Relationships Matter: The Importance of Friendships Among Residents of Independent Living Communities

Kristen V. Paris, PhD, Edie R. Smith, Rachelle Bernstecker, David Schless

Abstract

Social relationships and connectedness play a vital role in a resident's quality of life and sense of feeling "at home" in an age-qualified community. A recent study of independent living residents revealed that one of the primary drivers determining to what extent they felt "at home" in their community was their ability to make friends and form close relationships with other residents. The stronger the independent living residents' sense of camaraderie with others in their community the more positive they were about living in the community. Age-qualified, service-enriched communities are charged with the task of helping their residents live longer and better by providing them with the opportunities, circumstances, and environments necessary for forming close, meaningful friendships.

Introduction

One characteristic of a healthy, age-qualified, service-enriched community is the extent of social opportunities available for its residents. Socially connected individuals are happier and healthier than their more isolated counterparts (Umberson & Montez, 2010). Social relationships are a key aspect of quality of life for people of all ages, including age-qualified housing residents who experience less depression and loneliness when they have greater peer support, more social interaction, and higher quality relationships (Carpenter, 2002; Fessman & Lester, 2000).

The purpose of this article is to provide results from a recent survey of 6,858 independent living residents. The survey highlights the role social relationships and support have had on residents' health and well-being, and their overall satisfaction with living in the community and their sense of feeling "at home" within the community.

Social Connectedness and Overall Health

Over the past several years, research has established that both the quantity and quality of our social relationships are undeniably important to both our physical and mental health and our risk of mortality. In fact, one study concluded that the impact the lack of social relationships has on an individual's risk for mortality is comparable to that of smoking and excess alcohol consumption (Holt-Lunstad, Smith, & Layton, 2010). Having an active social life has been associated with better cardiovascular outcomes (e.g., Eng, Rimm, Fitzmaurice, & Kawachi, 2002) and greater immunity to infectious disease (e.g., Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997), among other health outcomes.

Adapting to Life in a Communal Environment

Quality of life for residents of independent living communities is a pressing issue due to the communal living style that is inherent to the communities' structure and design (Kane, 2001). Common concerns for many people moving to retirement communities surround issues of privacy and independence. For example, independent living residents must adjust to living in proximity to their neighbors and to having schedules for dining, transportation, or laundry. They have to adhere to rules and regulations regarding furniture placement, home décor, and sharing common areas and other amenities that are offered in the community. Retirement communities' prospective residents share concerns about the proximity of neighbors and the neighbors themselves (Bonifas, Simons, Biel, & Kramer, 2014). Territorial conflicts or tense situations can arise between residents of such communities due, in part, to residents having difficulty tolerating individual or group differences in their communities (Cutchin, 2003).

Current Research Study

The purpose of this research is to highlight the role social relationships and support has on the health and well-being of residents living in independent living communities. We quantify well-being in this article as overall satisfaction with quality of life living in the independent living community, as well as the sense of feeling "at home" in the community.

A 2012 study of independent living residents revealed that feeling at home outweighed all other attributes that impacted resident satisfaction, including services, amenities, or opportunities within the community (American Seniors Housing Association, 2013). Despite using a comprehensive survey instrument in the 2012 study, the results did not identify specific drivers of what makes an independent living resident feel at home. Because of the impact that feeling at home had on residents' overall sense of satisfaction, and because only "very satisfied" residents were likely to recommend their community to family or friends (Wylde et al., 2009), the American Seniors Housing Association (ASHA) research committee decided to focus on the topic of "feeling at home" among residents in an independent living community for a subsequent study.

Method

Overview of the Study

The ASHA (2014) study explored the opinions and attributes of residents of independent living relative to their sense of feeling at home in their community. The overarching goal of the study was to learn what differentiates residents who feel at home from those who do not feel at home, and to explore what independent living communities can do to increase the proportion of residents who feel at home. This article highlights additional analysis of the ASHA data to further explain the importance of social relationships among residents of age-qualified communities, and why some may have difficulty making friends and forming close relationships with other residents.

Residents living in rental independent living communities completed a four-page, 55-question survey. Communities that met all the following criteria were invited to participate in the study:

1. They were one of three types of independent living communities: free-standing independent living that did not offer any other service level, such as assisted living (freestanding independent living); combined independent living and assisted living community, where the two service levels were provided in different areas of the community (independent living combined with assisted living); or a community that provided independent living and assisted living service levels within the same area (independent living/assisted living interchangeable[1]);
2. Rent was the primary payment method;
3. The community had between 95 and 350 total units (i.e., private residences); and
4. The community was located in one of 11 major cities selected for this study: Atlanta, Chicago, Dallas, Denver, Los Angeles, Miami, New York, Phoenix, Seattle, St. Louis, and Washington, D.C.[2]

Each participating community received surveys for distribution to all their independent living residents along with pre-paid, business-reply envelopes for return of the completed surveys to the research center. The surveys included questions regarding their sense of feeling at home, attributes of their private residence, psychographic characteristics, satisfaction with specific attributes and services of the community, and demographic information.

A total of 126 communities participated; 38 (30%) were freestanding independent living communities, 47 (37%) were independent living combined with assisted living, and 41 (33%) were independent living/assisted living interchangeable. A total of 6,858 surveys were completed for an average of 53 surveys per community (average response rate per community was 59%, resulting in a margin of error of 0.8%).

Feeling "At Home" and Overall Satisfaction with Living in the Community

A "feeling at home" score was calculated for each participant by summing the ratings (1 to 5) on the three questions: how often they feel at home in the community and their agreement with the statements: "I am at home wherever I am in the community" and "I feel at home when I'm in my private residence in this retirement community." Respondents answered each question using a 5-point Likert scale, with low scores indicating less frequently feeling "at home" or disagreement with statements. The "at home" score could range from a low of 3 (a rating of "1" on each of the three questions) to a high of 15 (a rating of "5" on each question). Higher numbers indicated a stronger, more frequent feeling of being at home in the community.

We named the group of independent living residents who had a score of 14 or 15, "I'm Home." One-fourth of independent living residents were in this category

[1] Executive directors and other frontline community personnel ensured that only independent living residents received and completed surveys in independent living/assisted living interchangeable communities; results across all survey measures did not differ by type of independent living community: freestanding independent living, independent living combined with independent living, and independent living/assisted living interchangeable. The present line of research will be extended to assisted living residents in the near future.

[2] These cities were selected because they had a large number of communities with rental independent living residences.

(Exhibit 1). Those with a composite score of 3 to 9 points were labeled "Not Home." Fifteen percent of residents were in the "Not Home" category. The remaining 60% of residents were in a category we referred to as "Sort of Home."

Overall satisfaction was measured using a single-item indicator. Using a 5-point Likert scale with anchors of 1 being "very dissatisfied" and 5 being "very satisfied," independent living residents rated the following statement: "My overall satisfaction living at this community." One-third of independent living residents

Exhibit 1. Independent Living Customers by Feel at Home Group.

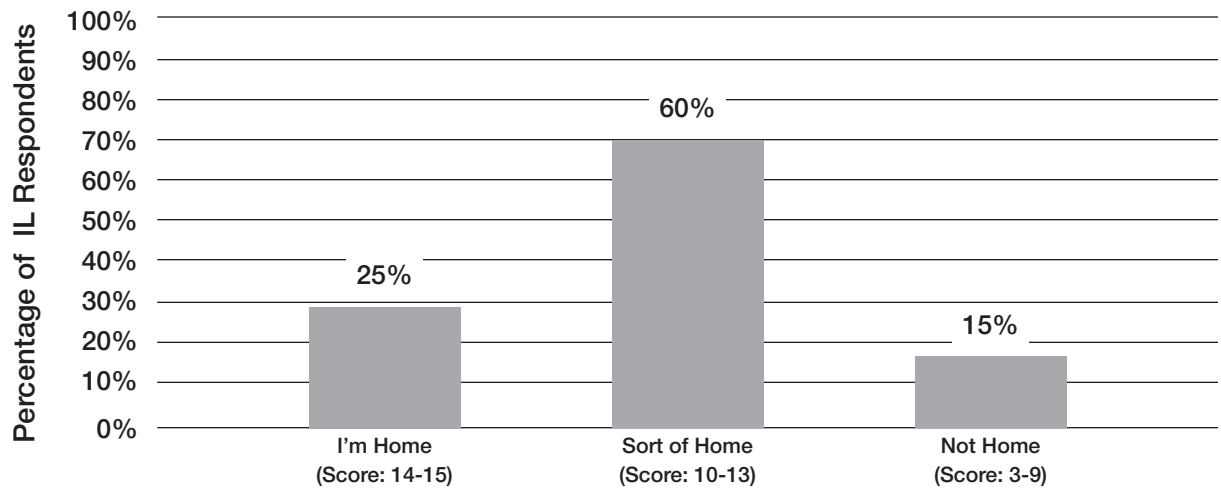
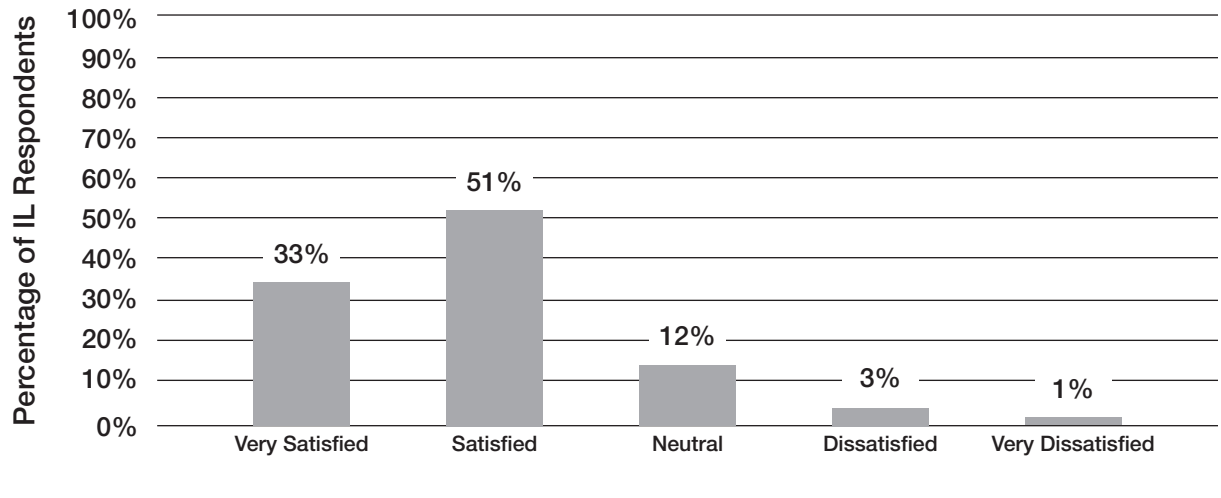


Exhibit 2. Independent Living Customers by Their Overall Satisfaction Living at Their Community.



are very satisfied with living in their community, and slightly more than half are satisfied **(Exhibit 2)**.

Characteristics of Participating Independent Living Residents

The mean age of the participants was 86.2 years and ranged from 40 to 106 **(Exhibit 3)**. Seventy-four percent of the respondents were women. A chi-square test of independence was performed to examine the relation between gender and sense of feeling "at home" in the community. A statistically significant greater proportion of women (36%) than men (29%) felt at home in the community, X^2 (2, N = 6136) = 39.2, p < .001. The majority of respondents (69%) were widowed, and 35% had at least a four-year college degree. Forty-two percent of the respondents said their health was excellent or very good, and 21% said it was fair or poor compared to others their same age. A chi-square test of independence was performed to examine the relation between health and sense of feeling "at home" in the community. Those "at home" in the community were significantly more likely to have excellent or good health (53%) than those "not home" (31%), X^2 (8, N = 6399) = 172.7, p < .001. Those "not home" were significantly more likely to have fair or poor health (30%) than those "at home" (15%).

Exhibit 3. Distribution of Participating Independent Living Residents by Age, Gender, Marital Status, Educational Achievement, and Self-Rated Health.

Attribute							**Total**
Age	<75	75-79	80-84	85-89	90-94	95+	
	6%	8%	20%	33%	25%	8%	**100%**
Gender	Women	Men					
	74%	26%					**100%**
Marital status	Married	Widowed	Divorced	Separated	Single, Never Married		
	20%	69%	7%	1%	3%		**100%**
Education	Grade school or less	Some high school	High school graduate or GED	Some college or two year associate's degree	College graduate	Graduate professional degree	
	1%	6%	27%	31%	23%	12%	**100%**
Health	Excellent	Very Good	Good	Fair	Poor		
	11%	31%	38%	18%	3%		**100%**

Results

ASHA's report and study regarding independent living residents feeling at home (2014) revealed several factors that contribute to independent living residents' sense of feeling at home in their community and in turn their overall satisfaction with that community. One of the primary drivers determining to what extent they felt "at home" in their community was their ability to make friends and form close relationships with other residents. The ASHA study showed that 20% of residents who indicated they didn't feel at home at least some of the time explained it was difficult for them to make friends, they had nothing in common with other residents, there were cliques in the community, they were lonely, or they missed their former friends.

Sense of Camaraderie with Others in the Community

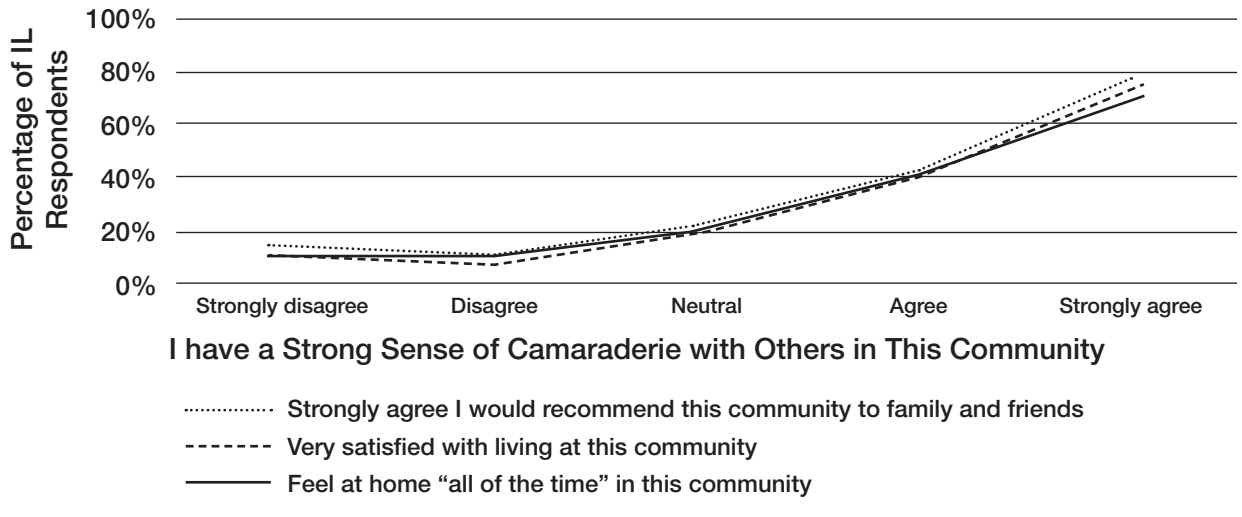
The stronger the sense of camaraderie independent living residents had with others in their community, the more positive they were about living in the community. Based on chi-square tests for independence, as residents' sense of camaraderie increased, so did their willingness to recommend the community to family and friends, X^2 (16, N = 6575) = 1720.5, p < .001, their overall satisfaction with their community, X^2 (16, N = 6525) = 2120.1, p < .001, and the extent to which they felt at home in their community, X^2 (8, N = 6313) = 2378.7, p < .001.

Among residents who "strongly agreed" they had a strong sense of camaraderie with others, 76% strongly agreed they would recommend their community to family and friends, 72% were very satisfied with living in their community, and 67% felt at home in their community all the time **(Exhibit 4)**. These proportions were twice that of those who "agreed" they had a strong sense of camaraderie, more than three times that of those who were "neutral" about their sense of camaraderie, and more than six times that of those who "disagreed" or "strongly disagreed" with the statement.

Friendships in the Community

An analysis of variance showed that residents with a strong sense of camaraderie with others tended to have more friends in their community, F(4, 4888) = 109.9,

Exhibit 4. Percentage of Independent Living Residents Who Gave the Highest Ratings to Their Community by Their Sense of Camaraderie with Others in the Community.



$p < .001$. Individuals who strongly agreed they had a good sense of camaraderie in their community had an average of 12 close friends (*SD* = 10.3) compared to an average of eight friends among those who agreed (*SD* = 8.6), five friends of those who were neutral (*SD* = 5.3), and three friends among those who disagreed (*SD* = 4.7) or strongly disagreed (*SD* = 6.2) they had good camaraderie with other residents **(Exhibit 5)**.

Social Opportunities in and Outside the Community

Chi-square tests of independence were performed to examine the relation between sense of camaraderie within the community and various social opportunities in and outside the community. The independent living residents with the strongest sense of camaraderie were

Exhibit 5. Average Number of Close Friends Independent Living Residents Have in Their Community by Their Sense of Camaraderie with Others in the Community.

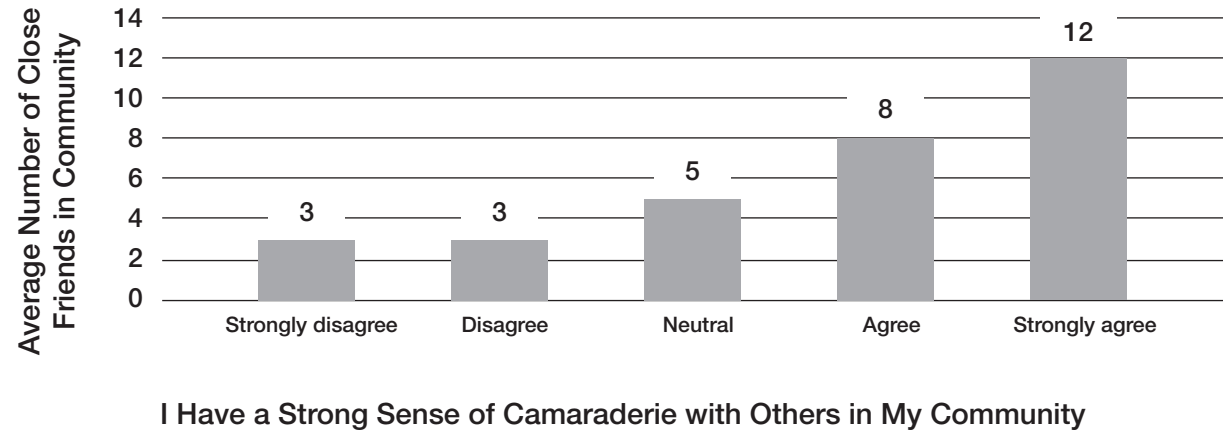
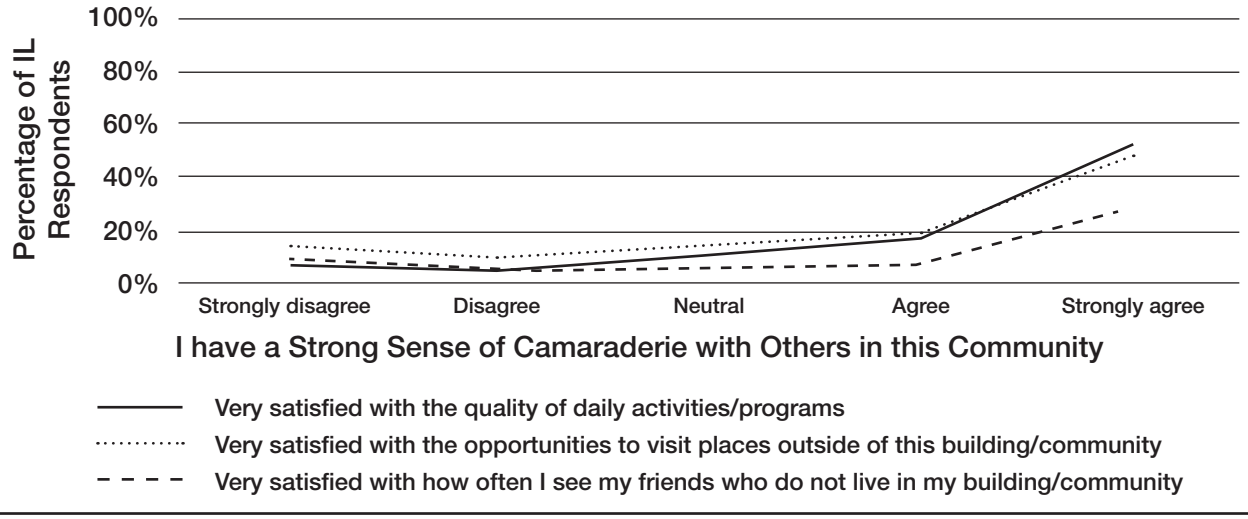


Exhibit 6. Percentage of Independent Residents Who Gave the Highest Ratings for Social Opportunities in and Outside of the Community by Their Sense of Camaraderie with Others in the Community



significantly more satisfied than other residents with the daily programs offered by the community, X^2 (16, N = 6400) = 1748.8, p < .001, the opportunities to visit places outside of the community, X^2 (16, N = 6517) = 1262.6, p < .001, and how often they see their friends who do not live in the community, X^2 (16, N = 6402) = 827.7, p < .001 **(Exhibit 6)**.

Informal Social Opportunities

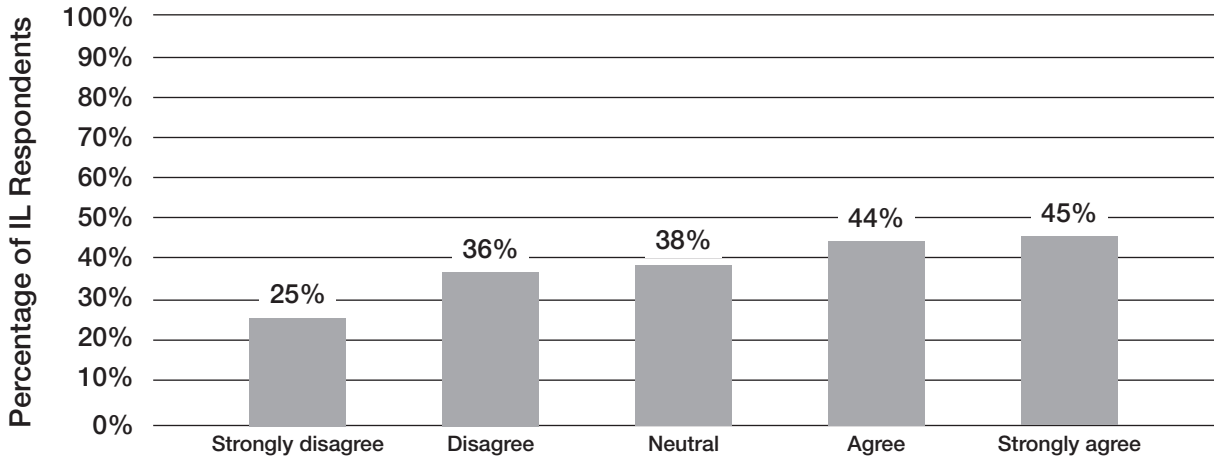
Residents who have a strong sense of camaraderie with others in their community participate more frequently in informal social gatherings, such as entertaining others in their private residence or eating a meal in the community dining room. A chi-square test of independence was performed to examine the relation between camaraderie with others in the community and frequency of entertaining others inside the private residence. A greater proportion of residents who strongly agreed they had a strong sense of camaraderie with others entertained other residents in their private residence at least once every couple of weeks (45%) than residents who disagreed (36%) or strongly disagreed (25%) that they have a strong sense of camaraderie with others **(Exhibit 8)**, X^2 (16, N = 6574) = 93.3, p < .001. Likewise, a chi-square test of independence was performed to examine the relation between camaraderie with others in the community and the number of meals eaten each day in the community dining room. The relationship between these two variables was significant, X^2 (16, N = 6506) = 60.1, p < .001. Ninety-six percent of residents who strongly agreed they have a strong sense of camaraderie ate at least one of their daily

Exhibit 7. Number of Activities Per Month and Number of Basic Amenity Spaces Offered at a Community by Their Residents' Sense of Camaraderie with Others in the Community.

	"I have a strong sense of camaraderie with others in this community."				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Number of activities per month (p > .05)	212	205	203	200	201
Number of basic amenity spaces (p > .05)	7.5	7.7	7.8	8.0	8.0

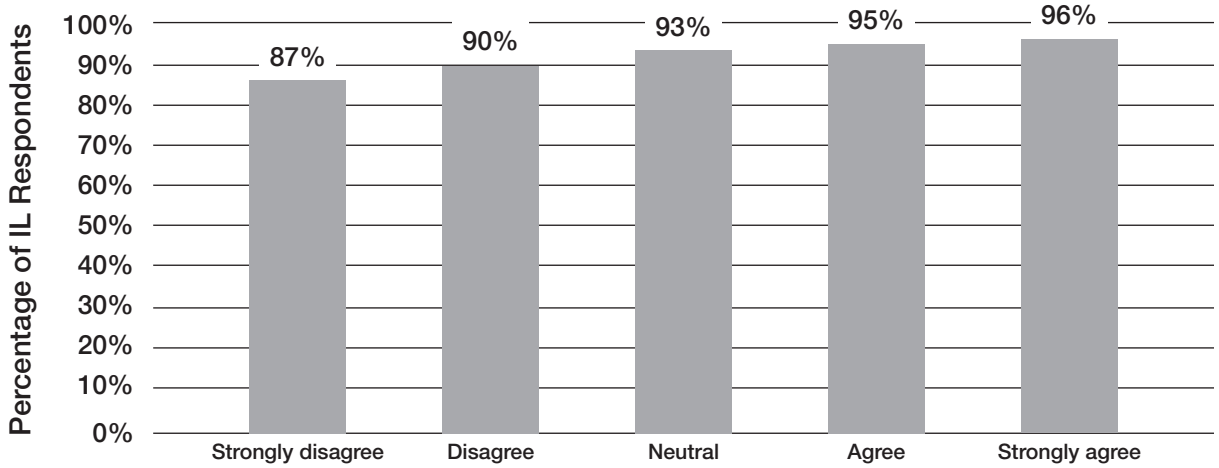
It is interesting to note, however, that residents' sense of camaraderie with others was not related to the number of activities or physical spaces available for activities provided by the community **(Exhibit 7).** Results from a one-way analysis of variance indicated that the average number of activities per month, such as exercise classes, shopping excursions, sports or movie viewings, and clubs of all types, was in the low 200s (M = 202, SD = 14.1), regardless of the residents' sense of camaraderie with others in the community, F(4, 6158) = 3.6, *n.s.* Likewise, the average number of basic amenity spaces, such as a coffee shop, library, multipurpose room, theater, or convenience store, was 7.9 (SD = 2.2), and this average was not significantly different relative to the residents' sense of camaraderie with others in the community, F(4, 6450) = 3.8, *n.s.*

Exhibit 8. Percent of Customers Who Entertain Guests in Their Private Residence Once Every Couple of Weeks by Their Sense of Camaraderie with Others in the Community.



meals in the community dining room, while 90% of those who disagreed and 87% of those who strongly disagreed they had a strong sense of camaraderie ate at least one of their daily meals in the community dining room **(Exhibit 9)**.

Exhibit 9. Percent of Customers Who Eat at Least One Meal Per Day in the Community Dining Room by Their Sense of Comaraderie with Others in the Community.



Discussion

The results of this research illustrate that social relationships and connectedness play a vital role in an independent living resident's quality of life and sense of feeling "at home" in his/her community. A new residential environment, physical and sensory limitations, and people already within established cliques can make it difficult for newcomers to fit in.

While this research shows a strong relationship between a resident's sense of camaraderie, his/her satisfaction with living in the community, and sense of feeling at home, this relationship does not imply that communities should increase the number of activities in order to achieve these goals. The current findings suggest that neither the number of activities nor the number of physical spaces available for activities are related to a residents' sense of camaraderie in the community. Instead, the results suggest that it is the *informal* activities, such as the ability to entertain in their private residence and enjoy a meal with friends in the community dining room, that help residents' sense of camaraderie grow. It is in these informal settings where close, personal relationships can form. Communities should not necessarily focus their efforts on the number of times they can bring residents together for an activity or event, but they instead should direct their energy toward ensuring the quality of relationships being formed. Loneliness is not always a result of being physically alone—in fact, it is possible to be quite lonely even in the midst of a crowd.

Age-qualified communities are often challenging places to build or maintain relationships because of the medically compromised nature of the resident population. Residents with health problems and limitations likely have difficulty and/or are uncomfortable participating in activities and programs that would otherwise help them form social relationships with others. Awareness and sensitivity training regarding the health and limitations of others should be emphasized among residents, community executives, and frontline personnel. While the current research did not demonstrate a relationship between social outcomes and resident health and/or limitations, further research on the topic should explore the relationship between health outcomes and the personality factors likely predictive of life satisfaction and successful transitioning into independent living.

The importance of a sense of connection, as evidenced by our findings regarding its relationships with satisfaction and feeling at home, suggests that age-qualified communities could benefit from customer service training that incorporates "best practices" for helping residents form friendships. Community staff members at all levels play a vital role in helping new residents fit in. From first associating with new residents, staff members should eagerly embrace them, learn who they are, what they like, and how to best help them form social connections with other residents. Likewise, when a new prospect visits the community, sales counselors should explore his/her social preferences and ensure that the prospect understands the communal nature of the community. They should discuss group activities, dining, and the many interactions with others that occur during a typical day. For people eager to be around others, they will be pleased. For those who prefer one-on-one conversations and solitude, they may feel overwhelmed and need assistance in discovering ways to "plug in" to the community at a more comfortable level.

Age-qualified, service-enriched communities, such as the independent living communities that participated in the current research, are charged with the task of helping residents live longer better by providing opportunities, circumstances, and environments necessary for forming close,

meaningful friendships. Anecdotally, communities sometimes struggle with helping residents make those close, personal connections. Hearing the observations of her father after his move to an age-qualified community, an active member of the seniors housing industry questioned the industry's present role in assisting residents as they transition into age-qualified communities. Her father lived in his community for two years before a chance encounter allowed him to meet the other resident of the community who shared his professional background—a university president. Once they made this connection, they were able to share ideas, concepts, and contacts. Another resident cared full-time for an ailing spouse for his first two years in the community. After her death, it took him 18 months before participating in any activities on his own.

While many in the industry are doing well to provide the opportunities and environment for residents who are active and healthy to do just that, extra care should be taken in ensuring that similar opportunities and environments are also available for those who may not be as active or as physically able to "plug in" in the same way as their healthier, more outgoing peers. Sometimes all it takes to help two residents connect with one another is knowing a little about their likes, dislikes, their personalities, and who they are as unique human beings.

Limitations and Future Research

Despite the large sample size and relatively small margin of error, non-response bias is a potential problem with the present dataset due, in part, to the fact that we have no comparable information (i.e., demographic information) about the population of independent living residents that the present sample represents. Likewise, because this study was not a national study, and only rental independent living properties across 11 cities were invited to participate, the ability to generalize the results is another limitation. Future research on the topic should minimize non-response bias and maximize generalizability by using a nationwide sample.

Although stable personality traits, such as openness, extraversion, and neuroticism, were not explicitly measured in this study, future research on the topic should explore these attributes of independent living residents in order to better understand the relationship of social connectedness and feeling "at home" in the community. Personality factors, such as those described in the five-factor model of personality, are strong predictors of life satisfaction and the ability to "bounce back" from changes in life circumstances, such as a move to an independent living community (Boyce, Wood, & Powdthavee, 2012).

Conclusion

One of the greatest benefits of becoming a member of an independent living community is the community's potential for meeting residents' innate needs for love and belonging—in other words, their need for social connectedness. As the present research shows, however, these social needs have not been realized for a sizeable portion of independent living residents. Complaints of having difficulty making friends, loneliness, the negative impact of cliques, and the lack of assistance from management in resolving issues with others form a significant proportion of the impact on the overall sense of feeling at home.

Not only does having a greater proportion of residents who are "at home" in the community improve the overall morale and spirit of a community, but it is also a worthy financial investment. The sooner a prospective resident gets the sense of home, the greater the probability the community is chosen. The sooner a new move-in

feels at home, the better it is for both the resident and the community. New residents are more likely to have friends in their former neighborhoods than long-tenured residents. Newcomers who feel at home are the residents most motivated to recommend their community to their friends.

Difficulties fitting in, realizing a sense of belonging, or forming friendships and connections with others put a dark cloud over life in the community. Residents who cannot make headway in friendships feel drained of energy when they find themselves to be in a place where they have difficulty simply relaxing with others. Understanding and defining who they are in this new environment is part of the adjustment to communal life.

The goal of an independent living community should be to provide a canvas where residents can create the lifestyle they want, live well, and function as they want within their community. Communities that succeed at this will assist residents in solving issues they cannot overcome in their lives. They'll assist them in finding the adaptations and adjustments that all of us make over time. If an independent living community is to make living longer better, then the designers, developers, and managers must understand what this means for each resident. Living longer better is not doing what you have to do; it's being at home and doing what you want to do, when you want to do it.

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Copies of the complete research findings contained in *Unlocking the Mystery Behind Very Satisfied IL Customers: Make Them Feel at Home* from the ASHA are available at www.seniorshousing.org.

Authors

Kristen V. Paris, PhD
ProMatura Group, LLC
kristen@promatura.com

Edie R. Smith
ProMatura Group, LLC
edie@promatura.com

Rachelle Bernstecker
American Seniors Housing Association
rachelle.politico@gmail.com

David Schless
American Seniors Housing Association
dschless@seniorshousing.org

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