Examining Organizational Factors and Their Impact on Older Adults in Life Plan Communities

Ajla Basic

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LOYOLA UNIVERSITY CHICAGO

EXAMINING ORGANIZATIONAL FACTORS
AND THEIR IMPACT ON OLDER ADULTS IN
LIFE PLAN COMMUNITIES

A THESIS SUBMITTED TO THE FACULTY
OF THE GRADUATE SCHOOL IN CANDIDACY
FOR THE DEGREE OF MASTER OF ARTS

PROGRAM IN APPLIED SOCIAL PSYCHOLOGY

BY

AJLA BASIC

CHICAGO, IL

MAY 2021
ACKNOWLEDGEMENTS

I would like to thank all of the people who made this thesis possible, starting with my resilient parents, Adil and Sabina Basic, who provided me the opportunity to pursue higher education by making the difficult decision to flee their home country, Bosnia, in hopes of a better and safer future for my siblings, Eldin and Lejla, and myself. I would like to thank my professors in the Psychology Department at Loyola University Chicago. Dr. Robyn Mallett has been a force in my life since I started my studies at Loyola University as an undergraduate, Dr. Fred Bryant and Dr. Scott Tindale have offered me patience, guidance and autonomy to find myself as a researcher and scientist. I would also like to thank my fiancé, Jasmin Hamzic, who has offered me unwavering support as I pursue my goals of becoming a scientist.

Finally, I would also like to thank Mather Institute for being my touch stone as I pursue my academic endeavors; Dr. Cate O’Brien and Dr. Jennifer Smith consistently impress me with their research abilities and continue to instill in me a drive to follow in their footsteps as trailblazing scientists.
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ABSTRACT

Aging in America continues to reveal multi-faceted concerns for both the industry and retirees; insufficient retirement savings, loneliness, and a high influx of older adults entering the retirement scene. This study examined the data collected from the Age Well Study, specifically, the following three aspects: resident voice, organizational transparency and staff interaction. Three sequential regressions were run testing each of the three outcome variables (Psycho-Social Well-Being, General Satisfaction, and Retirement Satisfaction) against all three predictors (Staff Interaction, Resident Voice, and Transparency) and all three covariates (Age, Income, Race/Ethnicity). All three sequential regressions used a two-step procedure where the covariates were entered first, and then the predictor variables. The results were consistent with the hypotheses. In general, all three variables were significant predictors of all three outcome variables after controlling for race, income, and age. If these predictors serve to influence general satisfaction for older adults, this only further underscores the mandate community leaders have to produce environments where older adults can feel in control, know the happenings around the community, and include frequent staff and resident interaction. It is also worth noting that the sample used in this study was derived from a multitude of Life Plan Communities, which provide a wealth of resources for older adults. Future research should explore if such predictors are just as significant in other kinds of communities.
CHAPTER ONE
INTRODUCTION TO AGING IN AMERICA

Aging in America continues to reveal multi-faceted concerns for both the industry and retirees; insufficient retirement savings, loneliness, and a high influx of older adults entering retirement are all proving to be challenges for senior living. It is expected that by 2030, 18% of the nation’s population, the baby boomers, will have turned 65 (Cohn & Taylor, 2010). This demographic reality has led to increased research on older adults’ psycho-social well-being during retirement as an attempt to find answer to questions that are emerging. In addition, senior living communities are attempting to support a smooth transition to retirement and satisfaction among their residents, in the interest of their business model.

Retirement communities have long moved away from the simple nursing care model, and now incorporate a total life care approach. Communities may now include independent living, assisted living, skilled nursing and memory support along with service-rich environments and high-end dining, all contributing to high operating costs. This norm of a high standard of living and care creates an imperative for the industry to deliver high levels of satisfaction and engagement. Communities try to do this in multiple ways, such as offering exceptional services that they hope will result in retirement satisfaction. That kind of investment, as well as other kinds of strategies come with a high price, and so it is imperative that communities have knowledge of the type of organizational components that a community needs to create, and how,
in order to secure a promising return on investment by offering the highest level of retirement satisfaction.

One specific type of retirement community is called a “Life Plan Community” (LPC), until recently known as a continuing care retirement community. These communities are typically service-rich and include independent living and skilled nursing, at a minimum. A study directly comparing residents of LPCs and a demographically similar sample of older adults that are living in the community at large, found that those living in service-rich environments (LPCs) had better physical, mental, and social outcomes (The Age Well Study, 2018). Another study compared those that reside in LPCs and community-dwelling older adults and found that those in LPCs had better self-reported health than community-dwelling older adults (Gaines, Poey, Marx, Parrish, & Resnick, 2011).

The Age Well Study is a longitudinal study looking at the impact of residing in a Life Plan Community. The data is collected through self-report measures by residents in the communities and looks at various aspects of the environment and older adults’ health and satisfaction in response to those aspects. This study examined the data collected from the Age Well Study, specifically resident voice, organizational transparency and staff interaction. It was predicted that these factors would be influential predictors of retirement satisfaction, general satisfaction and subjective well-being. General satisfaction, also known as life satisfaction on the Age Well Study, is an adapted measure from the Health and Retirement Survey that the Age Well Study uses as its comparison group (HRS is a longitudinal panel study that surveys thousands of older adults living at home, nationally). General satisfaction was measured with five items on a 7-point scale, with the scores averaged to create an index of life satisfaction (Diener, Emmons, Larsen, & Griffin 1985). Retirement satisfaction was assessed by a one-item
question that asks residents to rate the extent to which their retirement at that LPC has met their expectations prior to moving in. The third outcome, older adult well-being, is based on the six dimensions of the wellness model; the older adult’s physical, emotional, social, intellectual, spiritual and vocation health (Hettler, 1976).

The Concept of Voice

The concept of voice originated in due process, employee rights and employment justice (Holland, Pyman, Cooper, & Teicher, 2011). Voice is the involvement of individuals, either directly or indirectly, in decision-making within the wider organization (Wood & Wall, 2007). The concept of voice in organizations is not new. In fact, industrial organizational psychology has emphasized the importance of this concept through hundreds of studies tying employee voice with job satisfaction (Wood & Wall, 2007). Voice is a key component of procedural fairness; allowing employees to take part in the procedures themselves gives the employees a greater sense of control which leads to them to perceive that they are being treated more fairly. Employee voice can manifest itself through two facets, direct (an employee being able to voice his or her concerns directly to the manager) and union voice (representative worker voice) (Holland et al., 2011). Unions were thought to be a voice for the unheard and theorized to provide workers with feelings of being heard and valued in the company/organization. However, research has assessed which of those avenues has the strongest impact on job satisfaction, and it was found that direct voice was the central factor for predicting job satisfaction (Holland et al., 2011). Previous research has also found that managerial responsiveness was better when employees had a direct voice compared to a union voice (Bryson, 2004). Some companies, in an attempt to increase work enrichment, have adopted high commitment and high involvement models for management, and it was found that in both those models, employee voice was the
mediating factor for success (Wood & Wall, 2007). Not only is employee voice good for employee efficacy and work enrichment, it was found that employers who had effective mechanisms for employees voicing their thoughts and concerns, also had high retention rates (Spencer, 1986).

The importance of voice also applies to residents in retirement communities. Older adults often perceive a reduction in the control they have over their lives, as caretakers or children may be managing their health, mobility, and/or finances (Rodin & Langer, 1980). Thus, perceived control is especially important for this population as well. Mallers, Claver, & Lares (2014) found that residents who were in the ‘high control’ condition had improved health, compared to those that were in the low control condition. Rodin & Langer’s (1980) research further showed that older adults can have continued positive growth if given an opportunity to have personal control. The general consensus in the research community is that when perceived control is nonexistent, there are negative effects on wellness (Mallers et al., 2014).

**The Concept of Transparency**

Transparency is another factor that has been found to be important in the procedural justice literature. Transparency has not only been found to be important by industrial organizational psychologists but also by political scientists (Park & Blenkinsopp, 2011). In fact, a study in South Korea, where political distrust is robust, set out to explain how a government could reduce citizen distrust, and increase their satisfaction with the government (Park & Blenkinsopp, 2011). The data indicated that the relationship between corruption and satisfaction was moderated by transparency; the more transparent the government portrayed itself, the more satisfaction there was amongst the citizens (Park & Blenkinsopp, 2011).
Other research has shown that transparency plays a role in employee motivation and performance. A three-month longitudinal study looked at transparency as a mediating factor between leader integrity and work engagement and ultimately higher performance ratings. They found that followers who rated their leaders are more transparent had higher levels of work engagement, and thus more positive performance (Vogelgesang, Leory, & Avolio, 2013). In addition, a study by Norman, Avolio, & Luthans (2010) looked at how transparency in leadership hinders or helps leaders during critical times. The researchers found, in their field experiment, that a leader’s level of transparency impacted employee’s perceived trust and ratings of leadership effectiveness. Another study found that managers’ communication behaviors (i.e., transparent vs not) influence subordinates’ motivation, in that transparent managers led to greater persistence, motivation, and task completion (Kay & Christophe, 1995). With this empirical evidence for benefits of a transparent environment, it can then be theorized that it is as important (arguably more) for an employee to work in a transparent environment, as it is for an older adult who has settled their life savings into a community that they will rely upon for many aspects of their lives. Transparency from their retirement is important for older adults to not only feel in control of their surroundings but to be aware of looming changes. Transparency can manifest itself through the involvement of older adults (i.e., resident committees) in the community on decisions that will ultimately impact them as well (e.g., expansion, downsizing, new organization ownership, mergers, etc.). This may lead to older adults having higher perceived self-control, which ultimately may support greater positive experiences and growth at that community (Rodin & Langer, 1980).
The Concept of Staff Interaction

It has been argued that one of the main influences on residents’ wellbeing is the quality of interaction with their staff members (Custers, Kuin, Riksen-Walraven, & Westerhof, 2011). Custers et al. (2011) studied the relationship between staff support and residents’ autonomy, competence, and needs to see how these factors related to wellbeing of the residents. They found a significant relationship between supportive staff interactions and situational well-being (Custers et al., 2011). However, this relationship between residents and staff members may not only have an impact on residents’ wellbeing and retirement satisfaction, but also on staff member job satisfaction and retention (Ball, Lepore, Perkins, Hollingsworth, & Sweatman, 2009).
CHAPTER TWO

METHODS

Design

The present research drew upon an ongoing study called the Age Well Study. As discussed, the Age Well Study is a longitudinal study assessing the impact of living in a Life Plan Community vs living in the community at large on residents’ psychosocial health and well-being. The Age Well Study measures residents’ self-reported health and wellness via a survey that is given annually for five years. The Age Well Study began in 2017 and targeted Life Plan Communities for enrollment. The first stage involved inviting 1,000 different communities to participate in the study. The invites, usually sent through email, were addressed to the CEO or Executive Directors at these communities. The invite laid out the design and goal of the study, along with the incentive that those leaders at the community would receive an annual customized report on their specific community. This resulted in the enrollment of 81 Life Plan Communities across the nation (including The Mather and Splendido, communities owned by the current author’s employer). Upon enrollment, the LPC staff relayed information to the leaders at the community on recruitment efforts (i.e., flyers, PowerPoints, etc). The leaders and staff at the community then placed a survey packet in every mailbox in the LPC’s independent living center. If a participant chose to complete one, they were instructed to drop it off in a designated box with the community personnel, who then shipped the entire box to Mather Institute. Year one produced 5,176 participants.
In Year two, recruitment for the study reopened, resulting in 41 additional LPCs, and now a total of 122 LPC enrolled in the study. In year two, the survey packet was sent directly to all participants, with each packet containing: a cover page, consent (two copies, one to return to researchers, and one for the participant to keep), the actual survey, and a business return envelope so that the survey could be returned to researchers. Instead of personnel distributing and collecting surveys, participants were instructed mail the survey to offices at Mather. Year two resulted in 5,777 total participants. The Age Well Study is now in its fourth year. The data set for this study is based on the data from year three.

**Participants**

Participants were older adults residing in independent living centers in Life Plan Communities. Demographics of the participants were collected each year; in year one, 5,148 residents participated, of those 49% of older adults were 85 years of age, 26% were 80 to 84, 67% of respondents were female, 95% of respondents were white/Caucasian.

In year two, 5,777 residents participated, of those 47% of older adults were 85 years of age, 27% were 80 to 84, 66% of respondents were female, 97% of respondents were white/Caucasian.

The participant demographics in this sample (data from year 3 in the Age Well Study) was a sample size of 4,191 participants, and participants in this data set were about 84 years of age, on average. The range of ages in this sample was from 58 years of age to 103 years of age. Participants were 96.6% White/Caucasian, and <1% were Black/African American.
Materials

Although the survey each year is mostly consistent, every year there is a unique focus in the analysis on a research question (e.g., spirituality, healthy motivators). For year three, the Age Well Study is focusing on the factors associated with happiness, however new questions about community life have been added as well. This study focused on those new community life questions (staff interaction, transparency, and resident voice) and its impact on retirement satisfaction and resident well-being. Therefore, only data from year three of the Age Well Study was used.

The Age Well Study survey consists of many core questions that exist on all annual surveys, however each year there is a new subset of questions included. The new subset of questions that were added in year three was the primary focus of this study. These questions dealt with staff interaction, resident voice, and transparency. The staff interaction question asked, “In some Life Plan Communities, staff sometimes participate along with residents in activities or programs (e.g., art class, computer class, or fitness classes). To what extent do staff participate in the same program as you? Please consider instances where staff are participating in (vs. Leading) the programs”, participants could have select one of the following: “staff often participate in the same programs”, “staff occasionally participate in the same programs,” “staff rarely participate in the same programs”, or “staff don’t participate in the programming for residents”. This is a single item and did not need to be composited. The resident voice question had two items and they were posed as, “Please indicate how much you agree or disagree with each of the following statements regarding resident voice within your senior living community: residents have an opportunity to provide input into communities policies and practices and residents input is taken seriously in this community”. These two items were rated on a seven-
point Likert scale and were summed to create a composite measure. The transparency question was, “Please indicate how much you agree or disagree with the following statement regarding community matters within your senior living community; overall I am kept well-informed about community matter”. The transparency question was also assessed on a seven-point Likert scale and includes only a single item.

The outcomes examined in relation to the above measures were psycho-social well-being, general life satisfaction, and retirement satisfaction. Psycho-social well-being was assessed by the question, “how has moving into this senior living community affected each of the following aspects of your health?” Response options were on a seven-point Likert scale, with participants assessing their well-being on six dimensions; physical, emotional, social, intellectual, spiritual, and vocational. The psycho-social well-being measure is averaged for each of the six dimensions of well-being (i.e., physical, emotional, social, intellectual, spiritual, and vocational). The retirement satisfaction question is assessed by a one item measure, “All in all, would you say that your retirement has turned out to very satisfying, moderately satisfying, or not at all satisfying”. The general life satisfaction question is a three-item measure, and the scale was scored by averaging the following three items for a composite score; “Please think about your life and situation right now, how satisfied are you with; Your senior living community? With the wellness services available at your senior living community (e.g., fitness programs, educational programs, wellness opportunities)? The religious and spiritual opportunities and practices in your senior living community?"
Procedure

For year three, surveys were mailed to 6,720 participants. Upon the return of surveys to Mather Institute, researchers began processing by scanning the surveys through a survey software, SNAP. Data was then exported from SNAP to SPSS for analysis.
CHAPTER THREE

RESULTS

Preliminary Results

After all paper surveys were processed through the data processing program, SNAP, all online surveys completed through Verint were imported into a single SPSS dataset. A check was done to make sure ID numbers correspond to the correct participants (so that nonparticipants who may have accidentally completed the survey were removed, and/or spouses have not exchanged surveys, thus mixing ID numbers).

Missing data was checked for. If a survey had 30% missing data, it was removed.

There was a check for discrepancy in factual data (height, age, gender) since those are variables that should not change from year to year. Any discrepancy resulted in contacting the participant directly to ascertain the correct response.

Participant Demographics

The sample included 4,191 participants. Participants in this data set were about 84 years of age, on average. The range of ages in this sample was from 58 years of age to 103 years of age. Participants were 96.6% White/Caucasian, and <1% were Black/African American.
Data Preparation

To prepare the data for analysis, composite scores were created for the variables that were defined by two or more subscales. The independent variable Resident Voice was composed of two subscales (opportunity for residents’ opinion, and resident’s input being taken seriously). The two subscales were highly and significantly correlated ($r (df) = .768$, $p < .01$), so the two scores were averaged to produce a single value. Similarly, a composite score was created by combining the subscales of the dependent variable Physco-Social Well-Being (subscales were physical well-being, emotional well-being, social well-being, intellectual well-being, spiritual well-being, and vocational well-being), and were all moderately and significantly correlated, ($r (df) = .479$, $p < .01$) ($r (df) = .480$, $p < .01$) ($r (df) = .454$, $p < .01$) ($r (df) = .360$, $p < .01$) ($r (df) = .475$, $p < .01$). The subscales of the dependent variable, General Satisfaction, were combined into a composite score (subscales were community satisfaction, well-being satisfaction, and religious/spiritual satisfaction), and were all moderately and significantly correlated, ($r (df) = .592$, $p < .01$) ($r (df) = .367$, $p < .01$). These subscales were combined across the two dependent variables and one independent variable, but to ensure that no differences were being driven by the combination of subscales, supplementary analysis includes an analysis of each individual subscale against all the independent variables.

Main Analysis

Three sequential regressions were run testing each of the three outcome variables (Psycho-Social Well-Being, General Satisfaction, and Retirement Satisfaction) against all three predictors (Staff Interaction, Resident Voice, and Transparency) and all three covariates (Age, Income, Race/Ethnicity). All three sequential regressions used a two-step procedure where the
covariates were entered first, and then the predictor variables. The first model assessed the three 
covariates first, then the predictors, and last the outcome variable, psycho-social well-being. The 
results indicated that the model was a significant predictor of psycho-social well-being, with the 
$R^2$ of .089; $F(6, 3235) = 52.940$, $p=.000$. The $R^2$ change for this model after adding the predictor 
variables was .073, and $F$ change $(3, 3235)=86.704$, $p=.000$. See Table 1 for standardized 
coefficients coefficient standard error and other information. The next regression assessed the 
same three predictors, three covariates, and the outcome, General Satisfaction. The results 
indicated that the model was a significant predictor of general satisfaction, with the $R^2$ of .247; 
$F(6, 3069) =167.896$, $p=.000$. The $R^2$ change for this model after adding the predictor variables 
was .245, and $F$ change $(3,3069)=167.896$, $p=.000$. See Table 2 for standardized coefficients 
coefficient standard error and other information. The next regression assessed the same three 
predictors, and three covariates, and the outcome, Retirement Satisfaction. The results indicated 
that the model was a significant predictor of retirement satisfaction, with the $R^2$ of .027; $F$
$(6,3371) =6.921$, $p=.000$. The $R^2$ change for this model after adding the predictor variables was 
was .026 and $F$ change $(3,3371)=15.586)$, $p=.000$. See Table 3 for standardized coefficients, 
coefficient standard error and other information.

Across the three sequential regressions, all independent variables (except staff interaction 
in the third regression predicting retirement satisfaction) significantly improved the fit of the 
models for all three dependent variables. It is worth noting that in each model, Resident voice 
was the best predictor for all three dependent variables.
Table 1. Sequential Regression Results

<table>
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<tr>
<th>Variables</th>
<th>Standardized Coefficients Beta</th>
<th>Coefficients Std. Error</th>
<th>t values</th>
<th>Significance</th>
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Sequential regression examining covariates, independent variables and psycho-social well-being.

Table 2. Sequential Regression Results

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Sequential regression examining covariates, independent variables and general satisfaction.
Table 3. Sequential Regression Results

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Sequential regression examining covariates, independent variables and retirement satisfaction.

**Supplementary Analysis**

An analysis of the individual subscales underlying two of the dependent variables showed results similar to those from the analyses of the composite scores with a few minor differences. This was done to rule out any discrepancies after combining the subscales into a composite. The Psycho-Social Well-Being dependent variable was made up of 6 subscales (physical, emotional, social, intellectual, spiritual, vocational). The results of these regressions can be found in the appendix, Tables 4-9. The General Satisfaction outcome variable was made up of three subscales (community satisfaction, wellness satisfaction, religious satisfaction). The results of these regressions can be found in the appendix, tables 10-12. Generally no differences were found amongst the individual subscales when compared against the outcomes variables,
thus confidentially ruling out any discrepancies that may have come about from combining the subscales into a composite
CHAPTER FOUR

DISCUSSION

Discussion

This study assessed whether resident voice, staff participation and community transparency predicted retirement satisfaction, general satisfaction, and subjective well-being. The results were consistent with the hypotheses. In general, all three variables were significant predictors of all three outcome variables after controlling for race, income, and age. Although all three predictors (staff participation, transparency, and resident voice) accounted for significant variance, resident voice showed the largest regression weight for all three outcomes. Resident voice may have been the best predictor of satisfaction and well-being, due to its ability to tap into a variety of fields; control is an essential component of aging, as older adults perceive a reduction in their control as they enter the retirement community (Rodin & Langer, 1980). If older adults have a perception of being in control, this may improve health (Mallers, Claver, & Lares, 2014). If an older adult perceives that they have a say in their community, and thus their aging experience, it may explain why this predictor was significant, and had the highest standardized beta weight, when assessed across all three models. Another key aspect of why resident voice may have been as influential as it was, may be because voice is a key component of procedural fairness. In work settings, research has shown that employee voice gives employees a greater sense of control which leads to them perceiving that they are being treated more fairly. This study was able to find great importance for the predictor, resident voice, which
is in line with prior research, that found that the strongest impact on job satisfaction, was employees voice (Holland et al., 2011). However, it is important to note that because there was not a direct test of differences amongst the regression weights, resident voice may be descriptively bigger, but perhaps not significantly so.

It is worth noting that race was a nonsignificant covariate in all three models, however this could be due to the lack of diversity in this present sample (participants were 96.6% White/Caucasian, and <1% were Black/African American). This may be a useful area of future research; to assess if these predictors hold constant for different demographic groups. It is also worth noting that these predictors accounted for substantially more variance for general satisfaction relative to the other two outcome measures. Practically, this seems fitting for the environment used in this study. Older adults’ lives exist within a retirement community, thus an overarching variable such as general satisfaction may capture the distinct categories in the life of a resident at the community (including retirement satisfaction), making this model an all-encompassing and sensitive model to capture the effects that resident voice, staff participation and transparency may have. If these predictors serve to influence general satisfaction for older adults, this only further underscores the mandate community leaders have to produce environments where older adults can feel in control, know the happenings around the community, and include frequent staff and resident interaction.

Admittedly, it may be challenging for community leaders to produce these interactions with residents, while operating during a worldwide pandemic. Likewise, older adults may become reticent in their engagement with the community for safety precautions, and thus influence their own psycho-social well-being, general satisfaction and retirement satisfaction. This decrease in engagement may also be driven by technological barriers. Seifert, Cotton, & Xie
(2020) assert the idea of ‘a double burden of exclusion’ in the face of COVID-19, both socially and technologically. Community leaders must attend to this need and bridge the digital divide by offering technological support to those who may need it, in order to keep older adults involved with the community. It is also worth noting that the sample used in this study was derived from a multitude of Life Plan Communities, which provide a wealth of resources for older adults. Future research should explore if such predictors are just as significant in other kinds of communities.
APPENDIX A

LIST OF SUPPLEMENTARY ANALYSIS TABLES
Table 4. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race, Income, Age, Resident Voice, Staff participation, Transparency</td>
<td>.213</td>
<td>.046</td>
<td>.044</td>
<td>26.842</td>
<td>.000</td>
</tr>
</tbody>
</table>

Sequential regression looking at the subscale, physical well-being, of the dependent variable, psycho-social well-being.

Table 5. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race, Income, Age, Resident Voice, Staff participation, Transparency</td>
<td>.248</td>
<td>.061</td>
<td>.060</td>
<td>36.782</td>
<td>.000</td>
</tr>
</tbody>
</table>

Sequential regression looking at the subscale, emotional well-being, of the dependent variable, psycho-social well-being.

Table 6. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race, Income, Age, Resident Voice, Staff participation, Transparency</td>
<td>.247</td>
<td>.061</td>
<td>.059</td>
<td>36.448</td>
<td>.000</td>
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Sequential regression looking at the subscale, social well-being, of the dependent variable, psycho-social well-being.
Table 7. Supplemental Sequential Subscale Regression Results

<table>
<thead>
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<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race, Income, Age, Resident Voice, Staff participation, Transparency</td>
<td>.245</td>
<td>.060</td>
<td>.058</td>
<td>35.903</td>
<td>.000</td>
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</table>

Sequential regression looking at the subscale, intellectual well-being, of the dependent variable, psycho-social well-being.

Table 8. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
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<th>R Square</th>
<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race, Income, Age, Resident Voice, Staff participation, Transparency</td>
<td>.233</td>
<td>.054</td>
<td>.052</td>
<td>31.388</td>
<td>.000</td>
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</table>

Sequential regression looking at the subscale, spiritual well-being, of the dependent variable, psycho-social well-being.

Table 9. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
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<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.061</td>
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Sequential regression looking at the subscale, vocational well-being, of the dependent variable, psycho-social well-being.
Table 10. Supplemental Sequential Subscale Regression Results

<table>
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<th>F</th>
<th>Sig</th>
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<td>.201</td>
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Sequential regression looking at the subscale, community satisfaction, of the dependent variable, general satisfaction.

Table 11. Supplemental Sequential Subscale Regression Results

<table>
<thead>
<tr>
<th>Model</th>
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<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.188</td>
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</table>

Sequential regression looking at the subscale, well-being satisfaction, of the dependent variable, general satisfaction.

Table 12. Supplemental Sequential Subscale Regression Results

<table>
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<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.085</td>
<td>48.977</td>
<td>.000</td>
</tr>
</tbody>
</table>

Sequential regression looking at the subscale, religious satisfaction, of the dependent variable, general satisfaction.
REFERENCE LIST


