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Patient-Centered Care Improvement Strategy for Shanghai Yiyang Nursing Home

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MSc in Business Administration

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BUSINESS
SCHOOL

Department of Marketing, Operations and General Management

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Resumo

No contexto do rápido envelhecimento populacional e da crescente urbanização na China, os idosos enfrentam desafios prolongados relacionados tanto ao envelhecimento quanto à saúde. As instalações de cuidados tradicionais e as instituições médicas frequentemente lutam para atender de forma abrangente às necessidades duplas desse grupo demográfico. Isso levou ao surgimento de modelos de cuidados integrados que combinam saúde e apoio aos idosos, um setor que se expandiu significativamente nos últimos anos. Para que essas casas de repouso atinjam desenvolvimento sustentável e mantenham uma ocupação estável, é essencial não apenas reter os residentes atuais, mas também atrair clientes em potencial. Portanto, melhorar a satisfação dos residentes idosos e de suas famílias é de importância crítica. A satisfação aprimorada promove a lealdade do usuário, incentiva o engajamento contínuo e promove o boca a boca positivo, contribuindo para um ciclo virtuoso em um mercado competitivo.

Este projeto avalia a experiência e a satisfação do paciente na Casa de Repouso Shanghai Yiyang e projeta um plano estratégico para sua melhoria. O estudo emprega uma abordagem de métodos mistos, incluindo revisão de literatura, questionários e entrevistas no local, para diagnosticar problemas-chave, identificar os principais fatores que influenciam a satisfação do paciente e desenvolver contramedidas eficazes e centradas no paciente. O plano de melhoria proposto concentra-se na qualidade do serviço, atitude da equipe, envolvimento em atividades e cuidados personalizados, fornecendo estratégias acionáveis para elevar a satisfação geral, melhorar os padrões de serviço e apoiar o desenvolvimento a longo prazo da casa de repouso.

Palavras-Chave: Paciente, experiência, satisfação, casa de Repouso

JEL Classification: M10

Abstract

Against the backdrop of a rapidly aging population and increasing urbanization in China, the elderly face prolonged challenges related to both aging and health. Traditional care facilities and medical institutions often struggle to meet the dual needs of this demographic comprehensively. This has led to the emergence of integrated care models that combine healthcare with elderly support, a sector that has expanded significantly in recent years. For such nursing homes to achieve sustainable development and maintain stable occupancy, it is essential to not only retain current residents but also attract potential clients. Therefore, enhancing the satisfaction of elderly residents and their families is of critical importance. Improved satisfaction fosters user loyalty, encourages continued engagement, and promotes positive word-of-mouth, contributing to a virtuous cycle in a competitive market.

This project evaluates the patient experience and satisfaction at Shanghai Yiyang Nursing Home and designs a strategic plan for its enhancement. The study employs a mixed-methods approach, including a literature review, questionnaire surveys, and on-site interviews, to diagnose key issues, identify the primary factors influencing patient satisfaction, and develop effective, patient-centered countermeasures. The proposed improvement plan focuses on service quality, staff attitude, activity engagement, and personalized care, providing actionable strategies to elevate overall satisfaction, improve service standards, and support the nursing home's long-term development.

Keywords: Patient, Experience, Satisfaction, Nursing Home

JEL Classification: M10

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Glossary

CES - Constant Elasticity of Substitution Model

LSR - Rating Life Satisfaction

LSIA - Life Satisfaction Index A

LSIB - Life Satisfaction Index B

LSIZ - Life Satisfaction Index Z

LSITA - The Life Satisfaction Index for the Third Age

RSQ - Resident Satisfaction Questionnaire

SCLSES - The Salamon & Conte Elderly Life Satisfaction Scale

SERVPERF - Performance Perceived Service Quality Measurement

SWLS - The Life Satisfaction Scale

1. Introduction

As demographics continue to change in the twenty-first century, the ageing of the world's population will continue to be the focus of many global policymakers. Population ageing is a product of socio-economic, scientific and technological development up to a certain stage, and as the global population ageing intensifies, a series of social problems arise. The number and proportion of elderly people in almost every country in the world are gradually increasing, and population aging will become one of the most important social trends in the 21st century.

The number of elderly people in China is growing rapidly at an annual growth rate of more than 3%. By January 2026, data from the national census shows that the number of people over 65 years old in China had surpassed 230 million, accounting for 16% of the country's total population. The baby-boom population of 1962-1976 will enter aging in the next 5-10 years. The proportion of elderly population is expected to exceed 20% around 2033, and will continue to rise rapidly thereafter to 35% by 2060. China will move towards a super-aging society.

As a result of the early implementation of the family planning policy, the number of one-child families has increased, and thus the number of empty-nested elderly has gradually increased. As a result of changes in the disease spectrum, the incidence rate of chronic diseases among the elderly people in China has gradually increased, and the proportion of semi-incapacitated and incapacitated elderly people is also increasing year by year. The problem of old age has become one of the most important social problems facing China.

The objective of this project is to analyze the operation status quo of Yiyang Nursing Home from the perspective of elderly service providers and beneficiaries, analyze the existing problems and the customer satisfaction and, then, design a systematic, patient-centered improvement plan, which will ultimately improve the satisfaction degree of the elderly patients in this nursing home, and provide the basis for better construction of the nursing home. This satisfaction measurement serves as one of the effective ways to evaluate the service quality of this institution, and can also be used by the company to conduct it regularly in the future. The conclusions drawn from the study are instructive and informative for the management of this institution.

To develop this study, a literature review was conducted based on national and international studies about customer satisfaction in nursing homes. Besides, the elderly patients and their families of the Shangai Yiyang Nursing Home were interviewed, in order to understand the current situation of customer satisfaction in Yiyang Nursing Home, the problems and their influencing factors from the customer's point of view. The interview

method is helpful to enrich the content of satisfaction survey and collect more detailed information. A questionnaire survey was also used to get information about patient satisfaction.

This document is composed by 11 chapters. The Chapter 1 presents the Introduction, the Chapter 2 presents the literature review on customer satisfaction and its measurement methods. Chapter 3 details the research methodology, including literature review, questionnaire survey, and interviews. Chapter 4 introduces the case study setting, Shanghai Yiyang Nursing Home. Chapter 5 analyzes the external environment through PEST and competitive analysis. Chapter 6 diagnoses patient satisfaction through survey data analysis. Chapter 7 proposes a detailed improvement plan. Chapter 8 outlines the implementation schedule, Chapter 9 presents the budget, and Chapter 10 describes the control and assessment mechanisms. Finally, Chapter 11 concludes the study with a summary and recommendations.

2. Literature Review

2.1. Concept of Customer Satisfaction

Customer Satisfaction is a relative concept of the degree of match between customer expectations and customer experience. Customer satisfaction research is conducted through continuous quantitative research, with the aim of identifying the core problems, and discovering the quickest and most effective way to maximize the value.

Customer satisfaction has the following 3 characteristics:

- Satisfaction is a multi-dimensional concept, which contains the evaluation of individuals on all aspects of a particular object or thing, such as product quality, service attitude, price, etc..
- Satisfaction is a relative concept which is evaluated by comparing the actual experience with expectations. Individuals' expectations are subjective, dynamic, and change with time and experience.
- Satisfaction is a subjective feeling, which reflects an individual's subjective preference for a particular object or thing.

Individuals' satisfaction evaluations are influenced by a number of factors such as the individual's own characteristics, attitudes, values, and emotions.

2.2. Customer Satisfaction Measurement Methods

Satisfaction is measured by quantifying an individual's subjective evaluation. Existing satisfaction measurement methods mainly include quantitative methods and qualitative methods. Quantitative methods mainly use the form of questionnaires to collect individual evaluation data by setting multiple evaluation indicators and corresponding evaluation scales. On the other hand, qualitative methods mainly adopt the form of interviews and observations to obtain satisfaction information through in-depth understanding of individual opinions, attitudes, and behaviors.

At present, there is no uniform instrument for measuring the satisfaction of the elderly living in nursing care institutions. There are some methods to investigate the satisfaction of the elderly living in nursing institutions. On the one hand, patients may be asked about "How is your overall satisfaction with the nursing home" (Liu et al, 2018). Questionnaires, interviews, literature review, expert consultation, etc., may also be used to evaluate the satisfaction level of patients of these institutions. Some studies have compiled a questionnaire on the satisfaction of the elderly living in medical and nursing institutions by combing relevant literature, expert consultation and panel discussion, which is divided into six dimensions, namely, daily care, medical rehabilitation, spiritual comfort, overall

environment, quality of service personnel and fee level (Wang, 2017). Based on the literature, the questionnaire was set up to ask the elderly whether they were satisfied with each item, which generally included daily care, environment, medical rehabilitation, quality of service personnel and recreational life. For example, the questionnaire prepared by one study has five dimensions, namely, daily diet, accommodation, medical condition, living atmosphere, and overall management level, with a total of twenty-two measurement factors (Meng, 2013).

On the other hand, the Satisfaction with Life Scale (SWLS) and the Life Satisfaction Scale (LSR, LSIA, LSIB, LSIZ) favor the measurement of emotional satisfaction of the elderly.

Satisfaction with Life Scale (SWLS) consists of 5 questions using a 7-point Likert scale (Diener, 1985). The SWLS has good psychometric properties and has been widely used. The Life Satisfaction Scale (LSIZ) is based on the Life Satisfaction Index A (LSIA) and has a good reliability coefficient (Baiyewu & Jegede, 1992). Life Satisfaction Scale consists of three separate subscales, Life Satisfaction Rating Scale LSR, Life Satisfaction Index A (LSIA) and Life Satisfaction Index B (LSIB) [(Adams, 1969).

The Consumer Satisfaction in Nursing Home Questionnaire was developed by Robinson et al. (2004). These authors searched major databases and the Internet and found 11 survey instruments for nursing home residents and 5 unpublished commercial survey instruments. Then, some residents were interviewed in three New Jersey nursing homes, and the questionnaire was consolidated into a 34-item questionnaire with six dimensions, including activities, caregivers, care and services, environment, meals, and well-being (Holmes et al., 2020). Chou et al. (2001) created a shortform of the Resident Satisfaction Questionnaire (RSQ) of Boldy and Grenade (1998) to assess the satisfaction of patients in residential aged care settings. It is a 24-item questionnaire with 6 dimensions, including home, room, social interaction, meals service, staff care, and involvement. The Nursing Home Resident Satisfaction Survey includes 24 items categorized into 4 dimensions: quality of life (10 items), quality of care (8 items), quality of service (4 items), and overall satisfaction (2 items) (Spangler, 2019).

The Agency of Healthcare Research and Quality also developed some surveys to assess nursing homes. They developed a Long-Stay Resident Survey (for those still living in nursing home facilities and that are living there for more than 100 days), and a Discharged Resident Survey (for residents recently discharged from nursing homes after a stay of no more than 100 days). Both surveys included the following dimensions: Environment, Care, Communication and Respect, Autonomy, and Activities. Besides, the Discharged Resident Survey also includes de assessment of therapy services and the transition out of nursing home. This Agency also developed a Nursing Home Family Member Survey, which intends to assess the patient experience in terms of (i) Meeting Basic Needs (Help with Eating,

Drinking, and Toileting), (ii) Nurses/Aides' Kindness/ Respect Towards Resident, (iii) Nursing Home Provides Information/ Encourages Respondent Involvement, (iv) Nursing Home Staffing, Care of Belongings, and Cleanliness, and (v) Overall Rating of Care at Nursing Home.

The Ohio Department of Aging has a Nursing Home Family Satisfaction Survey which measurs the (i) Care and ervices, (ii) Caregivers, (iii) Environment, (iv) Family culture, (v)Meals and dining, (vi) Moving in, and (vii) Spending time.

In Ireland, The National Care Experience Program developed a National Nursing Home Experience Survey, which has a national scope, and intends to assess the experiences of the nursing home residents and their relatives or friends about nursing home.

Some studies have indicated process and structural quality factors as potential explanatory factors for satisfaction. Structural factors refer to the physical attributes of the environment in which care is provided, including the number and qualifications of personnel and the number and qualifications of equipment and physical facilities. Process factors indicate the manner in which care is provided, such as whether care procedures follow established care guidelines, quality of care, and attitudes of caregivers (Simmons & Schnelle, 1999).

2.3. Concept of Life Satisfaction

The concept of 'life satisfaction' was first proposed by Shin and Johnson (1978), referring to an individual's subjective perception and cognitive evaluation of the quality of life for most of the time based on their own set standards. The authors conducted empirical tests on the four main aspects of happiness and proposed the happiness theory. This theory suggests that happiness is mainly a positive assessment of living conditions and the result of comparing these living conditions favorably with others and past living conditions. The various personal characteristics and resources possessed by individuals, such as gender, age, and income, mainly affect happiness through the evaluation and comparison of these two psychological processes.

According to Caspi and Elder (1986), the concept of life satisfaction is proposed to study how social and psychological factors interact with each other over time in the process of successful aging. The article mentions that the impact of social change on life trajectory depends on the individual's influence on the change situation, and discusses several different mechanisms that affect the life situation and life events of the elderly, such as emotional health, social activities in the elderly, and experiences of stress events during the student period.

According to Rojas (2006), there is a close relationship between life satisfaction and satisfaction in the field of life. The overall satisfaction of a person with their life depends on their satisfaction with many specific areas of life, which are divided into several main areas of life. The author believes that there is not only an additive relationship between satisfaction in the field of life and life satisfaction, but also a semi logarithmic relationship, logarithmic relationship, and constant elasticity substitution (CES) relationship.

2.4. Models of Life Satisfaction Measurement

Life Satisfaction Rating Scale (LSR)

Neugarten et al. (1961) firstly reports the derivation of a set of scales for rating Life Satisfaction, using data on 177 men and women aged 50 to 90. The authors used three independent subscales: the Life Satisfaction Rating Scale (LSR), the Life Satisfaction Index A (LSIA), and Life Satisfaction Index B (LSIB). The Life Satisfaction Rating Scale includes five factors: zest and apathy, resolution and fortitude, congruence between desired and achieved goals, self-concept, and mood tone. Each item is rated on a scale of 1-5, with 1 indicating the lowest satisfaction and 5 indicating the highest satisfaction. The Life Satisfaction Index A consists of 20 items that are highly correlated with the content of the Life Satisfaction Rating Scale. The responses are divided into three types: agree, disagree, and cannot be certain, with a total score ranging from 0 (lowest satisfaction) to 20 (highest satisfaction).

Hoyt and Creech (1983) further used factor analysis to test life satisfaction A (LISA). The research results indicate that the data does not support Neugarten's initial conceptual framework. They found that another explanation for LISA has a certain degree of consistency between race and gender categories. In addition, these findings raise implicit questions about previous studies using LISA and demonstrate the importance of comprehensive and critical evaluation of scales with complex theoretical sources.

Life Satisfaction Index for the Third Age (LSITA)

LSITA is an updated scale developed by Barrett and Murk (2006) based on Neugarten's (1961) framework for designing the Life Satisfaction Index A (LSIA) to evaluate the daily activities of third age adults (over 50 years old), raising awareness of the importance of measuring successful aging. LSITA consists of five factors from 35 items. Among them, 20 are factors from Neugarten's original scale. Based on the consistent theoretical basis with the initial LSIA, 15 additional items were included on the LSITA.

Salamon-Conte Life Satisfaction in the Elderly Scale (SCLSES)

Conte and Salamon (1982) developed a new scale based on historical development of measures of Life Satisfaction. The Salamon-Conte Life Satisfaction in the Elderly Scale (SCLSES) consists of 40 items grouped into 8 factors. Among them, 5 factors are similar to those of the LSIA, and the other three factors are health, finance, and social contact.

Satisfaction With Life Scale (SWLS)

Diener et al. (1985) developed a scale for measuring global life satisfaction, the Satisfaction With Life Scale (SWLS). This scale is defined as a cognitive and judgmental component of life satisfaction. Among the various components of subjective well-being, SWLS is limited to assessing global life satisfaction and does not utilize relevant structures such as positive emotions or loneliness. Compared to LSITA, which measures life satisfaction with the goal of successful aging, SWLS is suitable for different age groups and is also suitable for measuring the more general structure of life satisfaction.

Resident Satisfaction Questionnaire (RSQ)

Chou et al. (2001) evaluated and developed a short-version of the Resident Satisfaction Questionnaire (RSQ) developed by Boldy and Grenade (1998) (cited on Chou et al., 2001) that is commonly used in nursing home environments. The residents' satisfaction evaluated through RSQ is a multidimensional structure that includes six factors: room, home, social interaction, meals service, staff care, and involvement. This RSQ has been proven to be a reliable, effective, environmentally relevant, and easy-to-use tool for regularly monitoring residents' satisfaction with their elderly care facilities.

Based on a synthetization and analysis of 11 published and 5 commercial surveys, and 15 interviews of residents, Robinson et al. (2004) designed a questionnaire with 6 dimensions and 34 items. According to the authors, the dimensions of resident satisfaction include activities, caregivers, care and services, environment, meals, and well-being.

Levy-Storms et al. (2005) improved the method of specifying the nursing expectations of nursing home residents to the way and frequency of care provision. According to the authors, nursing home resident satisfaction survey includes 24 items, divided into 4 dimensions: quality of life (10 items), nursing quality (8 items), service quality (4 items), and overall satisfaction (2 items). The research results have a direct impact on identifying nursing areas that need improvement from the perspective of residents and evaluating improvement efforts.

2.5. Service Loyalty

Jacoby and Chestnut (1978) argue that customer loyalty is a preferred attitude that can lead to sustained repeat buying behavior within a certain period of time. At the same time, the author divides customer loyalty into three stages: belief, attitude and conative. They believed

that purchasing behavior often occurs due to convenience, occasional purchases, or multi brand loyalty.

According to Liljander and Strandvik (1995), the strength of a relationship is affected both by the degree of commitment between the customer and service provider and the strength of the bonds between them. In the article, service loyalty is first defined as observable behavior, where perceived service quality and customer satisfaction are related to relationship characteristics.

Cronin and Taylor (1992) studied the relationship between service quality and service loyalty. The authors propose the SERVPERF (Performance Perceived Service Quality Measurement) model, which uses performance as a substitute for "perception expectation" to measure service quality. The fact proves that SERVPERF has good applicability.

Wetzels and others (1998) further studied the direct conversion between service quality and service loyalty. The empirical research results of the authors on a large sample of customers from five different service industries provide a three-dimensional structure to support service loyalty. They divide service loyalty into four dimensions: word-of-mouth, purchasing tendency, price sensitivity, and complaint behavior. Research shows that the research results of one industry cannot be generalized to other industries. In addition, in industries with relatively low conversion costs, customer loyalty will decrease compared to service industries with relatively high conversion costs.

2.6. Patient-Centered Care

Patient-Centered Care (PCC) has changed from an idea to a key way of giving good healthcare, especially for older people who have many long-term health problems (Poey et al., 2017). It is different from old ways where only the medical staff made decisions (Levy-Storms et al., 2005). PCC puts the person's own life experiences, what they think is important, and what they like first (Institute of Medicine, 2001). It creates a working relationship between patients, their families, and the healthcare team (Chou et al., 2001). In places like nursing homes, this way is often called "resident-centered care" (Robinson et al., 2004). It means changing how care is given to match how much each person can do for themselves, especially for those who have trouble with memory or thinking (Spangler et al., 2019).

2.6.1. Main Ideas and Meaning

A recent systematic review by Poey et al. (2017) examined the literature on PCC for older adults and found common ideas in how people define it. These ideas are: working together to make decisions, giving complete care that looks at the whole person, and having different

types of care workers coordinate their help (Poey et al., 2017). This matches what the Institute of Medicine (2001) says---that PCC is a main part of good healthcare, which means making care fit each person's own needs and values. Hospitals and care systems often care most about organizing care well and making it efficient (Robinson et al., 2004). But older patients themselves care most about how they are treated and how they feel (Castle et al., 2021). Things that older adults say are most important include:

- The Skills and Attitude of the Staff: They often say that staff being professional, kind, talking to them with respect, and being on time matter the most (Levy-Storms et al., 2005).
- Choice and "What is Most Important to the Person": A key rule is to understand and match care with what the patient wants for their health, like being able to do things on their own or staying safe, not just treating a sickness (Poey et al., 2017).
- Feeling Connected and Trusted: Patients value when staff understand their feelings, listen to them, and make them feel cared for as a person (Spangler et al., 2019).

2.6.2 Ways and Plans to Make It Happen

To turn the ideas of PCC into real action, clear plans are needed (Poey et al., 2017). Several good plans that have been tested, especially for older people with many health problems, have been made (Robinson et al., 2004).

Common Plans from Outpatient and Basic Care:

Several joined-up care models show how PCC can work (Chou et al., 2001). A study by Poey et al. (2017) described several models:

- Patient-Centered Medical Home (PCMH) and GeriPACT: This is a team-based basic care model (Agency for Healthcare Research and Quality, 2015). It focuses on organizing care, keeping good relationships with patients, and making it easier to get care (AHRQ, 2015). The version for older people (GeriPACT) includes full check-ups (U.S. Department of Veterans Affairs, 2016). Results show fewer trips to the emergency room and a better experience for patients (Poey et al., 2017).
- Proactive Patient-Centered Care (ProPCC) Programme: This model uses different experts like doctors for older adults, nurses, and social workers who have regular meetings about each case (Levy-Storms et al., 2005). One study showed that after starting this, there were many fewer hospital stays, more days spent at home, and it saved 46.3% of healthcare costs in six months (Poey et al., 2017).
- Integrated Memory Care Clinic: This is part of a PCMH. It uses highly trained nurses to organize care for patients with dementia (Spangler et al., 2019). It is linked to fewer stays in the hospital and more use of community help services (Robinson et al., 2004).

A New Idea: “Home-Centered” Care:

New studies suggest a big change is needed: from care that just reacts to problems in the hospital, to care that plans ahead and is based in the "home" for older adults (Poksinska and Wiger, 2024). It is long-term, focuses on the person, and tries to give joined-up care at home (Poksinska and Wiger, 2024). Important steps to build it include getting government policy to support it, making care services that can be changed to fit each person, training more people to work in home care, and having patients help create the services (Poksinska and Wiger, 2024).

2.6.3 Problems and Things That Help When Trying to Do It

Trying to use PCC meets big problems (Poey et al., 2017). Common difficulties include: big-picture issues like not enough money or buildings, not enough workers, not enough time with each patient, and sometimes patients having trouble getting to appointments (Robinson et al., 2004). In nursing homes, extra problems are staff having too much work, staff changing jobs often, and staff having different levels of training (Spangler et al., 2019). These things can make it hard to always give care that focuses on the person (Poey et al., 2017).

Important things that help beat these problems are:

- Strong Leaders and Changing the Organization: Poey et al. (2017) found that strong leadership and organizational change are fundamental for creating a PCC culture.
- Making Things Together with Residents and Families: Getting the people who use the care to help design how care is given and what tools are used makes sure the answers are useful and make sense, as the study on moving-to-hospital tools showed (Levy-Storms et al., 2005).
- Using Technology: Computer tools, even ones that use artificial intelligence (AI), can help find out what is most important to a patient and put that information in their electronic health record (Spangler et al., 2019). This makes it easier to plan their personal care. A Dutch program to make nursing homes better successfully used forms where people rate themselves and looked at the data to make personal action plans (Holmes et al., 2020).
- Training Staff and How They Are Rewarded: Focusing on teaching staff how to talk with people, understand their feelings, and be good at their job is very important (Levy-Storms et al., 2005). Also, rewarding staff for good PCC results (like happier residents), not just for finishing tasks, helps keep the model going (Poey et al., 2017).

3. Methodology

The objective of this project is to analyze the satisfaction level of elderly people living in the Yiyang Nursing Home, in order to identify the current problems that exist in terms of satisfaction with the health care services of the this nursing home, and analyzed the reasons for the problems from the internal and external perspectives, so as to put forward targeted countermeasures for improvement.

To develop this project, a literature review was conducted about customer satisfaction and its measurement methods. Besides, a survey and interviews were also used to collect information about the satisfaction of patients and their families of the Yiyang Nursing Home. The collected data were effectively organized, and statistical methods were used to understand the basic information of the elderly residents and to analyze customer satisfaction.

3.1. Literature Review Method

This paper searches the academic literature at home and abroad to find out and sort out the literature and research reports on customer satisfaction in nursing homes and selects the valuable literature as the core reference of this project to learn the concepts related to satisfaction and its evaluation of content and methods.

3.2. Questionnaire Survey Method

3.2.1. Questionnaire design

This project adopts the questionnaire survey method to get data on patient satisfaction of Shanghai Yiyang Nursing Home, which will provide an important reference for the development of satisfaction improvement strategies.

The questionnaire design is an important part of this study. By designing a reasonable and effective questionnaire, we can obtain data on patients' satisfaction evaluation of Shanghai Yiyang Nursing Home, which will provide an important basis for the development of satisfaction improvement strategies. The Resident Satisfaction Survey in Nursing Homes developed by Robinson et al. (2004) was used in this study.

The questionnaire consists of three parts, namely, basic information about the respondents, the Barthel Index scale (which measures the ability of people to complete activities of daily living) and satisfaction evaluation. The questions listed in the questionnaire and the content of the satisfaction evaluation are mainly centered on the main operational and management activities of the organization. The general information questionnaire

includes the gender, age, and education level of the respondents. The satisfaction questionnaire consisted of 28 items divided into 5 dimensions: activities (5 items), care and services (8 items), caregivers (6 items), environment (6 items), gastronomy (3 items). The satisfaction items were measured in a 5-point Likert scale, in which 1 = "Strongly disagree" and 5 = "Strongly agree". Details of the questionnaire content and format are shown in the Appendix A.

During the questionnaire design process, this study designed a series of questions about five topics: activities, nursing and medical services, quality of caregivers, environment, and food and beverage, in order to comprehensively understand the patients' satisfaction with the
services provided by the nursing home, as well as their feelings and evaluations of the quality of the services.

In order to ensure the accuracy and credibility of the questionnaire, this study clarifies the content and objectives of the survey through the review of relevant literature and on-site research to ensure the relevance and effectiveness of the questionnaire. The question sentences are clear and explicit, and ambiguity and distress are avoided as much as possible.

To ensure the validity and reliability of the questionnaire, this study will use expert consultation and pre-testing to revise and improve the questionnaire.

3.2.2. Data collection and pre-processing

In this study, the distribution of questionnaires and data collection will be done through on-site visits and face-to-face interviews with patients at the Shanghai Yiyang Nursing Home. Direct face-to-face interviews with patients can ensure the accurate completion and recovery rate of the questionnaire.

The data collection process was carried out by the researcher and trained staff between January 2026 and February 2026. A total of 500 elderly residents participated in the survey. While conducting the face-to-face questionnaire survey and interviewing the respondents, in addition to the pre-prepared outline of the questions, it will also be combined with the specific content of the communication of the respondents to instantly extend the discussion, to improve the effectiveness of the interviews and make a good record.

After the questionnaires were collected, the completeness and logic of the questionnaires were verified and adjusted in a timely manner, and those with imperfect information were verified and then supplemented, and finally the valid questionnaires were classified and coded in a unified manner for data organization and analysis.

In this study, the collected data will be pre-processed, and the outliers, extreme values, and data that do not conform to logical relationships will be identified and excluded by quality checking.

3.2.3. Data analysis methods

A database was created with the data collected from the questionnaire survey. SPSS 21.0 was used to analyze the data.

The data analysis methods used in this study mainly include descriptive statistical analysis.. Through descriptive statistical analysis, the data of patient satisfaction evaluation in nursing homes were analyzed and interpreted in depth to reveal the overall level of satisfaction and the importance of the influencing factors.

Descriptive statistical analysis was firstly performed on the collected patient satisfaction evaluation data. Descriptive statistical analysis can reveal the overall characteristics and distribution of the data by calculating indicators such as mean, standard deviation, frequency and percentage. Statistical analysis allows obtaining the mean level of satisfaction, the highest and lowest evaluation scores, and the scores of different dimensions and question points.

3.3. Interview Method

In this project, the elderly patients and their families of Yiyang Nursing Home are taken as the target of this interview, so as to understand the current situation of customer satisfaction in Yiyang Nursing Home, the problems and their influencing factors from the customer's point of view. The interview method is helpful to enrich the content of satisfaction survey and collect more in-dept information. It also enables the company to understand the current situation, characteristics, and causes of the problems directly in order to seek solutions.

As a supplement to the satisfaction questionnaire, the interviews were designed with open-ended questions. The content of the interview was based on the elements of the satisfaction variables, and a total of seven questions were listed after discussion with the corporate healthcare staff, including:

- How did you learn about or find out about the nursing home?
- What were the reasons or circumstances that made you choose a nursing home?
- How do you think the services you enjoy here compare with your expectations when you first chose the home?
- What do you find most appealing about the home?

- Have you ever complained about any aspect of the services or staff, and if so, how was it eventually resolved? If so, how was it resolved?
- In what areas do you feel the unit needs further improvement?
- Compared with other people of your age, do you feel more satisfied spending your old age here?

On-site interviews were conducted in April 2025, organized by the enterprise, with selected elderly representatives in a tea party-style setting. Face-to-face interviews are interspersed with individual questionnaires in the specific implementation of the process.

4. Shanghai Yiyang Nursing Home

Established in 2020, Shanghai Yiyuan Nursing Home is a non-profit professional nursing home approved by the Health Bureau that integrates medical treatment, medical care, life care, rehabilitation and palliative care. The approved beds are more than 400, and the main clinical departments are internal medicine, surgery, rehabilitation, traditional Chinese medicine, oncology, physical therapy, hospice care, radiology, electrocardiography, laboratory, pharmacy, etc.. Shanghai Yiyuan Nursing Home occupies an area of 2,296 square meters, with a building area of 6,000 square meters, which provides good medical care for elderly people suffering from illnesses and lack of care and can provide daily health care, rehabilitation treatment, and palliative care for the elderly.

The cost of staying in the institution is relatively high, and the service object is not clearly defined. Compared with ordinary elderly care institutions, Yiyang Nursing Home charge higher fees due to the provision of professional nursing and medical services. The monthly fee per elderly person is 7,000-8,000RMB.

5. External environment analysis

5.1. PEST Analysis

5.1.1. Political context

The government has been committed to improving people's livelihood and raising people's living standards. Relevant government agencies are also actively exploring the top-level design of the senior care service industry, working on strategic long-term planning as well as practical and concrete policies. Thirteen government agencies, including the Ministry of Civil Affairs, the Development and Reform Commission, the Ministry of Public Security and the Ministry of Finance, issued the Circular on Accelerating the Reform of Elderly Service Industry in Discharge of Management and Service Reform in early 2017, proposing to increase simplification and decentralization of administration, optimize the approval process, strengthen the supervisory capacity, and enhance the level of service, among other requirements. Since then, the government has further promulgated preferential policies, such as the Ministry of Civil Affairs' opinion on "Accelerating the Development of the Elderly Service Industry", which encourages and supports the private sector to organize various forms of nursing homes, care and maintenance homes, elderly apartments, homes for the aged and other institutions that are suitable for the centralized care, nursing care, rehabilitation and recreation of the elderly, especially the disabled, semi-disabled and elderly.

All non-profit social service organizations for the elderly are entitled to preferential government policies, and individuals are encouraged to set up nursing homes. With regard to finance and taxation, the State has issued a number of preferential policies, such as exemption from corporate income tax for welfare and non-profit elderly service organizations invested in by the social forces, as well as property tax, urban land use tax, and vehicle and vessel use tax for property, land, and vehicles and vessels used by elderly service organizations for their own purposes.

In the 19th National People's Congress, the social security of people's livelihood has attracted great attention from the state, and it is proposed to "raise the level of safeguarding and improving people's livelihood, and strengthen and innovate social governance", and the innovation of institutional mechanism of senior care service industry is also one of the important contents.

In 2015, the Health and Family Planning Commission and other departments issued the Guiding Opinions on Promoting the Integration of Medical and Healthcare and Elderly Care Services, encouraging the integration and development of medical and healthcare institutions and elderly care services, focusing on strengthening the construction of medical and elderly care institutions such as geriatric medical institutions and nursing homes, and in areas with abundant resources of public healthcare institutions, some of them can be transformed into

continuing care institutions to improve the service capacity of comprehensive healthcare institutions. In areas with abundant resources of public medical institutions, some medical institutions can be transformed into continuing care institutions, so as to improve the service capacity of comprehensive medical institutions. At the same time, the guidance clearly puts forward for medical institutions to set up elderly institutions, the Ministry of Civil Affairs shall give priority to accept the establishment of elderly institutions license, for those who comply with the provisions of the license shall be issued within 10 working days. A series of policies have not only encouraged the development of the combined medical and nursing care institution model but also provided a favorable social environment for its smooth operation.

5.1.2. Economic context

China's macroeconomic landscape from 2022 to 2025 has navigated post-pandemic recovery, demonstrating resilience amidst global uncertainties. The following analysis details the trends in key indicators, providing a foundation for assessing the market environment for elderly care services.

Gross Domestic Product (GDP) Growth：

China's GDP growth has shown a resilient recovery and stabilization trend after the pandemic-induced slowdown.

- 2022: The economy grew by 3.0% for the full year, impacted by the pandemic and related restrictions (National Bureau of Statistics of China, 2023) .
- 2023: With the lifting of zero-COVID policies, growth rebounded to 5.2% for the full year (National Bureau of Statistics of China, 2024) .
- 2024: The economy maintained steady growth. The first quarter saw a strong 5.3% year-on-year expansion, which moderated to 4.7% in the second quarter and 4.6% in the third quarter, culminating in an annual growth rate of 5.0% (National Bureau of Statistics of China, 2025) .
- 2025 & Forecast: Economic momentum has continued. Growth was 5.4% in Q1 2025 and 5.2% in Q2, with Q3 reaching 4.8% (National Bureau of Statistics of China, 2025) . The International Monetary Fund (IMF) has forecast a 4.8% growth rate for the full year 2025 (IMF, 2025) . Looking ahead, economists from institutions like CITIC Securities project a growth rate of around 4.9% for 2026, reflecting a stable and policy-supported recovery trajectory (CITIC Securities, 2025) .

Inflation Rate (Consumer Price Index - CPI)：

China has experienced a period of notably low and stable inflation, occasionally bordering on deflation.

- 2022-2023: Following a period of higher global inflation, China's CPI remained subdued.

The average for 2022 was elevated, but by 2023, inflationary pressures had significantly eased (National Bureau of Statistics of China, 2024) .

- 2024-2025: The trend of low inflation persisted. For the first ten months of 2025, the average CPI change was -0.1%, with October 2025 recording a slight increase of 0.2% year-on-year (National Bureau of Statistics of China, 2025) . This data indicates ongoing softness in domestic demand. The government's focus on "stabilizing prices" underscores the priority given to boosting domestic consumption.

Consumer Purchasing Power：

Purchasing power is underpinned by steady income growth and high savings, though consumer confidence has been cautious.

- Per Capita Disposable Income: This has shown consistent growth. The national per capita disposable income reached 39,218 RMB in 2023, supporting the potential for service consumption (National Bureau of Statistics of China, 2024) .
- Savings Level: The total balance of RMB deposits for Chinese households remains substantial, exceeding 130 trillion RMB, indicating significant latent consumption capacity for future needs like retirement and healthcare (People's Bank of China, 2025) .
- Retail Sales & Consumption Patterns: As of October 2025, retail sales grew 2.9% year-on-year, showing cautious optimism (National Bureau of Statistics of China, 2025) . Surveys point to a ongoing shift in consumer spending from goods to services. Domestic demand has become the primary growth engine, contributing 68.8% to GDP growth in the first half of 2025, with final consumption expenditure accounting for 52% of that (National Bureau of Statistics of China, 2025) .

Unemployment Rate：

Stabilizing employment has been a key policy objective.

- 2022-2023: The urban surveyed unemployment rate averaged about 5.6% in 2022 amid economic disruptions (National Bureau of Statistics of China, 2023) . As recovery took hold in 2023, the rate improved to approximately 5.2% (National Bureau of Statistics of China, 2024) .
- 2024-2025 Forecast: The government's consistent "stabilizing employment" policy is expected to keep the urban surveyed unemployment rate around 5.5%, ensuring most households have a stable income base to support spending on services like elderly care (National Bureau of Statistics of China, 2025) .

Implications for the Elderly Care Industry

The stable economic growth and rising per capita income provide a solid foundation for the elderly care market. The vast pool of household savings represents significant potential demand for high-quality retirement and healthcare services. With many elderly people

planning for retirement early to reduce the burden on their children, the consumption strength and potential of this demographic are substantial. This economic backdrop creates a viable market for premium, personalized services, such as the customized meal plans and diversified activity programs proposed in the improvement plan, as families are increasingly able and willing to pay for enhanced quality of life for their elderly relatives.

5.1.3. Social context

China has established a complete and mature social security system, which includes social assistance at the bottom level, basic social security, and a higher-level social welfare system. The social assistance level carries out assistance for elderly vagrants and beggars, and support for urban and rural elderly receiving low income insurance to ensure that poor elderly below the current poverty alleviation standard can realize poverty alleviation as early as possible. The social security system is more mature, with the coverage of basic old-age pension and basic medical insurance constantly expanding, and the level of protection being raised year by year. Among other things, the three levels of basic old-age insurance, including basic old-age insurance combining social coordination and individual accounts, enterprise annuities for enterprise employees, and supplemental commercial insurance for enterprises and individuals at higher levels of the hierarchy, are all developing in an orderly manner. The construction of old-age institutions has been gradually improved. From living care to medical care, to spiritual care, regular or irregularly organized cultural and recreational activities for the elderly, etc., they provide a wonderful living environment and material and spiritual support for the elderly, from the material to the spiritual. Social charitable organizations and volunteer associations of major universities also regularly hold activities to care for the elderly in orphanages and conduct social publicity activities to respect and love the elderly, forming a good social trend. With the development of the economy and the times, the ideological concepts of the elderly have also changed. Raising children for old age is no longer the only spiritual dependence of the elderly.

Furthermore, there is a growing societal expectation for "patient-centered" or "resident-centered" care, where the individual's preferences, autonomy, and dignity are prioritized over standardized service delivery. This cultural shift towards valuing personhood and quality of life in old age reinforces the need for nursing homes like Yiyang to adopt care models that respect residents as individuals with unique histories and preferences.

5.1.4. Technological context

The development of science and technology has brought new opportunities for the smart elderly. The continuous development of information technology, with the help of science and

technology, will provide more possibilities for the combination of medical and nursing industry. China is promoting the reform of "Internet + Medical", through information technology to efficiently integrate medical and nursing resources, create an Internet service platform, establish telemedicine, 24-hour dynamic monitoring system, provide intelligent wearable devices and other high-tech medical and nursing services, promote the level of technology to improve the quality of service, and also relieve resource constraints, improve operational efficiency, and promote the continuous improvement of the technical level of the combined services of health care and nursing. The technical level of the combined services is constantly upgraded.

5.2. The Nursing Homes industry

By the end of 2022, the number of disabled and semi-disabled elderly people over 60 years old will reach 280 million, accounting for 19.8% of the total population. This segment of the elderly population has a high demand for medical services in the course of their old age and requires long-term and continuous medical care. Nursing homes adopt the model of integrating medical and nursing care to provide continuous professional medical care and reduce the risk of life safety. The most important feature of a nursing home is that it has professional medical staff who can provide professional medical care, and it has unique advantages in terms of both hardware and software. In addition to meeting the needs of the elderly for "support", they can also provide long-term and continuous nursing care services, and can also deal with sudden illnesses in a timely manner. Professional medical care can, to a certain extent, slow down the deterioration of incapacity or postpone the occurrence of total incapacity, so that some of the elderly who are incapacitated but not mentally retarded can increase the opportunity to communicate with others, which is conducive to their mental health and thus improve the quality of life.

The proportion of elderly people suffering from diseases is higher than that of the general population due to the decline of their physical functions and other reasons. As the treatment period of geriatric diseases is long and prone to recurrence, some people choose to be hospitalized after the onset of illness, which brings financial burden and nursing care burden to family members. Nursing homes can also take care of medical services while providing elderly care services. In case of accidents, the elderly can get medical help in time to realize zero-distance referral, which reduces the time and cost for the elderly to go back and forth between their families and medical institutions. It eases the pressure on medical resources caused by the aging of society's population.

Influenced by the family planning policy in the 20th century, the size of families in China has gradually shrunk, with fewer and fewer family members able to take care of the elderly,

and the proportion of elderly people living with their adult children is also decreasing. Many elderly people are unable to receive timely family care, and the continuous weakening of the family care function has caused the elderly to start looking for new ways to age.

With the proposal of healthy aging and the change of people's concepts, more and more elderly people choose to institutionalized old age care, the combination of medical old age care institutions can not only meet the demand for "nourishment", but also meet the demand for "medical", both for the elderly themselves and their families is the optimal choice. This is the best choice for both the elderly themselves and their families. Therefore, there is a large market for nursing homes combining medical care and nursing care.

At present, the number of professionally qualified elderly caregivers in China is far lower than the market demand, and there are even fewer healthcare professionals who specialize in providing medical services to the elderly. Low entry threshold, low income, low social recognition, high labor intensity, high risk and high responsibility have led to low quality, serious shortage, poor stability and serious wastage of elderly caregivers. In the face of these problems, it is necessary for the state to introduce relevant policies, formulate entry standards and evaluation standards, design human resources development paths, improve the incentive system, and lead the relevant organizations to carry out management innovation, institutional innovation, and human resources innovation.

Since most regions in China do not have long-term care insurance, nursing and rehabilitation services are not covered by health insurance, so health insurance can only reimburse a small portion of them. It is impossible for the organization to provide health management and nursing care services for the elderly by lowering the cost of stay, and the financial burden of the residents increases.

Compared with ordinary elderly care institutions, medical-elderly nursing homes provide not only living services but also professional medical care, and the specialization of services leads to higher fees. Disabled, semi-disabled elderly people have a greater dependence on medicines, for some low-income people the monthly cost of medicine is already a lot of money, can not afford to pay for the cost of professional nursing homes, so even if there is a need for medical care, they will be the second choice of ordinary nursing homes.

The combination of medical care in nursing homes focuses more on medical care and inevitably neglects the needs of the elderly in terms of culture, sports and entertainment, while most of the elderly living in ordinary nursing homes are self-care elderly, focusing on collective activities, the atmosphere of life is stronger, and the attraction to the elderly is also relatively greater.

As a new type of nursing home, the government, families, and society all lack a deep understanding of it, and many elderly people and their children have a vague knowledge of

this mode of nursing care. In addition, due to the short development time of this mode, it has not yet formed a widespread brand effect, and the scope of its influence is relatively small, so most of the elderly people will not make it their preferred option when faced with the choice.

5.3. Competitive Analysis

Shanghai's nursing home market is increasingly competitive, with several key players offering similar integrated medical and elderly care services. Major competitors include:

- Shanghai Xinyuan Senior Care Center: Known for its high-end facilities and comprehensive rehabilitation services.
- Pujiang Health and Elderly Care Village: Features a large campus and strong community engagement programs.
- Hongkou Geriatric Hospital & Nursing Home: Combines public hospital resources with elderly care, attracting price-sensitive customers.

These competitors emphasize medical integration, activity diversity, and family involvement. Yiyang Nursing Home must differentiate itself through superior service personalization, staff training, and resident satisfaction to maintain a competitive edge.

6. Diagnosis of the Patient Satisfaction

6.1. Sample Characteristics

A total of 500 questionnaires were distributed to the elderly clients of Yiyang Nursing Home, and 486 valid responses were obtained, with a response rate of 97%. The characteristics of the respondents are shown in the table below.

Table 6.1 General information about the study population

Items	Categories	N	Percent (%)
Gender	Female	248	51.03
	Male	238	48.97
Age	60-69	112	23.05
	70-79	113	23.25
	80 or above	261	53.7
Duration of stay	1—6 months	125	25.72
	7—11months	130	26.75
	1—3years	106	21.81
	More than 3 years	125	25.72
Education	Illiteracy	116	23.87
	Primary school	113	23.25
	Junior high	102	20.99
	High school or Technical secondary school	86	17.7
	College or higher	69	14.2
Occupation before retirement	Civil service	44	9.05
	Institution staff	78	16.05
	Enterprises ‘ personnel	66	13.58
	Business \ Free traders	50	10.29
	Service crew	65	13.37
	Workers/Peasants	155	31.89
	Nonemployed person	28	5.76
Marital Status	Non-married	46	9.47
	Married	160	32.92
	Divorced	132	27.16
	Widowed	148	30.45
Number of Children	Zero	68	13.99
	1 child	104	21.4

	2 children	120	24.69
	3 children	109	22.43
	4 children and more	85	17.49
Perceived-health status	Poor health	65	13.37
	Less healthy	71	14.61
	General	95	19.55
	Healthier	154	31.69
	Well-being	101	20.78
Monthly income (yuan)	Below 2000	98	20.16
	2000-2999	148	30.45
	3000-3999	152	31.28
	4000 and above	88	18.11
Subjective feelings of economic conditions	More than enough	211	43.42
	Roughly enough	144	29.63
	Difficulty	131	26.95
Visiting frequency of relatives and friends	Almost everyday	72	14.81
	At least once per week	153	31.48
	At least once per month	101	20.78
	At least once every three months	54	11.11
	At least once every six months	67	13.79
	Other	39	8.02
Main reasons for admission to nursing homes	Unattended home	184	37.86
	Inconvenience of living with family	118	24.28
	Community Nursing Home Medical and Living Conditions	72	14.81
	Want to socialize with people your own age	60	12.35
	Other	52	10.7
Recommendation intention	Very reluctant.	80	16.46
	Reluctance	68	13.99
	Currently unknown	87	17.9
	Willing	143	29.42
	Very willing	108	22.22

Improvements	Exercise	117	24.07
	Nursing care and services	91	18.72
	Caregiver	92	18.93
	Environment	73	15.02
	Gastronomy	113	23.25
Barthel Index ratings	Heavy dependence	58	11.93
	Moderate dependence	120	24.69
	Mild dependence	204	41.98
	No need to rely on	104	21.40
	Total	486	

Table 6.1 shows that 51.03% of the sample are female and 48.97% are male. The proportion of "80 years old and above" is 53.7%. In terms of length of stay, 25.72% of the sample stayed from January to June and 26.75% stayed from July to November. In terms of education, nearly half of the respondents are illiterate or have only a primary education (23.87% and 23.25%, respectively). In terms of pre-retirement occupation, most of the respondents are workers/peasants, institution staff and enterprises' personnel (31.89%, 16.05%, and 13.58%, respectively). In terms of marital status, 32.92% of the elderly are married, 30.45% are widower, and 27.16% are divorced. In terms of the number of children, 22.43% of the respondents have 3 children, 24.69% have 2 children and 21.4% have 1 child. In terms of perceived health status, 52.47% of the respondents consider themselves to be relatively healthy, while 27.98% consider themselves to be not so healthy. In terms of monthly income, 30.45% of the respondents earn between 2000 and 2999 yuan, 31.28% earn between 3000 and 3999 yuan and 18.11% earn at least 4000 yuan. In terms of the subjective feeling of financial situation, 43.42% of the respondents consider that they have financial surplus, but about a quarter consider they have a difficult financial situation. In terms of the frequency of visits from friends and relatives, 31.48% of the respondents have friends and relatives who visit them at least once a week, and 14.81% are visited almost every day. Analyzing the reasons for moving in, the main reason is "no one at home to take care of", accounting for 37.86%, followed by "inconvenience of living with family members" (24.28%). In terms of willingness to recommend, 51.64% of the respondents were willing to recommend the nursing home in study. In terms of improvement, 23.25% indicated the need for improvement in terms of meals, followed by activities (24.07%), and care and services, caregivers, and environment (18.72%, 18.93%, and 15.02%, respectively).

Based on the Barthel Index scale scores, 11.93% of the respondents were heavily dependent, 24.69% were moderately dependent, 41.98% were mildly dependent, and

21.40% were not dependent.

Table 6.2 Disease condition

Categories	Response	
	n	Percent
None	104	7.11%
Hypertension	224	15.31%
Diabetes	211	14.42%
Coronary heart disease	202	13.81%
Cerebral apoplexy	199	13.60%
Hyperlipidemia	144	9.84%
Chronic respiratory diseases	215	14.70%
Other	164	11.21%
Total	1463	100%

As shown in Table 6.2, the prevalence of hypertension (15.31%), diabetes mellitus (14.42%), and Chronic respiratory diseases (14.70%) in the elderly, forming a cluster of highly reported chronic illnesses.

Table 6.3 Sources of funding

Categories	Response	
	n	Percent
Pension	320	27.40%
Child support payments	268	22.95%
Relatives funded	233	19.95%
Savings	161	13.78%
Other	186	15.92%
Total	1168	100%

Table 6.3 shows that the main source of funding for the elderly is pension (27.40%), followed by child support (22.95%), and the lowest share of savings (13.78%).

6.2. Patient satisfaction

From Table 6.4, it is clear that the overall mean score of satisfaction of the respondents is 95.79 out of 125. The dimensions that respondents are more satisfied are nursing care and services, followed by caregiver and environment (mean score of 27.119 out of 39, 20.745 out of 29, and 20.447 out of 30, respectively) and they are less satisfied with meals (with a mean score of 10.465).

Table 6.4 Satisfaction and scores of each dimension

Dimensions	N	Min	Max	Mean	S.D.
Exercise	486	6	25	17.014	4.107
Nursing care and services	486	10	39	27.119	6.334
Caregiver	486	6	29	20.745	4.751
Environment	486	8	30	20.447	4.943
Gastronomy	486	3	15	10.465	2.707
Satisfaction	486	53	125	95.79	15.591

As shown in Tables 6.5 and Table 6.6, the three items of the questionnaire where respondents are more satisfied are "Treat you as an adult and respect your opinion", " You will always get a prompt response", and "You have enough opportunities for activities"; and the three items of the questionnaire where respondents are less satisfied are "There is good treatment here", " Providing religious ritual activities here ", and "There are many different activities here".

Table6.5 Top three satisfaction scores for each question

Items	N	Min	Max	Mean	S.D.
18. Treat you as an adult and respect your opinion	486	1	5	3.763	1.199
7. You will always get a prompt response	486	1	5	3.739	1.225
3.You have enough activity opportunities	486	1	5	3.718	1.191

Table 6.6 Satisfaction with the last three scores for each question item

Items	N	Min	Max	Mean	S.D
4.There are many different activities here	486	1	5	3.298	0.978
9.There is good treatment here	486	1	5	3.294	0.983
2.Providing religious ritual activities here	486	1	5	3.274	1.002

6.3. Reliability analysis of the scale

The Cronbach's alpha coefficient values corresponding to the five dimensions of the scale are greater than 0.7, which indicates that the questionnaire has good internal consistency, so the results of this survey have good reliability. See Table 6.7 for details.

Table 6.7 Cronbach reliability

Dimension	Items	Cronbach α
Exercise	C1 C2 C3 C4 C5	0.860
Nursing care and services	C6 C7 C8 C9 C10 C11 C12 C13	0.904
Caregiver	C14 C15 C16 C17 C18 C19	0.872
Environment	C20 C21 C22 C23 C24 C25	0.889
Gastronomy	C26 C27 C28	0.798

6.4. Improvement in Patient Satisfaction Over the Last Year

This section presents a comparative analysis of patient satisfaction results between the current survey (N=486, response rate 97%) and the previous thesis findings (N=356, response rate 89%). The purpose is to evaluate changes in service quality and identify areas of progress and persistent challenges at Yiyang Nursing Home.

6.4.1. Comparison of Sample Characteristics

Prior to examining satisfaction scores, it is essential to acknowledge the compositional

differences between the two survey samples, as these demographic and health-related variations may influence satisfaction ratings.

Table 6.8 Comparison of Key Sample Characteristics			
Characteristic	Previous Year (N=356)	Current Year (N=486)	Change
Perceived Health (% reporting poor health)	23.88%	27.98%	+4.10%
Barthel Index - Heavy Dependence	5.06%	11.93%	+6.87%
Barthel Index - Moderate Dependence	9.83%	24.69%	+14.86%
Barthel Index - No Dependency	30.06%	21.40%	-8.66%
Recommendation Willingness (% willing/very willing)	57.59%	51.64%	-5.95%

As shown in Table 6.8, the current sample includes a substantially larger proportion of residents classified as moderately to heavily dependent (36.62% compared to 14.89% in the previous survey). This demographic shift warrants consideration when interpreting satisfaction outcomes, as residents with elevated care needs typically maintain different expectations and experiences regarding institutional care provision.

6.4.2. Comparison of Overall Satisfaction and Dimension Scores

The overall mean satisfaction score registered 95.79 out of 125 in the current survey, representing a decrease of 6.56 points (6.4%) from the previous year's score of 102.35. This decline, however, requires contextual interpretation given the changed sample composition, particularly the increased representation of residents with greater dependency requirements.

Table 6.9 Comparison of Dimension Satisfaction Scores (Mean)				
Dimension	Previous Year (N=356)	Current Year (N=486)	Change	Maximum Possible
Exercise/Activities	18.17	17.01	-1.16	25
Nursing Care and Services	28.80	27.12	-1.68	39

Caregiver	22.24	20.75	-1.49	29
Environment	21.99	20.45	-1.54	30
Gastronomy	11.15	10.47	-0.68	15
Overall Satisfaction	102.35	95.79	-6.56	125

As shown in Table 6.9, the mean in each dimension hasn't changed a lot since the previous year the relative ranking of dimension satisfaction remained unchanged across both survey periods. Nursing Care and Services consistently achieved the highest scores, followed sequentially by Caregiver, Environment, and Exercise/Activities, while Gastronomy continued to occupy the lowest position. This persistent pattern suggests that the institution's fundamental strengths and weaknesses have remained relatively stable over time.

The Gastronomy dimension exhibited the smallest decrease (-0.68 points), potentially indicating some stabilization in meal service quality. Conversely, Nursing Care and Services recorded the most substantial decline (-1.68 points), possibly reflecting the augmented challenges associated with serving a more dependent resident population.

6.4.3. Comparison of Highest and Lowest Scoring Items

Analysis of individual questionnaire items reveals specific areas of consistency and change in resident satisfaction patterns.

Table 6.10 Highest Scoring Items

Rank	Previous Year	Mean	Current Year	Mean
1	Staff treat you as an adult and respect your opinions	4.12	Staff treat you as an adult and respect your opinions	3.76
2	Staff provide delicious food that you enjoy	3.98	Staff respond promptly to your requests	3.74
3	You have sufficient opportunities for activities	3.98	You have sufficient opportunities for activities	3.72

Table 6.10 shows that the item concerning respectful treatment maintained its position as the highest-rated aspect of care in both surveys, indicating sustained strength in interpersonal relationships between residents and staff. Similarly, adequate activity opportunities consistently ranked among the top three, suggesting reliable service provision in this domain.

Notably, prompt staff response emerged as a new top-three item in the current survey, replacing satisfaction with food variety. This shift may reflect improvements in staff attentiveness and communication efficiency over the intervening period.

Table 6.11 Lowest Scoring Items

Rank	Previous Year	Mean	Current Year	Mean
1	The quality of medical treatment here is good	3.48	The quality of medical treatment here is good	3.29
2	Religious activities are provided here	3.49	Religious activities are provided here	3.27
3	The facility is clean	3.54	A wide variety of activities are available here	3.30

Table 6.11 shows that two items — perceived treatment quality and religious activity provision—remained entrenched at the bottom of satisfaction rankings across both surveys, highlighting persistent shortcomings in these areas. Both items also registered slight declines in mean scores.

Cleanliness perceptions improved sufficiently to exit the bottom three, suggesting possible enhancements in environmental hygiene. However, satisfaction with activity variety deteriorated, entering the bottom three in the current survey. This finding indicates that while residents perceive adequate activity opportunities (a top-three item), they may desire greater diversity in available programming.

6.4.4. Comparison of Improvement Priorities

Respondents in both surveys identified areas requiring improvement, providing direct insight

into evolving resident priorities.

Table 6.12 Comparison of Improvement Priorities			
Improvement Area	Previous Year (%)	Current Year (%)	Change
Gastronomy	25.00%	23.25%	-1.75%
Exercise/Activities	23.88%	24.07%	+0.19%
Nursing Care and Services	18.26%	18.72%	+0.46%
Caregiver Quality	17.42%	18.93%	+1.51%
Environment	15.45%	15.02%	-0.43%

As shown in Table 6.13, gastronomy remained the most frequently cited area for improvement across both surveys, although the percentage decreased marginally, possibly reflecting incremental improvements in meal services. Caregiver quality registered the largest increase in priority (+1.51%), suggesting that residents are placing greater emphasis on staff interactions and care relationships. Exercise/activities and nursing care maintained comparable priority levels between the two periods.

6.4.5. Summary of Progress and Persistent Challenges

Areas of Improvement:

- Staff Responsiveness: The emergence of prompt response as a top-three satisfaction item suggests enhanced communication efficiency and service delivery.
- Environmental Cleanliness: Improved scores for cleanliness, with this item exiting the bottom three, indicate potential upgrades in housekeeping standards.
- Instrument Reliability: Increased Cronbach's alpha values across all dimensions reflect improved internal consistency of the survey instrument.
- Response Rate: The increase from 89% to 97% demonstrates enhanced resident engagement and data collection effectiveness.
- Sample Representativeness: The current survey captures a more diverse resident population, particularly those with higher dependency needs, providing a more comprehensive picture of institutional care quality.

Persistent Challenges:

- Gastronomy continues to represent the lowest-scoring dimension and the most frequently identified improvement priority, with mean scores declining slightly over the

year. This finding aligns with the 23.25% of current respondents who identified meals as requiring improvement.

- Religious Activities and Treatment Quality remain the lowest-scoring individual items, indicating unresolved spiritual care and therapeutic service needs that have persisted across both survey periods.
- Activity Diversity: Despite adequate activity opportunities, satisfaction with activity variety has declined, suggesting resident desire for more diverse programming options.
- Caregiver Quality: The increased priority assigned to caregiver improvement (+1.51%) indicates that staff-resident interactions remain an area requiring attention.

Interpretive Considerations:

The observed decline in overall satisfaction scores must be interpreted within the context of the changed resident profile. The current survey includes a substantially higher proportion of residents with moderate to heavy dependency (36.62% versus 14.89% in the previous survey). Residents with elevated care needs typically experience:

- More frequent staff interactions, creating additional opportunities for dissatisfaction
- Higher expectations for attentive and skilled care provision
- Greater vulnerability to any service deficiencies
- Different activity needs and preferences compared to independent residents

The modest decline in satisfaction scores may therefore reflect not service quality deterioration, but rather the augmented challenges of meeting the needs of a more dependent resident population. That the institution maintained consistent dimensional rankings and sustained strengths in respectful treatment and activity opportunities, despite serving a more demanding resident profile, can be interpreted positively.

In conclusion, while Yiyang Nursing Home has maintained strengths in respectful treatment and activity provision, and demonstrated improvements in staff responsiveness and environmental cleanliness, significant challenges persist in gastronomy, religious activities, perceived treatment quality, and activity diversity. These findings underscore the imperative for targeted interventions, particularly in food services and spiritual care, with heightened attention to the growing population of residents with elevated dependency needs. The improvement plan delineated in Chapter 7 directly addresses these persistent challenges while building upon identified institutional strengths.

7. Plan to Improve Patient Satisfaction

This chapter formulates a systematic and multi-dimensional improvement plan based on the previous analysis of patient satisfaction at Shanghai Yiyang Nursing Home. The plan aims to address the identified key issues and comprehensively enhance the overall satisfaction of the elderly residents.

7.1. Overall Objective

To increase the overall patient satisfaction score by 15% (from the current 95.79 to approximately 110 points) within the next 12 months, with significant improvements specifically in the "Gastronomy" and "Activities" dimensions, which were identified as the lowest-scoring areas in the diagnostic phase.

7.2. Specific Improvement Initiatives

7.2.1. Gastronomy Quality Enhancement Plan

Despite being the lowest-scoring dimension, gastronomy showed the smallest decline, indicating some stabilization. To build on this and address the 23.25% of residents who cited it for improvement:

Personalized, Patient-Centered Meal Services:

- Establish a "Health and Dietary File" for each new resident, detailing dietary habits, allergies, chronic disease dietary requirements (e.g., for diabetes, hypertension), and cultural or personal preferences, moving beyond a one-size-fits-all approach.
- Offer at least three types of "Personalized Meal Options" weekly (e.g., low-sugar meals, soft foods, Jiangnan cuisine) for residents or their families to choose from. This choice empowers residents and respects their autonomy.
- Set up a "Dietary Committee" comprising a nutritionist, head chef, resident representatives, and family representatives, convening monthly to review menus and suggest improvements.

Meal Variety and Experience:

- Introduce "Themed Meal Days," such as "Local Delicacy Day" on Sundays or "Festival Banquets" on holidays, to increase dining enjoyment and anticipation.

- Enhance the restaurant ambiance by playing soft music and training dining service staff in etiquette to improve the overall dining experience.

7.2.2. Activity Enrichment and Participation Plan

While residents feel there are enough activity opportunities (a top-three item), satisfaction with activity variety has declined. To address this and the residents' desire for more diverse programming:

Structured and Personalized, Patient-Centered Activities:

- Design a "Tiered Activity System" based on residents' physical condition (Barthel Index) and personal interests identified through individual conversations, ensuring activities are meaningful to each person.
- Mild/No Dependency Group: Organize Tai Chi, gardening, calligraphy and painting, choir, smartphone tutorial classes, etc.
- Moderate/Severe Dependency Group: Conduct low-intensity activities like indoor finger exercises, reminiscence therapy, music relaxation, and reading sessions.

Enhanced Socialization and Spiritual Comfort:

- Spiritual Care Enhancement: To address the persistently low score for religious/spiritual activities, the home will partner with local cultural and religious organizations to offer non-denominational spiritual gatherings, meditation sessions, or celebrations of traditional festivals, respecting residents' diverse spiritual needs.
- Establish long-term partnerships with local universities and volunteer organizations to arrange weekly "Youth Volunteer Companionship Days," facilitating interactions, conversations, and performances.
- Designate a "Family Day" each month, inviting family members to participate in joint activities (e.g., dumpling making, handicrafts). Create family WeChat groups to regularly share photos and updates of residents' activities.
- Engage professional counselors to provide on-site psychological consultation services every two weeks for residents in need.

7.2.3. Staff Training and Incentive Plan

Given that caregiver quality showed the largest increase in priority for improvement, and that respectful treatment remains a key strength to build upon:

Professional and Soft Skills Training Rooted in Patient-Centered Care:

- Conduct quarterly training sessions on "Elderly Communication Skills" and "Humanistic Care," emphasizing respect for residents' wishes and personal dignity. Training will specifically focus on how to provide choice and preserve autonomy during daily care tasks.
- Collaborate with external rehabilitation institutions to provide semi-annual training on rehabilitation assistance skills for caregiving staff to better meet the needs of the growing moderately to heavily dependent population.

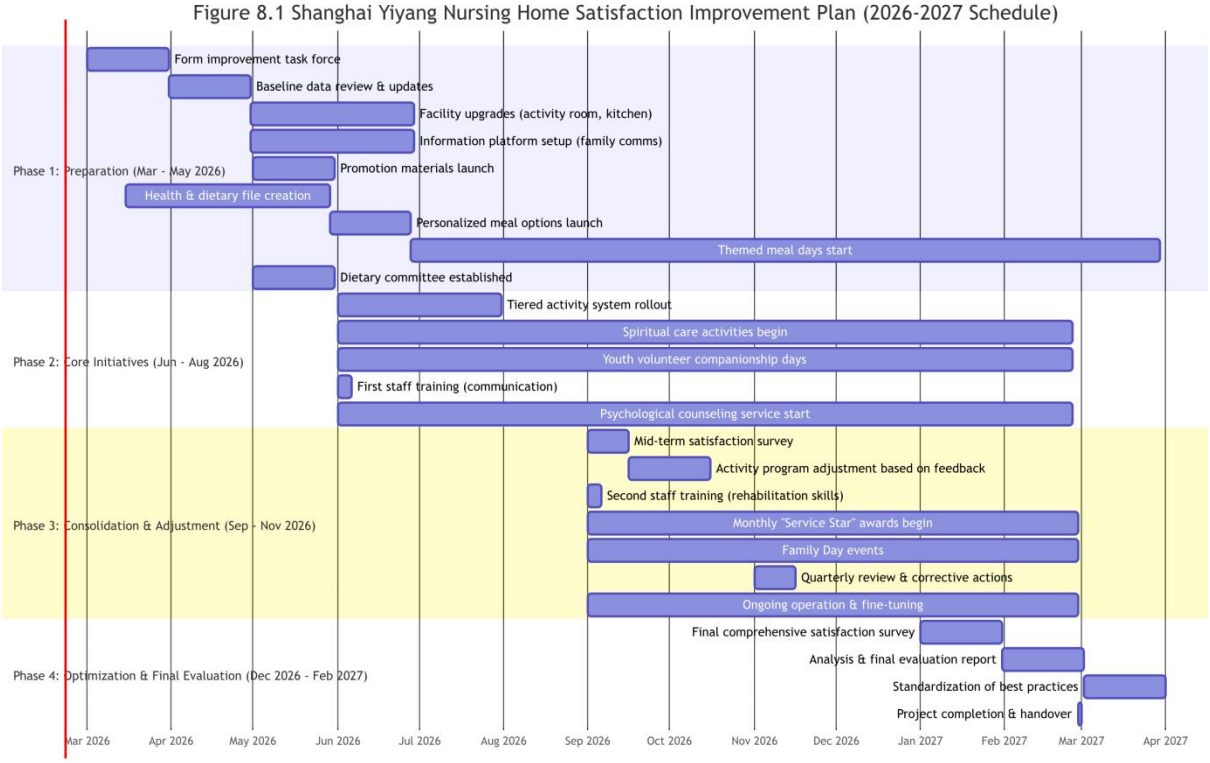
Incentive Mechanism Optimization:

- Implement a monthly "Service Star" award program, using feedback from residents and families on compassion, respect, and attentiveness as key performance indicators, coupled with monetary and non-monetary rewards. This shifts the focus from task completion to the quality of human interaction.
- Optimize staff scheduling to prevent caregiver fatigue and ensure consistent service quality.

8. Schedule

This improvement plan spans 12 months and is divided into four phases:Preparation (March-May 2026), Core Initiatives (June-August 2026), Consolidation & Adjustment (September-November 2026), and Optimization & Final Evaluation (December 2026-February 2027), as detailed in the Gantt chart below.

Figure 8.1 Shanghai Yiyang Nursing Home Satisfaction Improvement Plan (2026-2027 Schedule)



9. Budget

The following budget is formulated to ensure the smooth implementation of the improvement plan, categorized into one-time investments and ongoing expenses.

Table 9.1 Budget Breakdown for the Improvement Plan

No.	Item	Description	Cost Estimate (EUR)
1	One-Time Investment		
1.1	Facility Upgrades & Equipment	Activity room refurbishment for tiered activities, rehabilitation and sensory equipment, kitchen appliances for themed meals	28,000
1.2	Information System	**Patient-centered dietary and health management software, family communication platform**	7,000
1.3	Promotion & Launch Materials	Brochures, satisfaction bulletin boards, activity calendars, etc.	1,500
	Subtotal		36,500
2	Ongoing Investment (Annual)		
2.1	Human Resources	Fees for external nutritionist, geriatric psychologists (bi-weekly), specialized PCC trainers, volunteer coordination	25,000

2.2	Activity Funds	Materials for tiered activities (gardening, art therapy, etc.), spiritual/cultural gatherings, outings, volunteer appreciation gifts	10,000
2.3	Meal Subsidy	Increased cost of high-quality, personalized ingredients for individualized meal plans and themed days	11,000
2.4	Incentive Fund	Enhanced "Service Star" bonuses (tied to resident feedback on compassion and respect), team building activities	5,000
	Subtotal		51,000
	Total		87,500

10. Control and Assessment

A control and assessment mechanism is established to ensure the improvement plan stays on track and achieves its intended goals.

10.1. Key Performance Indicators (KPIs)

To ensure the effective implementation and success of the improvement plan, the following Key Performance Indicators (KPIs) have been established for continuous monitoring and evaluation. All targets are set with clear, measurable values based on the baseline data from the diagnostic phase.

Table 10.1 Key Performance Indicators and Targets

Category	Key Performance Indicator (KPI)	Measurement Method	Baseline (Diagnostic Phase)	12-Month Target Value
Core Outcome KPI	Overall Satisfaction Score	Measured using the same satisfaction questionnaire (Total Score: 125)	95.79 points	Increase by 15% To 110.2 points
Process & Dimension KPIs	Gastronomy Dimension Score	Score of the "Gastronomy" dimension in the questionnaire (Total: 15 points)	10.47 points	Increase by 20% To 12.6 points
	Activities Dimension Score	Score of the "Activities" dimension in the questionnaire (Total: 25 points)	17.01 points	Increase by 15% To 19.6 points
	Caregiver Dimension	Score of the	20.75 points	Maintain and

	Score	"Caregiver" dimension in the questionnaire (Total: 29 points)		slightly improve To 23.5 points
	Monthly Average Activity Participation Rate	(Number of resident participations in activities / Total number of residents able to participate) x 100%	To be established from historical data	≥ 75%
	Personalized Meal Service Coverage Rate	(Number of residents using personalized meal services / Total number of residents) x 100%	0%	≥ 80%
Feedback & Operational KPIs	Family Compliment/Complaint Ratio	(Number of compliment letters - Number of complaint letters)	To be established from historical data	Achieve net growth (Positive number)
	Correlation of "Service Star" Award with Satisfaction	Analyze satisfaction changes in areas managed by award-winning staff	Not Applicable	Their responsible areas show above-average humanistic care satisfaction improvement

10.2. Assessment Methods and Frequency

Monthly Assessment: The task force will hold monthly review meetings to examine process KPI data, check plan progress, and address implementation issues.

Quarterly Assessment: Conduct small-scale satisfaction sampling surveys (30 questionnaires each time) and focus group interviews for dynamic adjustments.

Final Assessment (Month 12): Conduct a comprehensive and formal satisfaction questionnaire survey (using the same methodology and scale as the baseline study), compare results with baseline data, and prepare a final evaluation report.

10.3. Control Mechanisms

Regular Reporting: The task force must submit quarterly progress reports to the nursing home's management.

Deviation Correction: If quarterly assessments indicate any KPI is not meeting targets, root cause analysis must be performed immediately, and corrective actions (e.g., enhanced training, adjusted activities) implemented in the next quarter.

Feedback Loop: Establish continuous feedback channels from residents, families, staff, to management to ensure smooth information flow and timely problem identification and resolution.

11. Conclusions

This project was conceived against the backdrop of intensifying global population ageing, a trend particularly pronounced in China. The country is rapidly advancing towards a super-aged society, accompanied by a rising prevalence of chronic diseases among the elderly and an increase in empty-nest families. These demographic shifts have elevated the quality of elderly care to a critical social issue. Within this context, nursing homes that integrate medical and elderly care services, such as the Shanghai Yiyang Nursing Home, play an increasingly vital role. The core problem addressed in this project is the identified gap in patient satisfaction at this institution, which hinders its ability to deliver optimal care and achieve operational excellence. Specifically, initial investigations pointed to significant dissatisfaction in key service areas.

The primary objectives of this project were to systematically analyze the current state of patient satisfaction at Shanghai Yiyang Nursing Home, to identify the key factors influencing satisfaction levels, and to develop a targeted, actionable improvement plan aimed at enhancing the overall well-being and satisfaction of its residents.

To achieve these objectives, a mixed-methodology was employed. This included a comprehensive review of academic literature to establish theoretical foundations in customer satisfaction and life satisfaction measurement. The core of the empirical research involved a structured questionnaire survey, utilizing a validated instrument encompassing five dimensions: Activities, Care and Services, Caregivers, Environment, and Gastronomy. The survey was administered to 486 elderly residents, and the collected data was subjected to rigorous statistical analysis, including descriptive statistics, reliability tests, to quantify satisfaction levels and pinpoint influential factors. This quantitative approach was supplemented by qualitative interviews to gain deeper insights into the residents' experiences.

Based on the diagnostic findings, which highlighted Gastronomy and Activities as the lowest-scoring dimensions and Caregiver quality as a growing priority, the study formulates concrete main proposals for enhancement. The improvement plan is strategically focused on the two dimensions with the lowest satisfaction scores: Gastronomy and Activities. Key initiatives include the implementation of patient-centered, personalized meal services guided by a "Health and Dietary File," the establishment of a dietary committee, the introduction of themed meal days. For activities, it proposes a tiered activity system tailored to residents' physical capabilities and personal interests. Furthermore, the plan emphasizes staff training in communication skills, humanistic care, and the principles of patient-centered care,

alongside the optimization of incentive mechanisms to motivate caregivers based on resident feedback regarding compassion and respect.

To ensure the effective execution of these initiatives, a detailed budget of approximately 680,000 RMB (87,500 EUR) has been allocated. This budget covers one-time investments in facility upgrades and information systems (285,000 RMB / 36,500 EUR), as well as annual ongoing expenses for human resources, activity funds, meal subsidies, and incentive funds (397,000 RMB / 51,000 EUR).

Finally, the success of this improvement plan will be measured against clear objectives to be reached (KPIs). The overarching goal is to increase the overall patient satisfaction score from 95.79 to 110.2 points (a 15% increase) within 12 months. Progress will be monitored through process KPIs, including specific satisfaction scores for the Gastronomy (target: 12.6 points) and Activities (target: 19.6 points) dimensions, the monthly activity participation rate, the coverage rate of personalized meal services, and the volume of family feedback. A robust control and assessment mechanism, involving monthly reviews, quarterly surveys, and a final comprehensive evaluation, has been established to track these KPIs and ensure the plan remains on course to deliver meaningful and measurable improvement.

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Appendices

Appendix A – Survey

General Information Questionnaire for Elderly Admitted to Community Nursing Homes

Dear Grandpa/Grandma:

Greetings! The following is a general information questionnaire, please read the following statements carefully and check the option that best meets your actual situation. This survey is anonymous, we guarantee that you fill in the content of absolute confidentiality and is limited to the study of this topic, please feel free to answer the questions truthfully. Thank you for your support and cooperation.

According to your own situation, please put a "√" on the option that best meets your situation.

Part I – Socio-demographic data

1. Gender	□man □women	2. age	
3. Length of stay	□1-6 months □7-11 months □1-3 years □>3 years		
4. education level	□illiteracy □secondary schools □middle school □High school or junior college □College and above		
5. Occupation before retirement	□functionary □unit staff □business person □Free traders □service personnel □Workers/farmers □not have □Other options		
6. marital status	□unmarried □married □divorcee □bereaved of one's spouse		
7. Number of children	□0 □1 □2 □3 □4 and above		
8. Consciousness of health status	□differ from □It's unhealthier □usual □healthier □wellness		
9. Diseases you currently suffer from (multiple choices allowed)	□not have □hypertensive □diabetes □coronary heart disease □strokes □hypertriglyceridemia □Chronic respiratory diseases □Other		
10. Sources of daily consumption (multiple choice)	□pension □Alimony from children □Supported by relatives □save □Other		
11. Monthly income	□Below 2000 □2000-2999 □3000-3999 □4000 and above		
12. Subjective perception of the economic situation	□surplus □more or less adequate □straitened circumstances		
13. Frequency of visits by family and friends	□almost every day □At least once a week □At least once a month □At least every three months □At least every six months □Other		
14. Main reasons for admission to care homes	□unattended □Inconvenience of living with family □Community Nursing Home Medical and Living Conditions □Want to socialise with people your own age □Other		
15. Would you recommend this place to an older person in need?	□Very reluctant □unwilling □currently unknown □willing (do sth) □very willing		
16. What would you most like to see improved here?	□function □Care and Services □caregiver □environment □gastronomy		

Part II - Barthel Index Rating Scale

1. Eating (10 points)	□Can eat independently (10 points) □Needs partial help (5 points) □ Needs great help or is totally dependent on others (0 points)
2. Bathing (5 points)	□Can do it independently by himself/herself after preparing the bath water (5 points) □Needs help from others during bathing (0 points)
3 .odification (5 points)	□Can do it on their own (5 points) □ Need help (0 points)
4. Dressing (10 marks)	□Can do this independently (10 points) □Requires partial help (can put on or take off by self, but needs help to organise clothes, fasten buttons, zip, tie shoelaces, etc.) (5 points) □Requires great help or is totally dependent on others (0 points)
5. Bowel control (10 points)	□Controlled bowel movements (10 points) □Occasional loss of control (5 points) □Complete loss of control (0 points)
6. Urine control (10 points)	□Controlled bowel movements (10 points) □Occasional loss of control (5 points) □Complete loss of control (0 points)
7. Toileting (10 points)	□Can be done independently (10 points) □Requires partial assistance (need help with assistance, need help with flushing or arranging clothing, etc.) (5 points) □Requires great assistance or is totally dependent on others (0 points)
8. Transfer (15 points)	□Can be done independently (15 points) □Requires partial help (requires assistance or use of crutches) (10 points) □Requires great help (relies to a greater extent on the assistance and help of others) (5 points) □Completely relies on others (0 points)
9. Walking on level ground (15 marks)	□Can walk 45m independently on level ground (15 points) □Partially assisted (requires support from others, or uses assistive devices such as crutches, walkers, etc.) (10 points) □Extremely assisted (relies heavily on others to support him/her when walking, or moves himself/herself on level ground in a wheelchair) (5 points) □Completely dependent on others (0 points)
10. Going up and down stairs (10 points)	□Can walk up and down stairs independently (10 points) □Requires partial assistance (need to hold stairs, be assisted by others, or use a cane, etc.) (5 points) □Requires great assistance or is totally dependent on others (0 points)
summaries	

Part III - Questionnaire on Satisfaction of the Elderly Admitted to Nursing Homes

Please tick to the extent that it best suits your idea or reality.

	sports event	Completely disagree.	Some disagree.	neutrality	Some agreement	Completely agree
activities	1. You can go out (mainly means travelling)					
	2. Religious ceremonial activities are offered here					
	3. You have enough opportunities for activities					
	4. There are many different activities here					
	5. You can go outdoors					
Care and Services	6. It is fully staffed					
	7. You will always get a prompt response					
	8. There is good medical care here					
	9. There is good treatment					
	10. You can get good care in your life.					
	11. Stable staff					
	12. Care for the health of the elderly					
	13. You can get good grooming services.					
caregiver	14.The staff here are friendly and respect you					
	15. The staff here are well trained					
	16. Staff are willing to listen					
	17. You are treated as an individual and your individual needs are met.					
	18. treats you as an adult and respects your views					
	19. provide compassionate care					
environments	20. Like home					
	21. Clean					
	22. Quiet					
	23. No bad smell					
	24. The seniors here are very friendly, especially the roommates					
	25. Close to family and friends for easy visits					
gastronomy	26. Delicious food that you like to eat					

	27. Variety of choices for your food					
	28. Good catering service here					