

Understanding the Dimensions of Satisfaction with Long-Term Services and Supports

by

Jessica Miller, MS

Marc A. Cohen, Ph.D.

Xiaomei Shi, MS

Prepared for



August 2013

How Satisfied are Older Adults with LTSS?

In a companion brief, we discuss the independent factors related to satisfaction with LTSS and showed that satisfaction with providers is high at the outset of service use and tends to decline over time, regardless of care setting. While one might assume that health status, age, marital status and other socio-demographic factors would be important to understanding whether one is satisfied with paid caregivers, such is not the case. In fact, the presence of unmet need, receiving care in a particular setting (i.e., institutional versus home), cost consciousness, use of a care manager, and the expected trajectory of decline or recovery are most important to understanding why some people are satisfied with their caregivers and others are not.¹ In this brief, we will examine in more detail the underlying concept of satisfaction and attempt to tease out its dimensions so as to suggest ways to increase it. Understanding how an older adult and/or their family define satisfaction and what factors contribute to it is an important step in understanding an essential component of person-centered care.

When people are constrained by cost in their choice of service provider, it confounds a true understanding of the factors associated with satisfaction. To overcome this, we employed a unique longitudinal dataset focused on the experience and opinions of private long-term care insurance policyholders from the time that they began using LTSS. Because these individuals have insurance that covers the majority of cost for LTSS (almost all of the costs for home care and assisted living and about 70% of the cost of nursing home care are typically covered by long-term care insurance), we are able to isolate what lies behind their sense of satisfaction by separating satisfaction from the ability to pay for services. These data were collected under the auspice of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy at the Department of Health and Human Services between 2004 and 2008.²

Intrinsic and Extrinsic Characteristics that Influence Satisfaction Levels

Understanding satisfaction with a service provider is complex because perceived satisfaction can be influenced by so many factors. These factors can be related to the characteristics of an individual (intrinsic), such as gender, age, disability level, marital status, perceived health status and more. They can also be shaped by attitudes associated with the external characteristics (extrinsic) of the provider, such as skill level, perceived trustworthiness, communication skills and the like. As mentioned above, our analysis found that no single intrinsic characteristic was associated with

¹ For a complete discussion of the findings, please refer to the brief entitled, “Understanding Satisfaction among Older Adults using Long Term Service and Supports,” <http://www.thescanfoundation.org/lifeplans-understanding-satisfaction-among-older-adults-using-long-term-service-and-supports>

² For a more detailed description of the larger study, please see the following resources: <http://www.thescanfoundation.org/lifeplans-satisfaction-long-term-services-and-supports-across-continuum-care>

satisfaction. The implication is that the evaluation of personal satisfaction with services is not actually a function of these intrinsic characteristics. A severely disabled person and a non-severely disabled person are equally likely to be satisfied or dissatisfied with their LTSS. However, as shown in Table 1, all of the extrinsic characteristics we measure are clearly related to the perceived overall level of satisfaction.

Table 1: The Relationship between Specific Provider Characteristics and Satisfaction

Variable		Percent Very Satisfied
Individual has trouble understanding the caregiver:	Never	81% ^{***}
	Sometimes	63%
	Always	64%
Caregiver/staff provides high quality care:	Always	87% ^{***}
	Sometimes	19%
	Never	17%
Caregivers/staff are good at what they do:	Always	87% ^{***}
	Sometimes	20%
	Never	----
Caregivers/staff are trustworthy:	Always	83% ^{***}
	Sometimes	25%
	Never	----
Caregivers/staff are reliable:	Always	85% ^{***}
	Sometimes	26%
	Never	17%
Individual gets along with the caregiver/staff:	Always	82% ^{***}
	Sometimes	31%
	Never	-----
The caregiver/staff spends enough time with individual:	Always	86% ^{***}
	Sometimes	42%
	Never	38%
Individual has enough privacy:	Always	83% ^{***}
	Sometimes	44%
	Never	46%

For example, for those individuals who never have trouble communicating with their caregiver, 81% are very satisfied with their care. As well, when a person feels that their caregiver is trustworthy, they are also much more likely to be satisfied with their care.

Satisfaction Is Not only about Caregivers’ Technical Ability

The characteristics associated with high levels of satisfaction cited above are not only about care in the medical sense. Communication, dignity, safety and reliability are all important dimensions to those we surveyed. A key question is whether or not these qualities can be grouped together in some way to capture the key conceptual categories or underlying “dimensionality” that comprise the concept of satisfaction. Through a process called Factor Analysis, we found that there are two Factors that describe key aspects of satisfaction. The first Factor captures the quality of the caregiver’s technical skill – in other words, how good they are at their job. The second Factor is more about the nature of the relationship between the care receiver and the caregiver. This factor seems to capture more of the qualities that would set the care recipient (and their family) at ease with having a non-family member performing such personal and important tasks. While both are important, the first – technical skill – seems to capture more of what comprises satisfaction (Table 2).

These factors do remain relatively stable over time, although there are changes in the importance of the individual characteristics. The interviews were conducted quarterly over a period of one year period and the same factors representing technical skill and relationship-characteristics were identified as significant.

Table 2: Principal Component Factor Analysis Results on Satisfaction level (All Care Settings)

Underlying Variables Tested	Components	
	Factor 1	Factor 2
Caregivers/staff provide high quality care	.844	.136
Caregivers/staff good at what they do	.823	.206
Satisfied with current staff/caregivers	.756	
Reliable caregivers/staff	.738	.273
Caregiver spends enough time	.579	.283
Care recipient feels safe	.503	.478
Caregivers/staff are trustworthy	.491	.457
Does the care recipient have trouble understanding the caregiver/staff		.695
Care recipient gets along with caregiver/staff	.306	.642
Care recipient has enough privacy	.192	.616

Factor 1: Eigenvalue is 4.36 and % of variance explained is 43.5%

Factor 2: Eigenvalue is 1.042 and % of variance explained is 10.4%

Total cumulative variance explained is 54%

Oftentimes, discussions around LTSS center around the fact that people want to remain living in their own homes for as long as possible and receiving care there if needed. However, simply receiving care at home is no guarantee that one will be satisfied with the care received. Table 2 is based on an analysis of factors in each of the three service settings. When we analyze the characteristics associated with satisfaction in different care settings, the results do vary. For example, for the institutionally-based services – nursing home care and assisted living – the factors are essentially the same. However, for the home care setting an additional Factor underlying the concept of satisfaction emerges (See Table 3).

Table 3: Principal Component Factor Analysis Results on Satisfaction Level in Home Care Service Setting

	Factor 1	Factor 2	Factor 3
Reliable caregivers	.807	.068	.181
Caregivers good at what they do	.800	.231	.154
Caregivers provide high quality care	.791	.204	.223
Caregivers spend enough time	.547	.198	-.116
Care Recipient gets along with caregiver	.165	.759	-.145
Care Recipient has enough privacy	.195	.602	.096
Care Recipient feels safe	.292	.524	.272
Caregivers are trustworthy	.275	-.080	.835
Does the care recipient have trouble understanding the caregiver/staff	-.079	.548	.654

Factor 1: Eigenvalue is 3.29 and % of variance explained is 36.6%

Factor 2: Eigenvalue is 1.14 and % of variance explained is 12.7%

Factor 3: Eigenvalue is 1.02 and % of variance explained is 11.4%

Total cumulative variance explained is 61%

The first factor remains the same for the home care setting in that the quality of the technical skills of the caregiver remain important. However, something interesting happens to that second factor that captured the qualities related to the relationship between the caregiver and care receiver – it splits into two different and distinct facets of the relationship for those receiving care at home. The first facet relates more to a sense of physical security within the relationship between the caregiver and receiver. The second facet has more to do with a sense of emotional security. These variables that constitute the third factor capture a qualitatively different dimension of satisfaction, one related more to the emotional connection with the caregiver.

Why would this be particularly important in the home care setting? One reason is that in the home care setting, the individual is opening up their private living and personal space to the caregiver. To do so comfortably requires a level of trust be built with the caregiver; this trust is in large part a function of the ability of the caregiver to communicate clearly and effectively with the individual and to show respect for their home, their situation and their ability to be involved in what is going on with them. This has much less to do with the precise types of assistance provided, but rather, the sense of well-being and connection felt in the presence of the caregiver. The caregiver often begins the caregiving experience as a total stranger. Over time, however, they become an intimate companion, whose technical skills may be important, but are not the defining characteristic explaining why someone is or is not satisfied. While not the single most important factor, it does add an important dimension to our understanding of what is valued by the care receiver.

Conclusions

LTSS is an intimate exchange between a caregiver and a chronically ill older adult that takes place on a daily basis. Understanding satisfaction in this arena is different in some fundamental ways than understanding satisfaction or quality with medical care. Providing care to chronically ill older adults is not (only) about getting better. In fact, it is most often about understanding, communication, maintaining independence and continuing social relationships. If we are able to obtain a deeper understanding of what really matters to chronically ill older adults using LTSS it will support providers in focusing on what constitutes the best possible service, which in turn will lead to increased satisfaction for the care recipient.

It turns out that quality is not only about who has the most training and skill as a caregiver. It is also about safety, being involved in schedules and decisions, communication and a sense of respect and well-being. Particularly at home, the emotional bond and sense of personal security engendered by a high degree of trust and communication are important dimensions of satisfaction. For the most part, the discussion of quality and satisfaction has centered on acute care concepts and language with a focus on 'getting better' being equal to quality and satisfaction. The nature of the LTSS exchange cannot be viewed in this light and continuing to measure satisfaction by how well a caregiver can give a bath or dress a wound or how quickly a person can recover will not serve those older adults entering and using the LTSS system well. Here, we have shown that understanding satisfaction from a LTSS user's perspective requires new language, a different dialogue and greater focus on what qualities are important to the individual and their family.

Setting expectations immediately when care commences, monitoring those expectations, reassessing a care recipient's condition, as well as the care provider's technical and personal relationship skills would all contribute to supporting consistently higher levels of satisfaction over the course of one's use of LTSS.