



# Service quality in nursing homes

*A construct, measurement and performance  
model to increase client focus*



**An Executive Summary**

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Freek Lapré & Gillian Wright, *Service Quality in Nursing Homes*  
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## **Introduction**

This book is a summary of the results of the research of Freek Lapré and Gillian Wright "*SERVICE QUALITY IN NURSING HOMES, a construct, measurement and performance model to increase client focus*". In this research a model was developed based on empirical evidence to measure client focus in nursing home services. The research was carried out in 2012 in seven nursing homes in the Netherlands.

This book is published in English, Dutch, French and German. To make the results accessible to a greater audience the results are described in plain English.

This book is written for all who are interested in the results of this research and who are motivated to increase client focus with the goal to realise a higher quality of life of nursing home residents.

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## **1. Motivation for this research**

It was a personal experience that led to the implementation of this research. When I was working as an interim CEO for an organisation that runs several nursing homes I was confronted with a situation that I considered represented our quality of service. As an interim CEO I was waiting for a meeting in one of the nursing homes within my organisation. To kill the waiting time (managers were on their way to the meeting), I waited in the reception area, to experience the atmosphere of the entrance to the nursing home. While I was waiting, the sliding doors opened and a lady came in accompanied by a man and a woman, with several bags and suitcases. It was obvious that this lady was moving into the nursing home. These three people approached the reception desk. Behind the reception desk, the receptionist was on the telephone and did not look up when the three were standing in front of her desk. A second person was copying papers and stood with her back to the three people. The three people waited for about four minutes, nothing happened. The receptionist ended her phone call, looked up and said: "Yes?". The man bent towards the receptionist and said: "my mother is coming to live here". She said to him: "what is her name? I will call the nursing unit. Wait over there and someone will pick you up" and waved them away.

Can you imagine what it would be like to be treated in this way when you are in the middle of a dramatic life event like moving into a nursing home? I went to these three people, welcomed them and stayed with them until someone came to bring them to her room. This event made a deep impression on me.

Apparently management and staff are not conscious that you have to adjust the service (reception) to the client's situation

(someone who, because there is no other option, has to move to a nursing home).

Therefore, this research is focussed on understanding which aspects of nursing home services are important - according to residents and their family, and which aspects are central determinants of client focus in nursing home services.

## 2. Aim and methods of this research

### *Aim*

The aim of this study is:

to construct a model, based on empirical evidence, to measure client focus in nursing home services and thus give insight to staff and management of how to increase resident and family satisfaction.

This research was supported by ActiZ, the national organisation for nursing homes, care homes and home care, and the LOC, the national organisation for client councils.

### *Methods*

This research consists out of two parts:

- In the first phase of this research, the data were collected through face to face semi-structured in-depth interviews with nursing home residents with physical limitations and family members of residents with dementia.
- In the second phase of this research the results of the interviews were used to construct a survey that was completed by nursing home residents with physical limitations and family members of residents with dementia.
- The results of these interviews were statistically analysed and were used to construct a model for the measurement of client focus in nursing homes.

### 3. The extant literature

Before the research fieldwork was undertaken, a literature search was carried out with the goal of understanding what is already known in the field of quality of nursing home services. The literature search was not only limited to health care but included the issue of quality in all service sectors including commercial service sectors. The literature search led to the following main conclusions:

- In the first place the nursing home sector can be seen as a service sector because nursing home services comply with generally accepted characteristics of a service

These characteristics are:

- *Intangibility* refers to services as a performance that are not visible and cannot be felt, tasted or touched, like goods. In nursing homes it is an experience between staff and resident.
- *Inseparability of production and consumption* focuses on the fact that there is no sequence between the delivery of the service and the consumption of it by the consumer like care that is “consumed” by the resident the moment that it is provided.
- *Heterogeneity* is about the high variability of services. The interaction process between staff and resident leads to unique situations and therefore has in every service, the potential to be unique.
- *Perishability* means that the nursing home service cannot be stored.

Therefore, in this study the term “service” will also include care.



- In the second place the literature search has resulted in a potentially usable model for the quality of services, the so-called SERVQUAL model. This model was developed in the commercial service sector (banks, telephone and repair companies) and was later also applied in health care and nursing homes. The SERVQUAL-model is based on expectations and experiences that are each measured through 22 multiple choice questions covering five areas:
  - a) Tangibles: the physical facilities, equipment and appearance of personnel like the room in the nursing home
  - b) Reliability: ability to perform the promised service dependably and accurately without failures
  - c) Responsiveness: willingness to help residents and provide a prompt service: how fast is staff response when a resident calls?
  - d) Assurance: knowledge and courtesy of staff and their ability to inspire trust and confidence
  - e) Empathy: caring, understanding of staff of resident's situation).

However, there are important difference between the commercial service sector and nursing home services:

- The "purchase" of nursing home services is not comparable with the purchase of a service such as a train ticket. The need for a nursing home is the result of a long process that is painful for all involved.
- The decision to place someone in a nursing home is mostly taken not by the one who needs nursing home services, but by a spouse, the family or a doctor.

- The "customer" is very dependent on the individual staff members of the nursing home. There is no other option if the service is not liked.
- The resident lives in the nursing home and this means that during this period the interaction with the staff and service providers is long and intense. This differs from other service sectors when there is a moment of interaction after which everybody goes their own way.
- The role of the physical environment in residential care facilities is a very important attribute. The resident lives *in* the service environment so the service environment is part of the delivered services. This is fundamentally different from service industries like a bank that you walk out again after receiving the service.
- Regulation of health care services is more complex and tighter because it deals with professional services by physicians and nurses. Therefore technical aspects are dominant over functional aspects of care which diminishes the ability to adjust the service the resident's demands.
- The effectiveness of the service is described in the literature as the customer experience with the provided service. In the nursing home the effectiveness goes beyond this and is related to the quality of life, a very personal and subjective phenomena.
- Access to nursing home services is different from the commercial service sector. Apart from qualifying for nursing home services there is also a waiting list that plays a role leading to a limitation of the resident's choice for as nursing home.

- The "client" of the nursing home is not only an individual, but may also be significant others such as family and friends - there is a "client system".

## **4. Phase 1: the interviews**

The data for phase 1 were collected through face to face semi-structured in-depth interviews with 7 nursing home residents with physical limitations and 6 family members of residents with dementia.

The age of the residents ranges from 70 to 89 years and their years of residency from 3 months to 5 years. The interviewed family members are five children and one husband. In two interviews the daughter and son-in-law were also involved in the interview.

The goal of the interviews was to:

- Explore the process to nursing home admission
- To understand the basic concepts of the SERVQUAL-model (see page 9) in the context of a nursing home

The important outcomes of the interviews are:

- Predominantly, different paths led to moving into the nursing home. Some interviewees said that they had gone straight from home to the nursing home, but most of the interviewees had been first admitted to a hospital, sometimes followed by a stay in a rehabilitation centre, whilst others had moved into the nursing home from a care home.
- The decision to move to a nursing home is a dramatic, negative decision that leads to feelings of guilt by those who stay behind
- The choice for a preferred nursing home is not always there. A private room is an important aspect that influences the choice for a nursing home, as is location: close to the

children. Also reputation (word of mouth) and previous experiences were named as aspects that influence choice

- Residents and the family of residents did not have any expectations about the nursing home. It was the first time they were entering a nursing home when their loved one moved to the nursing home. When family members were asked about their expectations of the nursing home they pointed out that they expected that: "*they take care of him like at home*". There are no specific expectations but only this general notion.
- In situations where resident and family think that the stay in the nursing home was only temporary, the expectation was to be back home soon. Once they realise that there is no way back and the nursing home is the only perspective that is left, they accept the situation. But that did not create expectations about the nursing home services. The situation was accepted and with that the current level of services. Thus the concept of "expectations" as used in the commercial service sector is absent.
- But what they find important in daily life in the nursing home was something that interviewees could clearly point to.

With regards to the original SERVQUAL-dimensions the results of the interviews were as follows:

- Tangibles
  - o Although a private room played an important role in the choice for a nursing home, it was not a dominant factor in the daily life for a nursing home resident. The interviewees refer more to privacy than to having a private room.

- Choice in food and drink is seen as an important aspect, though according to some family members of residents with dementia choice is not important because *“father is not able to make a choice because of his dementia”*.
- Reliability
  - Keeping your word is seen as important. If a staff member says that she will be there within 5 minutes and after half an hour is not to be seen, this is unacceptable. That mistakes are made is accepted by the interviewees, because they can be often restored due to the continuous character of the service encounter
  - Interviewees said that they have to ask multiple times before the staff do something
- Assurance
 

Assurance was present, described from the following perspectives:

  - Protection against theft or loss. Especially as loss of clothes and dear personal items is something that residents and family often experience.
  - Confrontation with dying or deceased residents. Interviewees didn't want to be confronted with, or wanted to be notified, so they can prepare for the death of a resident they know.
  - Keeping their dignity. This was seen as an important aspect of courtesy and respect of staff and in which making your own choice about what clothes to wear plays an important role.

- Responsiveness
  - o Residents want to be informed about the daily recreational activities in the nursing home
  - o An instant response to a resident's request/demand is seen as a key factor. It doesn't mean instant help/support, but responding to the signal so that the resident knows that they are heard. And then it is important that the resident is not forgotten.....
  
- Empathy
  - o Empathy in the SERVQUAL-model means: knowing what situation the client is experiencing. In this context in the interviewees mentioned the contact with the nursing home physician. The interviewees had little contact with the physician. During the admission process there is contact, but if the family wants to discuss medication and treatment, they experience that the physician is not listening and carries out their own policy – in one case, even when a the daughter of the resident was a nurse.
  - o Also access to, and participation in social activities, to prevent loneliness is seen as important.
  - o To take time to talk with the resident and family about what bothers them is seen by the most interviewees as important but is notably missing. By taking more time to talk with the resident and family will give, for example, more understanding for the restlessness of a resident with dementia. Or as an interviewee said: *"the staff are better trained in care activities than in dealing with dementia. How do you give attention to a woman who is seeking her children in "her" living room that is filled with strangers? The solution is found in sedative medication."*

- A good quality of life is seen as important by the interviewees. Although this is a highly personal experienced item, the interviewees think that more attention needs to be paid to this aspect.

At the end of the interview the interviewees were asked to rate their satisfaction with the services delivered by the nursing home on a scale from 1 (lowest) to 5 (highest). Although in general a 4 or 5 was given by the interviewees, simultaneously they said that they were dissatisfied.

This question was also experienced as difficult:

- When the interviewer said something about dissatisfaction the interviewees were tending to give a higher score
- While when the interviewees said that they were very satisfied they said also that this was not for all service aspects because about some aspects they were dissatisfied.

Finally, a sixth dimension emerged from the interviews as well as the existing five SERVQUAL dimensions (see page 9). This sixth dimension was labelled "system orientation" and deals with the degree to which the daily life of a resident is influenced by the organisation of activities. In other words: is the daily life in the nursing home focussed on the system or on the resident? Making choices about when going to bed, get up, when you want to eat, what clothes you want to wear and when to go out is seen as important by the interviewees. Also being involved about the decisions about themselves is an aspect of system orientation according by the interviewees.

The results of the interviews were used as input to construct a survey completed by residents with physical limitations and



family of residents with dementia in the second phase of this study.

The results of these interviews are also used to understand the quantitative outcomes in the second part of this study.

## **5. Phase 2: the survey**

### **5.1. Designing the survey**

The results of the interviews were used to construct a survey. The foundation for this survey is the existing SERVQUAL-model, comprising 22 statements in five dimensions (see page 9). The statements in the SERVQUAL survey are:

- Adjusted because they were formulated for a commercial service sector like banks. An example: the statement "customers of excellent companies will feel safe in their transactions" is replaced by the statement "During the stay in a nursing home I find it important that there is no theft in the nursing home"
- Or are removed because they were not applicable in the nursing home context. This includes a statement about brochures that are visually appealing. This statement was removed because when choosing a nursing home, brochures play only a minor role in the encounter between staff and the potential resident.

A sixth dimension was added that covers the degree of system orientation (see page 16) and consists of 4 statements.

The final result was a survey with 27 statements divided over six dimensions:

- a) tangibles
- b) reliability
- c) responsiveness
- d) assurance
- e) empathy
- f) system orientation.

The respondents were asked to score these 27 issues twice: once about how *important* they found this issue and second how they *experience* this issue. Also, some personal questions were added, but in a way that the respondent couldn't be identified. In total 75 multiple choice questions were included.

This survey was reviewed by a panel that consists of an older resident and family members of a resident with dementia. They were asked if they understood the statements and how much effort it took to complete the survey. Based on their findings the survey was adjusted slightly.

## **5.2. Completing the survey**

The survey was sent to 457 family members of nursing home residents with dementia and to 177 nursing home residents with physical limitations with the request to complete the survey. A nurse and a speech therapist with nursing home experience were asked to help the residents with physical limitations to complete the survey if they asked for support. To prevent a bias the nurse and the speech therapist were instructed how to prevent influencing of the scores.

To increase the response it was noted on every survey that for every completed and returned survey, €5 would be donated to the Alzheimer Foundation in the Netherlands.

223 of the 457 sent out surveys were completed and returned which means a response rate 48.6%. The response rate of the residents was 40 out of 177 surveys; all asked for support to complete the survey. This means a response rate of 22.6%.

The response rate of family members is high. Taking into account that 75 questions had to be completed, the response rate of residents can be seen as reasonable to good. The

response of the residents is influenced by a CQ (Consumer Quality) research that had to be done because of quality certification purpose. This had influenced the willingness of residents to participate in this study.

### **5.3. Characteristics of the sample**

De characteristics of the sample were:

- The average age of the resident respondent is 77.7 years. The oldest was 97 years old and the youngest 50 years.
- The average years of residency were for residents 2.6 years and varied from 2 months to 10 years.
- 56.4% of the resident respondents is female and 43.6% is male
- The average age of family respondents is 59.3 years. The oldest was 88 years old and the youngest 27 years
- 69.5% of the family respondents is female and 30.5% is male
- 75.2% of the family respondents were children of a nursing home resident while 8.6% were the spouse of a resident. The others were other family members (siblings or nephew/niece) or friends.
- The average years of residency of the resident with dementia was 2.7 years and varied from 1 month to 16 years.

### **5.4. The path to the nursing home**

The survey also contained questions about how the path to the nursing home has been developed for the resident and the family.

#### Who takes the decision?

Who took the ultimate decision to move to the nursing home? For residents with a physical limitation 23.1% took the decision

themselves. In 30.8%, according to residents, it was their family who took the decision.

It was striking that according to 35.9% of the residents, the physician was seen as the most important decision maker and for 7.9% it was the physician together with the family.

This is confirmed by the family members of residents with dementia. According to 27.4% of the family members the decision was taken by the residents themselves and in 27.9% the family. But also here 26.5% of the family members identified the physician as the most important decision maker and 10.5%, the physician together with the family.

The results indicate that the physician is an important stakeholder in the decision making process. Or as a respondent described: *"You never take the decision to go to the nursing home by your own. It is always the family together with the physician."*

#### Where do residents come from?

32.5% of the residents with physical limitations came directly from home to the nursing home. For residents with dementia this was significantly higher: 59%. Furthermore, 30% of the residents with physical limitations came from a hospital or a rehabilitation centre compared to 13.8% of residents with dementia. In both groups 15% of the residents came from a care home. Residents with physical limitations tend to move more than residents with dementia (respectively 17.5% en 9.2%).

### What determines the choice for a nursing home?

The survey contained two questions about the choice for a particular nursing home. The first one concerned the existence of a choice between nursing homes and the second was about the criteria were leading to the choice for a particular nursing home.

62% of all respondents indicated that they had a choice of nursing home. The three most important criteria are, in order of importance:

- The location: close to the children or other family (85.8% very important to important)
- The room/the facility: a private room and a modern facility (78.5% very important to important)
- reputation: what have I heard or read about this nursing home (74.4% very important to important).

There was no difference between the scores of residents with physical limitations and family members of residents with dementia.

## **6. Importance factors in the nursing home**

### **6.1. Factor analysis**

The survey consists out of 27 statements with five point scales (very important - important – no opinion – unimportant – very unimportant) to which respondents could score how important this statement was for them for nursing home services. These score are statistically analysed.

The most important analysis was the factor analysis. This analysis was used to uncover how different statements were scored in the same pattern so they can be summarised in one new variable, the so-called factor. This factor can be seen as an indicator for importance. Though this analysis highlights which factors account for the most variance in the data, it does not reflect how important the respondents think the factors are, only that this is an indicator for importance.

The result of the factor analysis; six factors for importance is displayed in figure 1.



**Figure 1: Results factor analysis: six indicators about what residents and family find important in nursing home services**

From this factor analysis two factors are emerging as strong indicators for importance in nursing home services according to the scores of the respondents. Strong in this context means that these factors have a strong predictive value (explained variance of scores) and have a strong internal consistency (how different statements are measuring the same). These are the factors “respect and empathy” and the earlier mentioned factor “system orientation” (see page 16).

The factor “respect and empathy” contains the aspects of nursing home services:: respectful staff, sincere interest of staff



to solve some ones problem, give comfort when someone is sad of lonely, focus on to keep some ones quality of life as high as possible, that every staff member is able to deal with questions of resident and family, that staff reckons with some ones personal lifestyle and that there is time to talk with the staff when a resident is bothering with something.

The factor "system orientation" contains aspects: deciding when to eat, what clothes to wear, when to go out and when to go to bed and getting up. However, the aspect "involvement in decisions about themselves" is not included as an important aspect in this factor.

The question now is: How important are these two factors according to the respondents?

Therefore the average score of the respondents was calculated on these two factors based on the average scores of the aspects in these factors. The results are that the factor "respect and empathy" is seen as the most important factor with an average score of 1.55 with the lowest standard deviation of 0.4. 1.55 means a score between very important and important.

The factor "system orientation " is seen as least important with a score of 2.48 and the highest standard deviation of. 2.48 is a score in between important and no opinion.

What the scores make open for discussion is that no opinion is interpreted as neutral or that the respondent had really no opinion about this.

A statistical test indicates that there are differences in scores between residents with physical limitations and family members of residents with dementia. Family members find respect and empathy less important than nursing home residents with a

physical limitations. This can be explained as some family members indicate that their partner or parent have no consciousness of their environment, so that respect and empathy have no effect on them. The resident with dementia is, according to these family members, not aware of the way the staff is interacting with them. This is, for example, described by a daughter of a resident with dementia: *"I have respect for the staff how daily has to deal with residents with dementia. They are the ones who have to decide for the resident. This requires knowledge of the questions and needs of the residents. I experience that this is most of the time the case. But I also understand this cannot always be the case"*.

## **6.2. Testing the SERVQUAL-dimensions**

To test the original five importance dimensions of the SERVQUAL model (see page 9) in the nursing home context the respondents were asked to give a top 5 of these dimensions. The respondents could choose out of:

- The facility, the amenities and the room (tangibles)
- Keeping promises (reliability)
- Fast response when needed (responsiveness)
- Professionalism of staff (assurance)
- Personal attention (empathy).

This top 5 could be ordered by putting these dimensions in order of importance. The respondents could choose from:

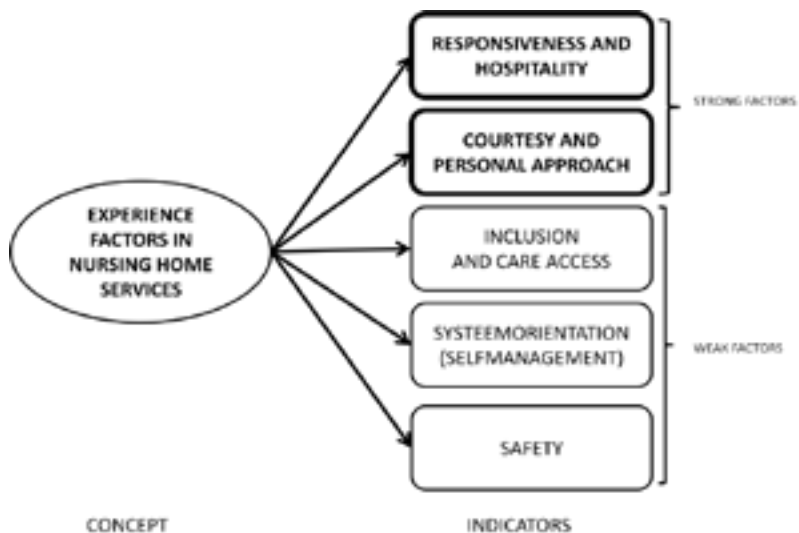
- The most important
- Very important
- Important
- Slight unimportant
- Least unimportant.

From this score "personal attention" had the highest score: 50.5% of all respondents found this the most important and 23.3% found this very important. Professionalism of staff scored as second with 34.3% as most important and 36.7% as very important. Keeping promises was seen by 5.2% of the respondents as most important and by 20.5% as very important. It is noted that the facility, the amenities and the room are seen by 50% as slight and least unimportant while this was the most important aspect in the choice for a nursing home. Thus there is a difference in the position of the facility, the amenities and the room as a reference for the choice for a nursing home and as reference for the importance in nursing home services.

## 7. Experiences in the nursing home

The second part of the survey was about how respondents were experiencing the delivery of the nursing home services. The same 27 statements used to score on importance were now used to score on experience. The respondents could score on a 5-point scale how they were experiencing the service delivery (very good – good – average- bad – very bad)

These scores were also statistically analysed by a factor analysis (see page. 29). Here again, it is important to note that the factors do not indicate how the respondents experience the service delivery, but only that this is an indicator for experience. The factors that come out of the factor analysis are displayed in figure 2.



**Figure 2: Results factor analysis: five indicators to measure experiences**

From this factor analysis emerge, based on the explained variance and the internal consistency, two factors as strong indicators for experience. These are the factors "responsiveness and hospitality" and "courtesy and personal approach".

The factor "responsiveness and hospitality" contains: when promised to come in a certain timeframe the staff will do so, immediate response when a resident is calling, not to have ask things twice before something is done, never too busy to respond to requests, choice of food and drinks, sincere interest of staff in solving problems of residents and family, professional attitude of staff, information about which activities are organized during the day and keeping the quality of life of the resident as high as possible.

The factor "courtesy and personal approach" contains: polite and respectful staff, comforting staff when the resident is sad or lonely, a neat staff appearance, that staff reckons with someone's personal lifestyle of the resident, that there is time to talk with the staff when a resident is bothered by something, involvement of residents or family in making decisions about the resident.

To identify the experiences on these two factors the average scores of the respondents on these factors were calculated.

- The factor "courtesy and personal approach" has the highest score with an average score of 2.13 and a standard deviation of 0.49. A score of 2.13 means that respondents score this as "good" with a slight tendency to "average".
- The factor "responsiveness and hospitality" scores 2.36 with a standard deviation of 0.56. A score of 2.36 means that

respondents experience this factor between "good" and "average" with a slight tendency to "good".

There is no difference between the scores of nursing home residents with physical limitations and family members of nursing home residents with dementia.

## **8. Relation between importance, experience and satisfaction**

### **8.1. Relation between importance and experience**

The next question then, concerns the relationship between what respondents find important in nursing home services and how they experience the delivery of nursing home services.

In other words: are important criteria also the reference for how they judge the experience of the services?

Two things can be said about this relationship:

- the importance and experience issues are different. This indicates that what respondents considered as important is not the foundation on which experiences are judged on.
- A correlation analysis showed that there is no significant relationship between importance and experience factors. This means that when there is an upward or downward trend in the scores on importance, that this is not followed by a same trend in the experience scores.

In other words: what respondents find important is not the reference for how respondents judge the experience of service delivery.

### **8.2. Relation between importance, experience and perceived service quality**

The next relationship that was analysed was between importance, experience and perceived overall service quality.

There is no relationship between importance and perceived overall service quality. In other words: what respondents find important give no guidance for perceived service quality.

However, there is a strong relationship between the experience with service delivery and perceived overall service quality.

In other words: the experiences with service delivery guides the perception of overall service quality. A (regression-)analysis indicates that this relationship is positive. That means that positive experiences with the service delivery lead to a higher perceived service quality and negative experiences with the service delivery lead to a lower perceived service quality.

The next question that emerges is if whether perceived service quality has a predictive value for resident satisfaction.

### **8.3. Perceived service quality and resident satisfaction**

Resident satisfaction was measured by a question about how residents and family members view their overall satisfaction with the service. They could choose from the following answers: delighted- pleased – OK- no opinion – a bit disappointed – unhappy – awful.

The analysis showed that perceived service quality (see 8.2.) indeed has a predictive value to the satisfaction of the nursing home. The higher the perceived service quality is, the more positive is the satisfaction about the nursing home.



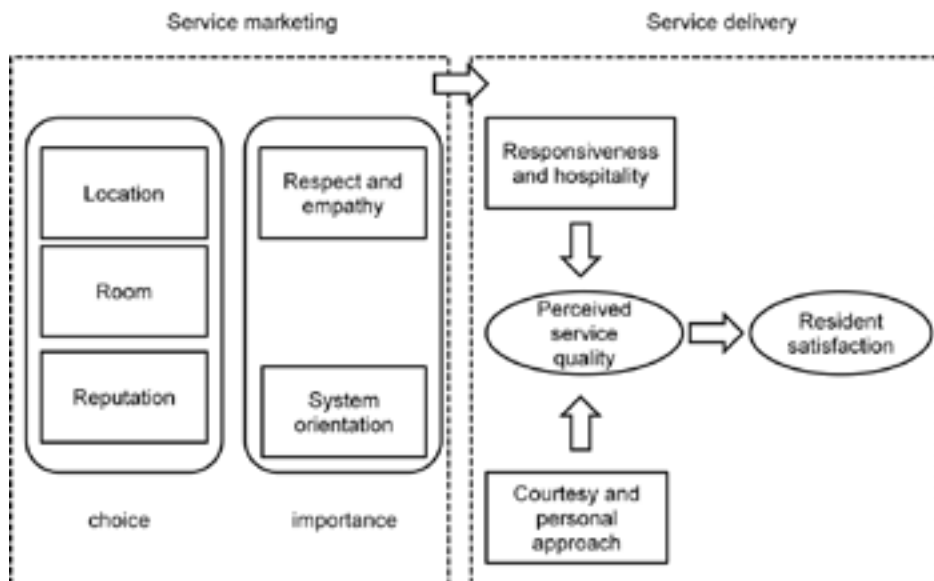
## **9. Core conclusions**

The analysis of the data from the surveys have led to the following core conclusions:

- Dimensionality has some similarities, though key differences to those suggested in SERVQUAL. The differences are mainly caused by the specific characteristics of a nursing home. A sixth added dimension emerged also as a coherent dimension from the factor analysis.
- The notion of "expectations" from the SERVQUAL-model is not applicable in the nursing home context. Instead "importance" is a concept that is better understood by nursing home residents and family.
- The experiences with service delivery in the nursing home is a predictor for satisfaction. By managing the experiences of nursing home residents and family effectively, satisfaction can be influenced positively and thus a positive attitude towards the nursing home.

## 10. A model for client focus in the nursing home service delivery

Based on the results from this study a model emerges to measure the client focus (resident and family) of nursing home services. This model is displayed in figure 3.



**Figure 3: Model to measure client focus in the nursing home services**

The model covers two areas: “marketing” and “service delivery”.

The area of marketing contains two aspects:

- a) The choice of a nursing home
- b) What residents and family find important.

These two aspects give management of nursing homes the opportunity to influence the choice of potential residents and their family in a positive way by an appropriate marketing strategy and thus to increase the attractiveness of their nursing home compared to competitors.

By emphasising the location (close to the children/family), by displaying the quality of the room and the facility, by managing the reputation and to explain the most important aspect in nursing home services delivery (respect, empathy and to set their own life setting (degree of system orientation) an effective marketing strategy can be defined.

The importance of these aspects can be made transparent in individual nursing homes by measuring these aspects using the questions included in this survey.

The area service delivery contains four aspects, that are paired in two:

- a) responsiveness and hospitality
- b) courtesy and personal approach.

The client focus of the service delivery in nursing homes can be increased by managing these four aspects. This will lead to an increase in resident and family satisfaction.

## **11. Limitations of this study**

This study also has limitations. The most important are:

- The importance and experiences were measured at the same moment. This means that importance is retrospectively measured: residents and family have to bring back from their memories of what they found important from the nursing home prior to the move to the nursing home. This can be biased the measurement of importance.
- The opinion of nursing home residents with dementia is measured through their family members. The opinions of the family members do not have to be the same as those of the resident with dementia.
- The sample of respondents was unbalanced in the sense that far more family members than residents have participated in this study. This could have biased the results. However, the factor analyses give no indications that there is a significant difference between the scores of the residents and the family members on important indicators.

## **12. Application of the model in practice**

The results of this study have practical use for the management of nursing homes and care homes with a nursing home unit by measuring the client focus in their service delivery with the model constructed in this study.

More concrete application of the model can give insight into the differences in opinions of residents and family on one side and staff/management on the other side about

- What they find important in the service delivery in the nursing home
- How the service delivery is experienced by the different groups.

A so-called gap analysis (analysis of the difference in scores between the different groups) can give insight about how aligned these groups are. When the results of residents and family members are close to those of the staff and management then it can be assumed that client focus of marketing and of service delivery is high.

When the results show a difference between resident and family on one side and staff and management on the other side then client focus can be considered as low. Then there are reasons to start a discussion between residents, family, senior executives and staff members.

Another application of this model is that it can measure differences between senior executives and staff in what they find important in services and how they experience the service delivery.

When the scores differ greatly from each other about importance then a discussion is needed about the marketing strategy.

Indeed, staff members are also marketers for the nursing home, because they are in close contact with their customers: residents and family.

When the scores of senior executives and staff in how they experience the service delivery differ greatly from each other then the question arises if the impressions of staff and executive levels in the nursing home about the operations are realistic. This is a reason to discuss with each other what a realistic view is and why they are not matching with each other.

Movinex BV can, if needed and desirable, help nursing homes and care homes with a nursing home unit to measure, based on the model in this study, and to benchmark with other nursing homes. This presents the possibility of influencing to what level the nursing home succeeds in optimizing its client focus in their marketing and their service delivery.

Because that is the ultimate goal we all strive for.

## 13. About the authors

**Freek Lapré** (1958) is a nurse by training. He holds Masters in Health Sciences (MSc) and Change Management (MCM) and a Doctorate in Business Administration (DBA). He works more than 20 years as a certified management consultant (CMC) in health care and related industries. He is partner at Movinex BV, a Dutch based consultancy firm that is specialised in issues related to ageing and long term care. He works as a strategic consultant for organisations in health care and long term care, banks, pension funds and other (international) clients in the Netherlands, The United Kingdom, The United States and the Russian Federation. He is also the Academic Director of the Master in Health Administration programme of the TiasNimbas Business School of the University of Tilburg. Finally he is a member of the Board of Directors of the European Association of Homes and Services for the Ageing in Brussels.

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## **Movinex**

Improving the life of vulnerable residents who are in need of support. That is the goal of Movinex, a Dutch based company that helps organisations in social and health care and other service sectors. Movinex supports with strategic planning, reorganizing and redesign of operations and the organisational and management structure.

We set up and manage supporting structures that make ageing neighbourhoods and villages more liveable and vivid.

Through research of service quality we improve the client focus of organisations that result in a higher satisfaction and a better reputation. We use proven constructs and methods that are highly recognised in science.

## **Sodexo Institute for Quality of Life**

*"We strongly believe that Improving Quality of Life contributes to the progress of individuals and to the performance of organisations."*

Michel Landel, Chief Executive Officer.

Sodexo created the Sodexo Institute for Quality of Life to serve as a forum for reflection and progress. It is dedicated to demonstrating the link between Improving Quality of Life, the Progress of Individuals and the Performance of Organizations.

Its main aim is to capture and exchange knowledge and experiences related to Improving Quality of Life:

- Identify best practices and case studies
- Build a library of publications, studies, surveys and research
- Support studies made within Sodexo on this topic, ensuring their consistency with the Group's strategy and guaranteeing a robust and appropriate methodology.



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