8	72.1

Table 4-26. Mean scores compiled according to respondents' marital status

	Marital Status		
	Single	Married	Widowed
Overall	80.8	84.0	84.8
Value	77.0	74.4	81.2
L-T Conf	81.6	81.4	83.2
Recomm (Yes)	80.8	84.3	82.7
Re-Select(Yes)	65.4	74.4	78.8

Table 4-27. Mean scores compiled according to respondents' age range

	By Age Range					
	Under 65	65-70	71-75	76-80	81-85	86+
Overall	84.0	79.4	80.8	85.6	85.0	87.6
Value	74.0	71.8	72.6	78.8	77.4	77.6
L-T Conf	74.0	77.0	78.2	81.6	86.2	88.0
Recommend (Yes)	90.0	85.3	73.6	90.2	82.7	84.6
Re-Select(Yes)	77.8	76.5	66.0	73.2	79.0	76.9

Table 4-28. Mean scores compiled according to respondents' length of residency

	Length of Residency		
	<1 Year	1-2 Years	2+ Years
Overall	85.6	82.2	84.0
Value	74.2	71.8	78.6
L-T Conf	81.4	79.8	83.2
Recommend (Yes)	84.8	82.3	85.0
Re-Select(Yes)	78.3	62.0	79.4

Table 4-29. Mean scores compiled according to respondents' type of dwelling unit

	Type of Dwelling Unit	
	Villa/Club	Apartment
Overall	81.8	83.8
Value	69.0	77.2
L-T Conf	78.4	82.4
Recommend (Yes)	85.2	83.2
Re-Select(Yes)	73.6	73.9

Table 4-30. Mean scores compiled according to respondents' self-described physical health condition

	Physical Health Condition			
	Poor	Fair	Good	Excellent
Overall	88.6	80.0	83.8	86.2
Value	80.0	72.0	77.0	75.0
L-T Conf	83.4	79.6	82.0	82.6
Recommend (Yes)	100.0	74.6	85.1	86.7
Re-Select(Yes)	100.0	66.1	75.0	75.6

Table 4-31. Mean scores compiled according to respondents' self-described physical condition

	Emotional Health Condition		
	Fair	Good	Excellent
Overall	73.6	84.0	86.2
Value	66.2	76.6	77.2
L-T Conf	75.8	81.8	83.2
Recommend (Yes)	67.7	83.6	88.0
Re-Select(Yes)	61.3	74.7	77.0

Table 4-32. Mean scores compiled according to respondents' self-described financial strength

	Financial Strength		
	Fair	Good	Excellent
Overall	79.4	82.8	87.8
Value	68.4	75.8	78.8
L-T Conf	74.8	80.4	87.8
Recommend (Yes)	73.5	83.1	89.0
Re-Select(Yes)	55.9	73.6	83.6

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

From these results, a profile of the characteristics of persons with the highest degree of satisfaction with this university-affiliated life care community was derived for each of the five key survey questions. Two characteristics consistently ranked highest across the spectrum of questions; individuals reporting an excellent emotional health condition and an excellent financial situation. The results for this facility indicate that widowed females of poor self-described physical health, yet of excellent emotional health, with excellent financial stability, 76 years of age or older, who have lived in an apartment home for two years or longer are most likely to score highest with respect to the questions of overall satisfaction, value for price paid and long-term confidence in the facility (Table 4-33).

Table 4-33. Resident profiles with greatest satisfaction according to highest survey scores.

Respondent Profiles with Highest Survey Scores								
	Gender	Marital Status	Age Range	Length of Residency	Type of Dwelling Unit	Physical Health Condition	Emotional Health Condition	Financial Strength
Overall	Female	Widowed	86+	<1 Year	Apartment	Poor	Excellent	Excellent
Value	Female	Widowed	76-80	2+ Years	Apartment	Good	Excellent	Excellent
L-T Conf	Female	Widowed	86+	2+ Years	Apartment	Poor	Excellent	Excellent
Recomm (Yes)	Male	Married	76-80	2+ Years	Villa/Club	Poor	Excellent	Excellent
Re-Select(Yes)	Male	Widowed	81-85	2+ Years	Apartment	Poor	Excellent	Excellent

Recommendations for Future Studies

The analysis of the non-stratified respondents to survey questions 4 and 5 (recommend the facility and selecting the facility again, respectively) produced an interesting difference in the mean scores as summarized in Table 4-24. These results beg the question: “Why would a resident be more likely to recommend this facility to a friend or relative when he or she is either not sure of selecting, or in fact, would not select it again?” Perhaps this question would be worthy of pursuit in a follow-up study to assess the differing motivation of individuals who

would recommend the facility to others while being unwilling to select it again themselves. Furthermore, it may be of interest in a follow-up study to determine what factors (if any) account for the difference between the mean scores from key survey questions 1 and 2 (overall satisfaction and value for price paid, respectively) that was observed in the results of the non-stratified responses as summarized in Table 4-24.

Table 4-34 shows a summary of areas where significant differences at the 80% confidence level were observed between the groups of respondents. It may be instructive in future studies to ascertain the causes of the differences between the groups of respondents.

Table 4-34. Summary of Significant Differences Found at the 80% Confidence Level by Independent Variable.

Summary of Significant Differences Found at the 80% Level by Independent Variable							
Gender	Age Range	Marital Status	Length of Residency	Residence Type	Physical Health	Emotional Health	Financial Strength
Overall						Y	Y
Value			Y	Y		Y	Y
L-T Conf	Y			Y			Y
Recommend	Y				Y	Y	Y
Re-Select			Y		Y		Y

Across the spectrum of all five key OS questions, the category of financial strength consistently showed statistically significant differences at the 80% confidence level between groups of respondents. The states of respondents’ emotional health, as well as physical health were important factors in their responses to the survey questions. Respondents’ age, type of dwelling unit and length of stay were also important factors.

Not only should the causes of statistically significant differences in the means of each group be investigated, but trends that were observed may be equally instructive. The consistent upward trend in positive responses as related to increasing age observed in the first three key survey questions, for example, may be worthy of investigation.

Identifying the causes of these trends and differences may provide valuable insight from plural perspectives. From the perspective of marketing, this information could be very helpful in targeting specific demographic populations ripe for this type of facility. From the perspective of emerging and developing trends in this relatively new concept in retirement communities, this information could be very useful in future studies, including planning for new university-affiliated life care communities around the country.

Evaluation and placement of members in the appropriate level of care	1	2	3	4	5	N/A
Assurance of care if funds are depleted	1	2	3	4	5	N/A
Efficiency/accuracy of Accounting Department	1	2	3	4	5	N/A
Accessibility of the CEO	1	2	3	4	5	N/A
Effective management of community changes	1	2	3	4	5	N/A
Fairness and consistency of administration of policies	1	2	3	4	5	N/A
Responsiveness/preparedness for unusual emergency situations	1	2	3	4	5	N/A
Opportunity for member input	1	2	3	4	5	N/A

Comments regarding Administration:

INDEPENDENT LIVING MEDICAL/CLINICAL	Very poor <->Excellent					
Quality of medical/health care services provided for Independent Living members	1	2	3	4	5	N/A
Efficiency of Wellness Clinic	1	2	3	4	5	N/A
Confidence in emergency response	1	2	3	4	5	N/A
Availability of after-hours/weekend “non-emergency” medical services	1	2	3	4	5	N/A
Competence of clinical staff	1	2	3	4	5	N/A
Attitude of clinical staff	1	2	3	4	5	N/A
Effectiveness of rehabilitation services as provided by (name of affiliated university)	1	2	3	4	5	N/A
Effectiveness of (hospital) Advantage program	1	2	3	4	5	N/A

Comments regarding Independent Living Medical/Clinical:

DAILY LIVING	Very poor <->Excellent					
Competence of staff	1	2	3	4	5	N/A
Training and supervision of staff	1	2	3	4	5	N/A
Timely overall communications	1	2	3	4	5	N/A
Resolution of and responsiveness to inquiries/complaints	1	2	3	4	5	N/A
Effectiveness of Member Services staff	1	2	3	4	5	N/A
Availability of member counseling services for personal concerns, such as bereavement, anxiety, depression, etc.	1	2	3	4	5	N/A
Variety/availability of member programs	1	2	3	4	5	N/A
Quality of transportation services	1	2	3	4	5	N/A
Access to community amenities at (U-LCC name) such as banks, convenience stores, barbers and beauty salons, etc.	1	2	3	4	5	N/A
Quality of fitness center and programs	1	2	3	4	5	N/A
Effectiveness of Partnership Council of Advisors (PCA)	1	2	3	4	5	N/A

Comments regarding Daily Living:

FACILITY/ENVIRONMENT	Very poor <->Excellent					
Safety and security of apartments, buildings and grounds	1	2	3	4	5	N/A
Cleanliness of common areas	1	2	3	4	5	N/A
Quality of housekeeping services	1	2	3	4	5	N/A

Timely response to maintenance requests	1	2	3	4	5	N/A
Appearance of exterior grounds	1	2	3	4	5	N/A

Comments regarding Facility/Environment:

DINING SERVICES	Very poor <->Excellent					
Quality of food	1	2	3	4	5	N/A
Variety of menu selections	1	2	3	4	5	N/A
Service in the dining room	1	2	3	4	5	N/A
Training of waitstaff	1	2	3	4	5	N/A
Appearance of waitstaff	1	2	3	4	5	N/A
Cleanliness of dining areas	1	2	3	4	5	N/A
Appropriateness of dining hours	1	2	3	4	5	N/A
Accommodation of special dietary requests	1	2	3	4	5	N/A
Temperature of food	1	2	3	4	5	N/A
Take-out food services	1	2	3	4	5	N/A

Comments regarding Dining Services:

OVERALL SATISFACTION	Very poor <->Excellent					
How do you rate your overall satisfaction with (U-LCC name)?	1	2	3	4	5	N/A
How do you rate the value for price paid at (U-LCC name)?	1	2	3	4	5	N/A

How do you rate your long-term confidence in (U-LCC name's) future? **1 2 3 4 5 N/A**

Would you recommend (U-LCC name) to a friend or relative?

Yes No Don't know

Would you select (U-LCC name) again?

Yes No Don't know

FINAL THOUGHTS

Can you identify any areas for improvement?

Can you tell of a positive experience you have had with (U-LCC name)?

What do you appreciate most about (U-LCC name)?

Are there additional factors that have had a significant impact on your overall satisfaction which were not addressed on the survey?

Thank you for your time and input!

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BIOGRAPHICAL SKETCH

As an undergraduate student at the University of Florida, Kent Malone began to excel in both his studies and extracurricular activities. Having transferred from St. Petersburg College to the University of Florida as a junior with 63 credits, Kent graduated two and a half years later, after having completed a total of 224 credit hours of a required 133 credit hours of major coursework. While his major tract was in the Department of Human Communication Processes and Disorders in the College of Liberal Arts and Sciences, emphasizing speech and written communication, he maintained studies in the fields of law (business and criminology), real estate, business administration, broadcast journalism, and building construction. Kent worked in radio broadcast with an on-air shift as a DJ and also produced radio spots (commercials) for two years while attending the University of Florida as an undergraduate.

Although his course load could have been considered heavy, Kent still found time to be involved in various campus clubs and organizations. He maintained leadership positions in Phi Alpha Delta – a pre-law professional fraternity, serving as its treasurer and then as a two-term president. Kent was a Division Director for Florida Blue Key Leadership Honorary and also served as an Assistant Director for Gator Growl, the largest student-run college pep rally. He served as vice-president of Savant Leadership Honorary and was also an officer on the UF Speech and Debate team. There was also just enough room in his busy schedule to produce and direct “Gator Talk”, a weekly current events television magazine at Cox Cable, the local cable television station.

Upon graduation from UF with a Bachelor of Arts degree, Kent took the state real estate licensing exam, having met the licensing education prerequisite with one of the real estate courses he had taken as an undergraduate. He not only sat for the sales associate licensing exam,

he also took the exam for real estate instructors the same day and, having passed both, was on his way to what would prove to be very successful career in the field of real estate.

Kent incorporated his keen interest in building construction and rehabilitation with his blossoming real estate sales career. He bought a small investment property and set about with its rehabilitation. Kent quickly realized that in order to maximize overall profit he would need to do a majority of the work himself, only subcontracting work when the cost/benefit was warranted. He also taught real estate courses for what has now grown into the largest independent real estate school on the west coast of Florida.

With the success of his first “rehab” house and gaining insight as a Realtor on the local real estate market, buyer’s preferences in housing and amenities, as well as building relationships with subcontractors, local lenders and other real estate professionals, as well as an understanding of the local building codes and permitting requirements, Kent was able to hone his skills in the processes of selection, financing, rehabilitation, marketing and sale of nine more homes. He also built a brand new two-story home, acting as his own general contractor.

After spending time in the greater St. Petersburg area as a Realtor, licensed mortgage broker, real estate instructor having taught over 3,000 sales associate and broker licensing candidates, renovating ten homes and building a new one, it was time for a change of pace. Kent returned to Gainesville and the University of Florida to pursue a Master’s degree in building construction from the M. E. Rinker School of Building construction in the summer of 2003. After attending one summer semester of coursework in the school of building construction, Kent discovered the Master of Science in Real Estate and Urban Analysis (MSRE) program offered by the Warrington College of Business at UF. With an enrollment limited to only 30 students per year, the rigorous process of candidate selection for this 10-month concentrated program starts

early in the year and is usually closed well before the program begins in early July. As it turned out this year, one of the candidates for the incoming class was unable to attend which presented an extremely rare opportunity for Kent to be accepted 2 weeks after the MSRE program had begun and fill the vacant position. He studied to make up the lost time and then updated his UF record to reflect the pursuit of concurrent master's degrees: Master of Science in Building Construction and Master of Science in real estate and urban analysis.

As a student in the MSRE program, Kent served as a teaching assistant to the two real estate professors. It was soon realized by the professors and Kent that his first-hand experiences and knowledge of the real estate brokerage business, real estate licensing education and state licensing requirements could combine with the resources of the business college and the Center for Real Estate Studies to produce a completely unique online real estate licensing course: unrivaled by an course currently offered. After 2 years of development, the online course received certification from the Florida Department of Business and Professional Regulation as a distance education course which satisfies the real estate pre-licensing education requirements. In 2006, Kent was commissioned by McGraw-Hill/Irwin publishing company to revise and update the test bank and instructor manual, as well as proof the second edition of a very popular real estate textbook.