

## A COMPARATIVE ANALYSIS REGARDING THE DEGREE OF SATISFACTION OF THE SERVICES GIVEN BY THE PUBLIC AND PRIVATE CARE HOMES FOR THE ELDERLY

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### Abstract

*In the context of economic and social realities of our country, more and more elderly choose to spend the last years of his life in homes for the elderly. Reasons for choosing this path are many, but the most important is the lack of support and the need for personal care companions. These two reasons were cited by the elderly from the study, adding that they do not want to be a burden for their children. One of the problems encountered when an elderly person decides to enter a home is the dilemma of choosing a public or private care home. In these circumstances, the present study aims to present the public-private comparative perspective, the realities of the homes of the elderly both in terms of material and human conditions and the satisfaction of the beneficiaries of these homes.*

**Key words:** elderly, degree of satisfaction, social services, care homes

**JEL Classification:** I13, I18, I19.

### I. INTRODUCTION

An important component in evaluating management unit is to establish the degree of satisfaction of beneficiaries with the services received. Customer satisfaction is one of the most important non-financial performance indicators of the organization along with innovation, environmental protection, employee satisfaction and quality management. Management organization must identify and analyze these indicators for both performance monitoring and resource allocation for grounding. Information related to customer satisfaction is considered as input / output that the organization must include in its monitoring and measurement process. Customer satisfaction is determined by many objective and subjective factors. Objective indicators refer to measurable aspects such as development time, number of errors and response time to cancel dissatisfaction. Objective indicators include customer satisfaction studies, the general perception of availability, trust, respect, etc.. Quality measurement system, even if compared to the standard must take into account two aspects: one related to social services and the beneficiary on the organization. We can identify three determinants of satisfaction / dissatisfaction as: expectations, perceptions and failure to confirm. The models used to measure satisfaction were first economic and then social (protection of consumer interests). The first models appeared after 1990: ACSI (American Customer Satisfaction Index) and ECSI (European Customer Satisfaction Index). At the operational level, research is dominated by service quality SERVQUAL model (Parasuraman et al, 1985) according to which the quality of service is depending on the differences between expectations and perceptions. According to this model, the determinants of service quality are: accessibility, communication, competence, courtesy, credibility, reliability, speed, security, tangibility, reliability. SERVQUAL model allows the evaluation, but at the same time it is an improvement tool and a comparison with other organizations.

Theoretical models of consumer satisfaction have been developed in the marketing literature (Cadott, Woodruff, & Jenkins, 1987; Cardozo, 1965 Oliver, 1980 Woodside, Nielsen, Walters, & Muller, 1988). According to these models, the satisfaction is a complex evaluation process, as a function of assessment standards and quality for the consumer. Researchers studied and discussed in the satisfaction of elderly living in long-term care homes.

The care home for the elderly is a specialized public institution that provides social services with legal personality, its own patrimony and budget, established, organized and financed, according to Law no. 17/2000 regarding social assistance for the elderly, republished, and the secondary legislation incidents: G.O. no. 68/2003 regarding Social Services Regulation - setting organization and operation of social care institutions and the Methodological Norms for implementing G.O. no. 68/2003, regarding social services, as amended and completed by G.D. no. 1007/2005, G.D. no. 886/2003 regarding the approval of the National Grid needs assessment of older people, Order of the Ministry of Labor, Social Solidarity and Family no. 246/2006 regarding

the approval of specific minimum quality standards for home care services for the elderly and residential homes for the elderly, G.D. no. 23/2010 regarding the approval of cost standards for social services.

Factors determining satisfaction in care homes can be subjective: a sense of autonomy, perceived health, life satisfaction, self-esteem, sense of control, or can be objective: cognitive and physical health, economic circumstances, and environmental factors.

In addition, the interpersonal qualities of those who provide care, care for the residents, kindness, respect, and attention (Buelow and Fee, 2000), issues of age, availability and work engagement of employees, private accommodation, control aspects of life for those receiving care are important factors associated with resident satisfaction (RL Kane and Kane, 2001) and relationships, intimacy and autonomy are also associated with better quality of life of consumers (R.A. Kane, 2001). Mitchell and Kemp (2000) found that residents' satisfaction was measured by a high cohesion, low average conflict or by fewer cases of chronic disease of residents.

Applebaum, Straker, and Geron (2000) suggested that the attention directed towards consumer's choice in the health chapter and long-term care has led to increased attention in terms of consumer satisfaction.

**II. THE METHODOLOGY OF RESEARCH AND THE STUDY RESULTS**

Type of research: Exploratory.

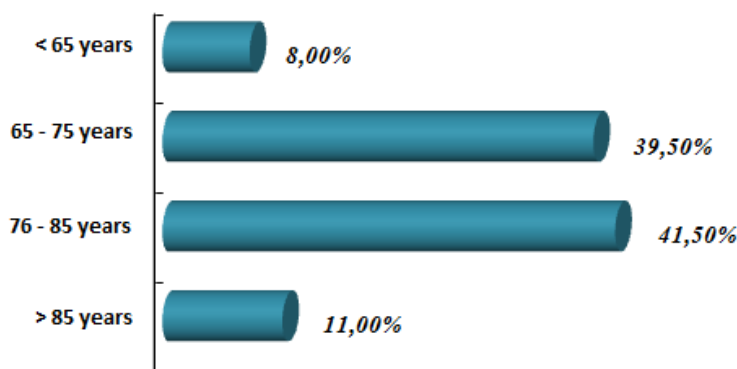
As a method for collecting data we used field questionnaires. Samples were constructed using the quota sample and were composed of 9 elderly care units grouped as follows: 4 units in the public system in Suceava and Neamt and 5 units in the private system in Suceava.

Three of the homes in the private system are subordinated to the Orthodox Church. The target group consisted of 200 hospitalized elderly care homes (50% of the elderly are in public schools and 50% of the elderly in private centers). Data collection period: April 2012 - October 2012.

**Results of research on satisfaction of the elderly in the care homes**

**Age of respondents in the study**

In Fig. 1 there are represented the elderly in the studied homes, according to the age groups. The largest share (41.50%) holds age group 76-85 years, followed by a short group 65-75 years.



**Figure 1 - Distribution of respondents by age**

**Table 1. Time spent in homes by the respondents in the study**

> 6 months	16.50%
6 - 12 months	42.00%
13 - 18 months	4.50%
19 - 24 months	0.50%
2 years	9.00%
25 - 30 months	1.50%
31 - 36 months	0.50%
3 years	9.00%

4 - 5 years	4.00%
7 - 8 years	1.00%
More than 10 years	3.00%
DN/ DA	8.50%

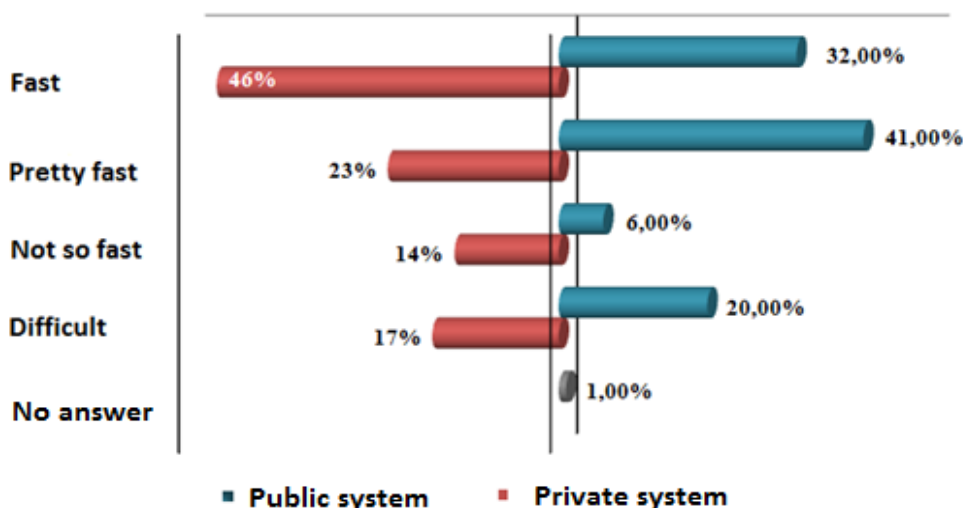
Among the proposed reasons for arguing the decision for admission to the center, only for the one related to conditions in the unit are found significant differences between the public and private sectors (Table 2). Thus, 37% of residents have chosen a home in the private sector due to the conditions, while only one person chooses a public home (out of a total of 100). The lack of support in personal care was an important aspect in the decision for about half of the elderly of both categories.

**Table 2. The reasons for which residents have choose to internment center**

	<i>Public system</i>		<i>Private system</i>	
	YES	NO	YES	NO
Specialty care	31%	69%	28%	72%
Company	37%	63%	40%	60%
Lack of support in personal care	50%	50%	56%	44%
Due to conditions in the center	1%	99%	37%	63%

The physical environment of the elderly living has significant effects on their social and psychological life, influencing relationships with other individuals. However, it is associated with certain changes in the life of elder: various physical disorders, cognitive dysfunction etc.

Adapting to the conditions in the center determines the integration of the individual. Given the length of residence of beneficiaries, it is important that the process of adaptation to flow more easily and to be stable and durable. Closely related to the level of expectations and living conditions, satisfaction is the result of an evaluation of the ratio of the two components.



**Figure 2 - The adaptation of the elderly in care homes**

Most residents - both in the private and public mentioned that they adapted to the conditions from the center in a short time (Fig. 2). The difference in this case is rather gradation. Thus, most elderly in the private sector noted that adaptation was achieved rapidly.

**The perception of the residents regarding the conditions in homecare**

Elderly people who opted for living in a private care center believe they have better conditions in private centers compared with those in the public institutions. 64% of respondents admitted in the private sector believe that the

existing conditions in the home are excellent and only 36% of subjects in the public sector have mentioned the same (Fig. 3).

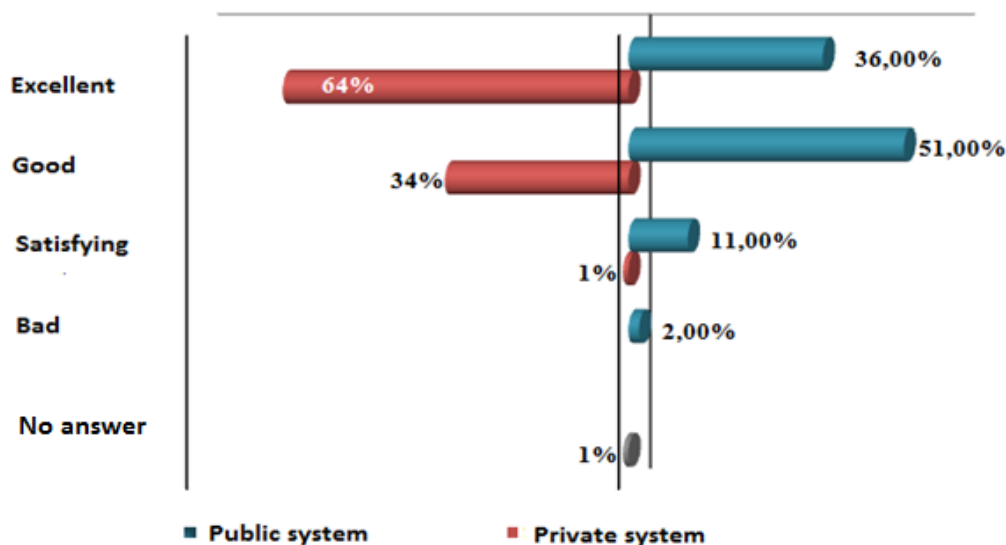


Figure 3 - The assessment of the general conditions of the home

The residents are unhappy because there is not a separation between healthy people and sick ones.

**Assessment of hygienic conditions offered by the center among the elderly**

Along to the topic mentioned above there is the evaluation of the hygienic conditions offered by the center. (Fig. 4). The persons living in the private centers are very satisfied with the hygienic conditions compared with those in the public centers (83% - private system, 49% - public system). They are also very satisfied with the food offered by the private carehomes (74% private system, 29% public system).

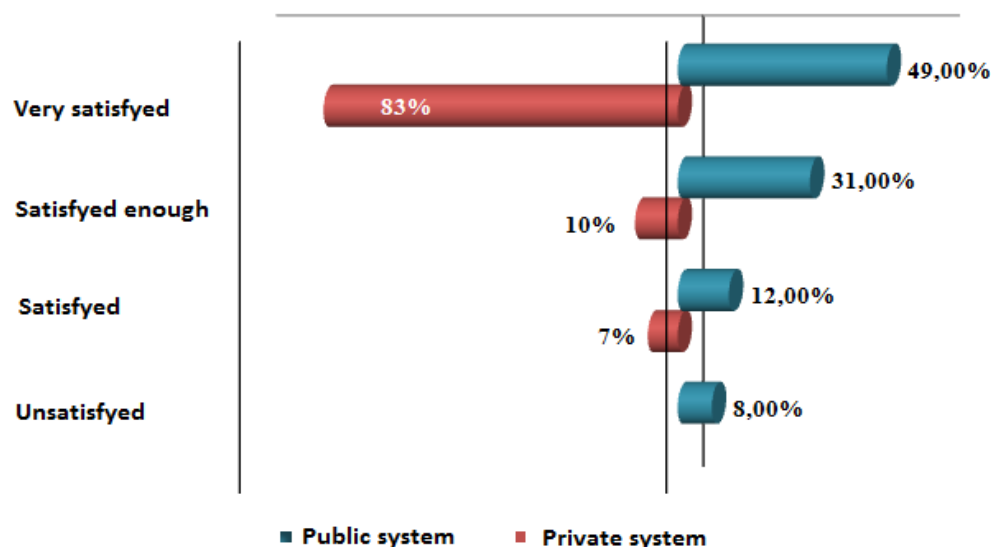


Figure 4 - The assessment of hygienic conditions in homes

**Evaluation of the quality of food offered in the carehomes**

Another indicator of "hotel conditions" in care homes is satisfaction vis-à-vis the menu. As shown in Fig.5 there is a high percentage (74%) in the private sector who appreciates food as diverse and 25% as acceptable while 4% from the public sector think that the food has a poor quality. Most people in public homes said they often lack the meat from the menu. Most opinions refer to: more pasta; fruit; sweets; more vegetables, meat; traditional food; fasting food; several components in soups.

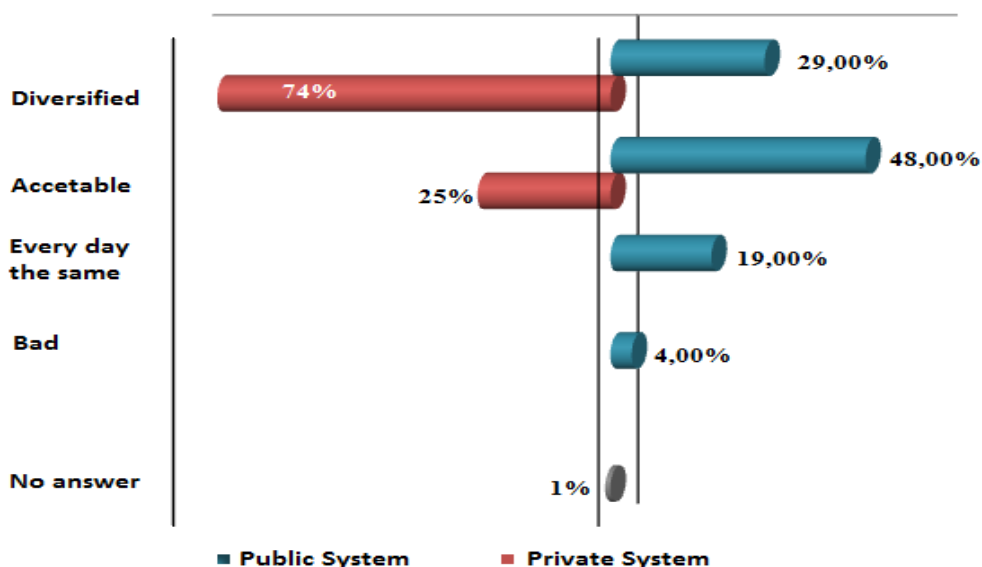


Figure 5 - The assessment of the quality of food offered in the dorms

**Lucrative activities that residents are required to attend**

Participatory component among institutionalized persons is very important as to avoid social isolation and physical decline. Involvement in activities reduces stress and depression, respectively gives a higher level of satisfaction of life and maintains physical health.

Leisure options are determined largely by the ability of individuals to engage in certain activities, an aspect that is influenced by their degree of mobility (Table 3).

	<i>Public system</i>			<i>Private system</i>			
	<b>YES</b>	<b>NO</b>	<i>DN/DA</i>	<b>YES</b>	<b>NO</b>	<b>Not the case</b>	<i>DN/DA</i>
Gardening	7.00%	90.00%	3.00%	9%	67%	9%	15%
Cooking	3.00%	94.00%	3.00%	7.00%	69.00%	9.00%	15.00%
Cleaning the center	5.00%	92.00%	3.00%	8.00%	68.00%	9.00%	15.00%
Others	4.00%	93.00%	3.00%	28.00%	48.00%	9.00%	15.00%

Table 3. Lucrative activities that residents are required to attend

The rate of involvement of residents in different activities is very low for both systems. This reflects a similar policy in both public and private on participatory component.

**Satisfaction with health services provided by the centers**

Although targeted units are focused on providing social services, given the demographic characteristics of the population and profile units - long stay, an important role for the quality of life of beneficiaries and status of centers is given by the value of medical services. In this respect, interviewees were asked to indicate the degree of satisfaction with this type of service, the general perception being positive. In most cases, medical services are limited to provide monthly recipe compensated, taking blood or administering a pill against cold (especially in public homes). For people who have problems that require professional help in specialized clinics or hospitals there is little interest, especially in public homes. In contrast, in private homes are very satisfied because there is a lot of concern from management.

The elderly in homes next to Orthodox churches keep in touch with their families and are supported by them when serious medical problems appear. In Fig. 6 the number of people who are very satisfied with the medical services provided by the center is more than 15 percent higher in the private to the public. Overall satisfaction rate is slightly lower in the public (75%) compared to 86% in the private sector.

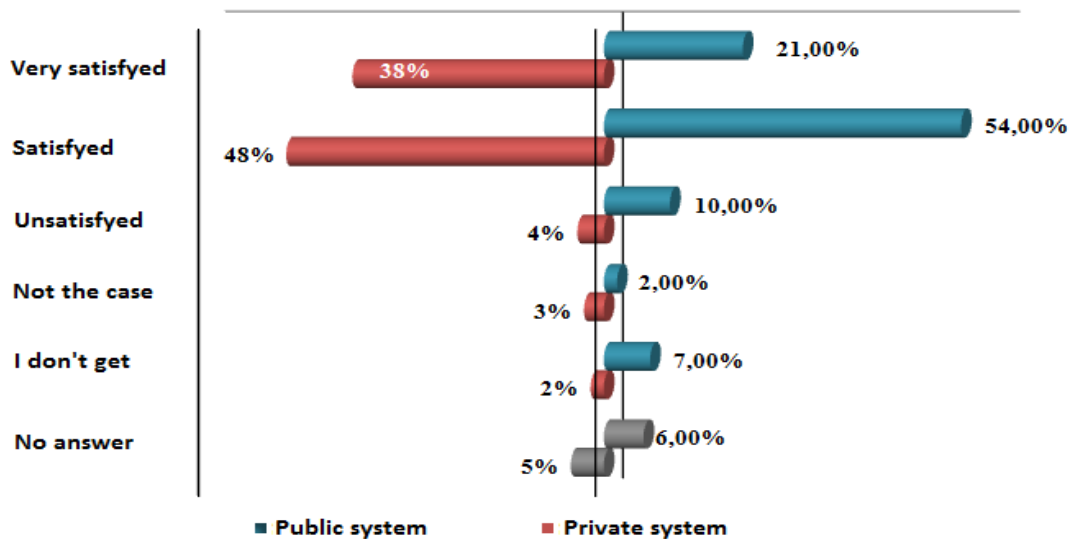


Figure 6 - Satisfaction regarding medical services received in centers

Some residents would like the following medical / health measures:

- Medication supervised;
- Accompanying the resident to the doctor with the car of the center, free of charge;
- Provision of drugs from center (multiple responses);
- Existence of a doctor in the center, even with flexible program (most cases);
- Ambulance.

**Assessment of weather the residents feel comfortable in the room or not.**

As shown in Fig. 7 the elderly are comfortable in their rooms:

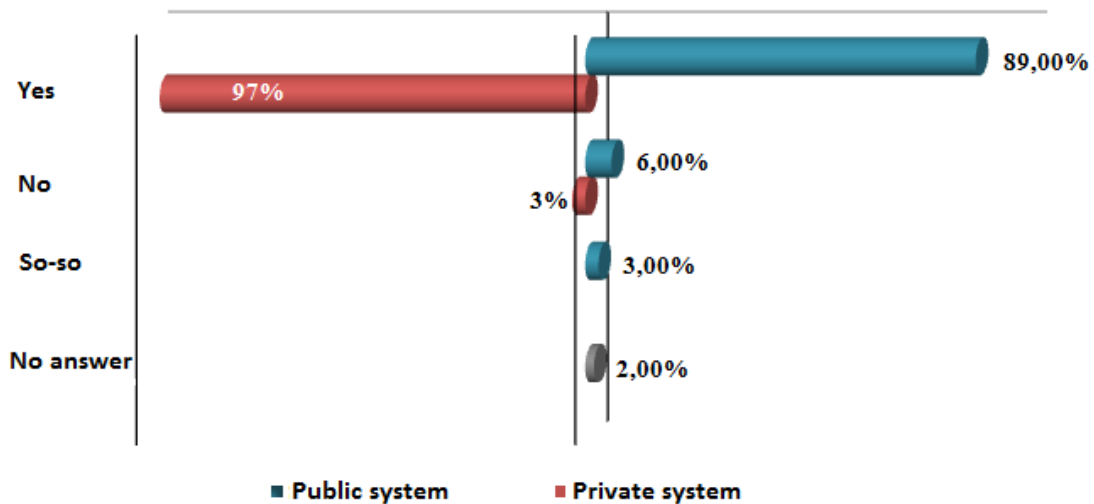


Figure 7 - Distribution of answers regarding the comfort felt by residents in rooms

The comfort felt by the residents is higher among the elderly in the private sector because in the private sector most residents are alone or with one colleague in the room.

From discussions with elderly residents regarding the comfort of the room, most complaints were related to the misbehavior of the roommate where there are and less to the room facilities. Hence the observation that tranquility is very important for most elderly people.

**Assessment of understanding with roommates**

At the level of interpersonal relationships, an important role is played by socialization in an institutionalized environment. This is done on two levels: on one hand there is the relationship between the beneficiaries and on the other hand the relationship between employees and people hospitalized.

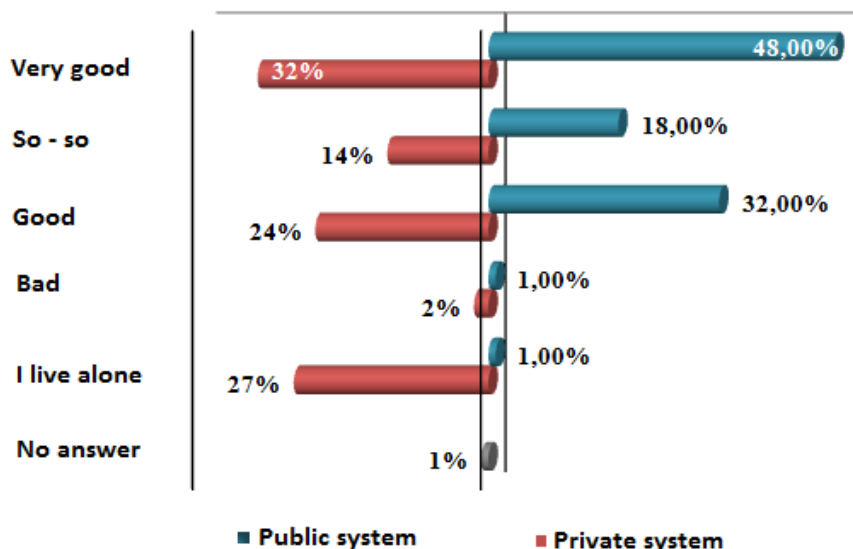


Figure 8 - Distribution of answers regarding the understanding with roommates

**Assessment of communicating with people from the center**

One in four elderly who are in a private nursing home room is living alone (27%), while in the public sphere of this field there is only one case (1%).

Elderly activity is not only influenced by the physical environment but also by the social.

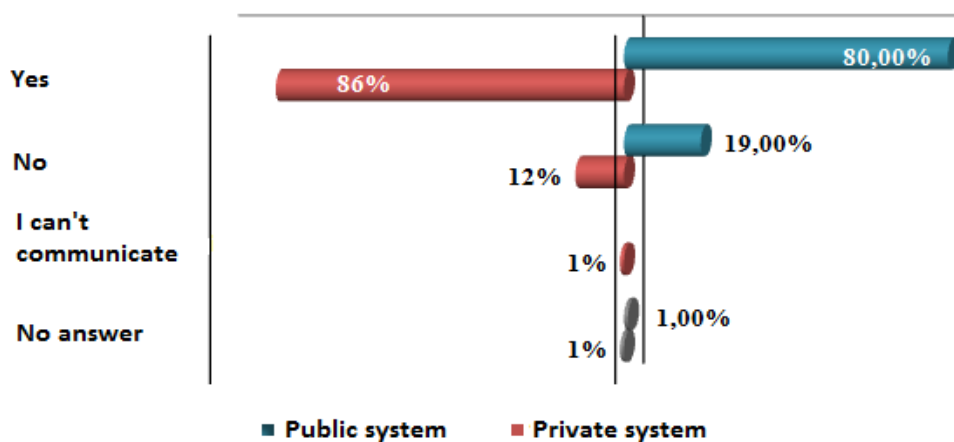


Figure 9 - The distribution of responses regarding communication between the residents from the center

As shown in Fig. 9, most of the residents say they have a good relationship with the people in the center or home or roommates or care staff in both public (80%) and in the private sector (86%).

**Activities that residents can do for themselves**

Participatory component among institutionalized persons is very important as is to avoid social isolation and physical decline. Involvement in activities reduces stress and depression, respectively higher level of satisfaction of life and maintains physical health. Regarding the activities that the residents can do for themselves, there are no significant differences between the two systems. This is a predictable aspect because we take into consideration the fact that we analyzed the same age categories, with specific characteristics that present modifications regarding the independence and mobility degree, as shown in table 4.

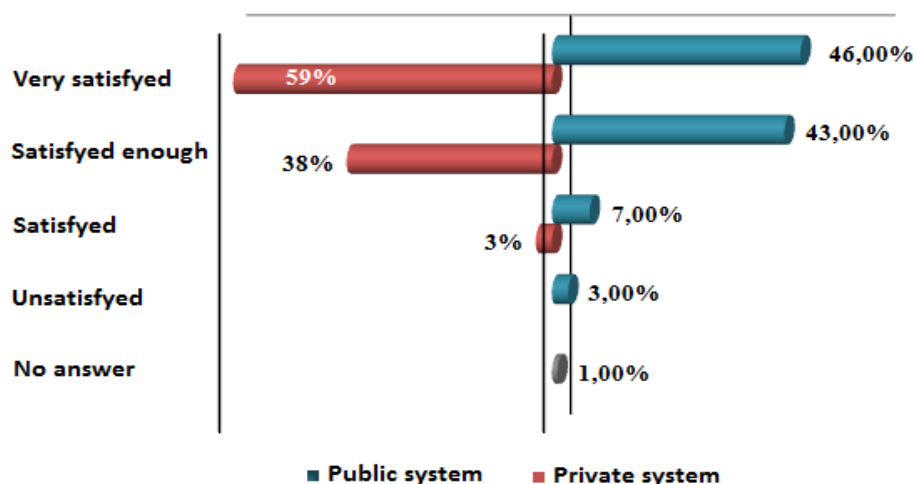
**Table 4. The weight of leisure activities in the life of residents**

	<i>Public system</i>			<i>Private system</i>		
	<b>YES</b>	<b>NO</b>	<i>DN/DA</i>	<b>YES</b>	<b>NO</b>	<i>DN/DA</i>
Sport	7.00%	80.00%	13.00%	9.00%	65.00%	26.00%
Walks	60.00%	27.00%	13.00%	54.00%	20.00%	26.00%
Trips	20.00%	67.00%	13.00%	18.00%	56.00%	26.00%
Visiting friends	12.00%	75.00%	13.00%	14.00%	60.00%	26.00%
Practicing a hobby	16.00%	71.00%	13.00%	15.00%	59.00%	26.00%

Among the physical activities, walking is the most common practiced by older respondents. Going on trips is not the best way to spend free time, because the beneficiaries have not the capacity, physical or material to engage in such activities. Developing activities outside the center is, as I noted before, a problem for most elderly. Admission to the center is accompanied by assuming membership in a relatively closed space (due to generally poor health / age), where most of the actions take place.

**Assessment of the degree of satisfaction with the way the staff treats the beneficiaries**

As evident from Fig. 10, 59% of the residents say they feel very satisfied with the staff of the center in the private and 46% in the public system.



**Figure 10 - Assessment of the degree of satisfaction with the way the staff treats the beneficiaries**

**Assessment of how they resolved issues that is failing and is communicated to staff**

Complaints are a key indicator for the organization that wants to improve the quality of services it provides to its users. For occasions when problems arise, it must be published a complaints procedure; it must be given a full explanation and, if appropriate, it should be offered an apology; they must fix the problem and not blaming someone else (Ana Muntean, Juliane Sagebiel, 2007).



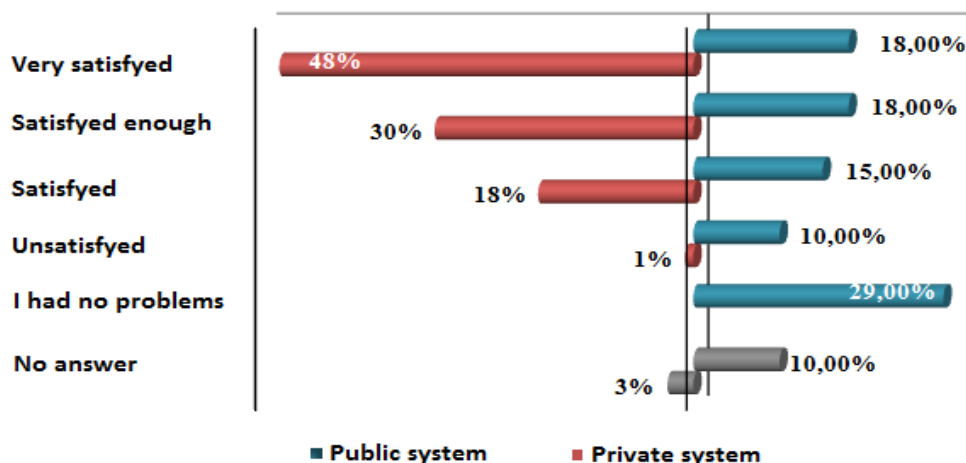


Figure 11 - Assessment of how they resolved issues that is failing and is communicated to staff

Most problems that anger residents after discussions with them, are related to a failure to adapt the conditions of the home to the needs of beneficiaries; not all residents were granted individual needs assessment; there is no program of home visits; the need for help in making shopping; the need for a personal assistant; lack of services of a priest in some homes; lack of facilities as e.g. fitness, lack of drinking water, lack of bathrooms in the rooms, boiler of 60 l to 65 people, healthy people living in the same room with people with mental disorders.

**Activities for which the elderly need help from the center**

As can be seen from Table 5 there are very large differences between the public and private sectors with the difference that in the private sector it is better known the role of the counselors and therefore the demand for it is much higher (42%) to (12%) in the public.

Table 5. Percentage of activities that residents need help from center

	<i>Public system</i>			<i>Private system</i>		
	YES	NO	DA/DN	YES	NO	DA/DN
Help with dressing/undressing	15.00%	78.00%	7.00%	28.00%	54.00%	18.00%
Daily hygiene	29.00%	64.00%	7.00%	33.00%	49.00%	18.00%
Mobility aid	28.00%	65.00%	7.00%	31.00%	51.00%	18.00%
Help with meals	4.00%	87.00%	9.00%	18.00%	64.00%	18.00%
Counseling	12.00%	79.00%	9.00%	42.00%	40.00%	18.00%
Others (leisure, entertainment)	0%	74.00%	26.00%	2.00%	5.00%	93.00%

**Possibilities to spend the free time in the center**

In general, there are major differences among spending leisure activities between the centers included in the study as shown by the data in Table 6. Leisure practices are influenced - in a significant proportion by the available resources that impose certain consumption patterns.

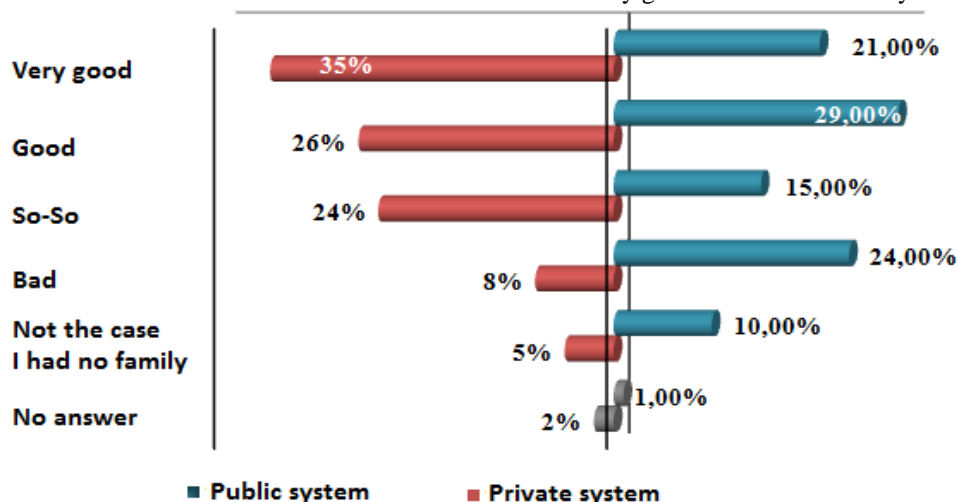
**Table 6. Possibilities to spend the free time in the center**

	<i>Public system</i>			<i>Private system</i>		
	YES	NO	DA/DN	YES	NO	DA/DN
Watching TV	92.00%	4.00%	4.00%	85.00%	11.00%	4.00%
Reading the paper	27.00%	69.00%	4.00%	60.00%	36.00%	4.00%
Walks	78.00%	18.00%	4.00%	68.00%	28.00%	4.00%
Going to church	13.00%	83.00%	4.00%	57.00%	39.00%	4.00%
Internet	0%	96.00%	4.00%	3.00%	93.00%	4.00%
Going to library	60.00%	36.00%	4.00%	58.00%	38.00%	4.00%

In carehome, television plays a very important role in leisure, being the most frequent method used by the beneficiaries: 92% in public and 85% in private. As shown in the table some of the residents read the paper but in most homes it is purchased by the residents and not provided by the centers. Another activity found in high percentage in both the public (78%) and private (68%) refers to walking activity easily achieved for independent people. An activity more common in the private space refers to attend religious services (57%), which are motivated by the fact that three of the homes in the study were nearby a church. The wishes of residents to diversify leisure opportunities included: organizing trips / excursions more often (several cases); a car for trips or to carry out visits where necessary; access to books; organizing chess competitions; many cultural activities; a circle of needlework; video; more fun activities (e.g. theater); organizing several interactive games; Subscriptions to newspapers provided by the center.

**The resident’s relationship with family (with children, other relatives)**

Family relationships generally define connections to the external environment. For institutionalized individuals it is very important that the decision to seek care center does not coincide with the dissolution of social relationships. Therefore, it is important to preserve connections with the outside world. Family plays a very important role and the interaction with the members of the family gives a state of normality.



**Figure 12 - The relationship of the residents with their families**

As shown in Fig. 12, the relationship of the residents with their families is very good only in 35% in private and 21% in public sector. A high percentage of elderly (24%) told that they have a bad relationship with their family because they were abandoned or they lost their homes due to various reasons. There are situations when the elderly declared they do not have a family: 5% in private sector and 10% in public.

**The participation degree of the residents in the counseling sessions**

Counseling services in homecare focuses generally on strategy / long term therapies, the main effect of which is to reduce dependence on the elderly and increase self-care capabilities. Being a different kind of environment in which adaptation is essential, the counseling favors the development of social attitudes, active,

open. Thus, it plays an important role in the care units - there are many methods that can be applied, depending on the specific person / group.

**Table 7. The participation degree of the residents in the counseling sessions**

	<i>Public system</i>	<i>Private system</i>
Once a week	11%	44%
Twice a week	3%	2%
Once a month	2%	11%
Never	60%	21%
Whenever needed	3%	2%
Not the case	1%	1%
Sometimes	3%	1%
Daily	4%	1%

Among the elderly in private carehomes there is a culture of counseling, unlike in public carehomes. Thus, 44% of respondents in the private sector receive counseling once a week (only 11% of subjects in the public declared the same thing), and 40% compared with 12% coming from state care system, consider that they need counseling as a form of help from the center (Table 7).

**Reliable persons that help the residents**

Although the majority of the elderly have a solitary attitude regarding solving the problems, the presence of specialist / outside is well tolerated in private carehomes. However, in both cases there is a low percentage assigned to the psychologist (Table 8). Almost half of respondents said they turn to someone else in order to receive spiritual support when they feel alone. Within this category there were many answers like "nobody" or "God", which reflects the fact that the elderly are prone to introspection. They also included discussions with family members.

**Table 8. Percentage of trustees to residents calling for spiritual issues**

	<i>Public system</i>			<i>Private system</i>		
	<b>YES</b>	<b>NO</b>	<i>DA/DN</i>	<b>YES</b>	<b>NO</b>	<i>DA/DN</i>
Care center psychologist	8%	91%	1%	8%	90%	2%
Care center assistant	5%	94%	1%	32%	66%	2%
Priest	2%	97%	1%	25%	73%	2%
Doctor	4%	95%	1%	9%	89%	9%
Roommate	29%	70%	1%	30%	68%	2%
Someone else	33%	66%	1%	58%	40%	2%

The elderly generally prefer to find support among people in proximity in order to solve their own problems instead of an emotional appeal to specialists. However, we must take into account the number of employees in each center and the frequency of the the counseling sessions. Given the figures for these indicators and the number of people admitted to units above, the results - although not within the standards, are predictable.

**Activities that the residents frequently attend to**

As shown in table 9, there are no significant differences between the two systems regarding the activities that the elderly frequently attend.

**Table 9. Percentage of daily activities that the residents attend to**

	<i>Public system</i>		<i>Private system</i>	
	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
TV watching	62%	38%	64%	36%
Radio listening	43%	57%	36%	64%
Visiting relatives/friends	7%	93%	2%	98%
Receiving visits	51%	49%	41%	59%
Reading books	13%	87%	35%	65%
Reading newspapers	26%	74%	30%	70%
Going to church	15%	85%	38%	62%
Praying	87%	13%	82%	18%
Going to shows	0%	100%	0%	100%
Attending an association/club	11%	89%	1%	99%
Making volunteering	7%	93%	7%	93%

**Grades given by residents on the perception of service quality of the home**

Being asked to give grades from 1 to 10 for the quality of the services provided by the center, the elderly stated: in the private sector, 96% of the residents gave higher grades for the quality of the services received, but the elderly from the public sector evaluated the quality with grades from 3 to 8.

**Table 10. Grades given by residents on the perception of service quality of the home**

<b>GRADE</b>	<i>Public system</i>	<i>Private system</i>
3	2%	0%
5	1%	0%
6	4%	0%
7	8%	2%
8	15%	1%
9	28%	10%
10	38%	86%

Most bad marks came from the residents in the public sector and they were thinking about the fact that they do not have good water for drinking, they sleep in a room with lots of beds, where there are both healthy and sick persons. Although in the private sector there were a few bad marks, however, the largest share is held by grade 10, thus demonstrating the very good quality of services in private homes for the elderly.

**III. CONCLUSION**

Following investigations I have found some notable differences between homes with private management and public elderly care centers related mainly to the quality conditions, personal relationships between elderly. Although in Romania there is not a culture for carehomes, however, the demand for such a place is big enough. Adapting to such a lifestyle is difficult for most of the elderly even if the conditions are good or very good in the home, especially in the private system. Those who adapt most easily are those who live near a church, where they find solace in faith, knowing that the Romanian people are a deeply faithful people. We found few cases of the respondents who are totally satisfied with the life of the home, most live the nostalgia of the place of origin.

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