

Summary

The last couple of years the new forms of (private) healthcare are growing rapidly. An example of this is a carehotel, where a patient/client temporarily stays in a hotel-like setting and where the possibility exists to get 24 hours of care and service. A carehotel also serves many different target groups. One of those target groups consists of elderly people (65+) who are dismissed from the hospital, but who can not yet go home.

In this bachelor thesis has been researched whether there is a difference between a nursing home and a carehotel. Therefore have the wellbeing of the clients, the cost price and the cost price/wellbeing ratio of the nursing homes been compared to the same variables of the carehotels.

The research question of this research is: *“Is there a difference between the cost price-wellbeing ratio of a carehotel and the cost price/wellbeing ratio of a nursing home, for the targetgroup elderly people (65+), who are dismissed from the hospital, but who are not able to go home yet?”*

Based on literature four hypotheses have been constructed:

- 1: The factors physiological needs, meaning of life and safety determine the wellbeing of elderly people.*
- 2: The wellbeing of clients from the carehotels is higher than the wellbeing of nursing home clients.*
- 3: The societal costs of a carehotel are higher than the societal costs of a nursing home.*
- 4: The cost price/wellbeing ratio's of carehotels and nursing homes are equal.*

To be able to confirm or weaken these hypotheses, 29 interviews have been taken (14 in a carehotel and 15 in a nursing home) with the questionnaire 'Zicht op eigen leven'. These respondents have also been asked which degree (between 0 and 10) they would give their life at this moment (VAS-question). In addition the cost price has been calculated by looking at their financial statements and telephonically interviewing one of their employees. Seven cost price/wellbeing ratio's then have been calculated by using the results of the different wellbeing measurements and the total cost price per client.

1. On the basis of the three open questions from 'Zicht op eigen leven' has been calculated which percentage of the respondents mentioned, amongst other things, physiological needs, meaning of life and/or safety, as reason for their wellbeing. Especially physiological needs and meaning of life appeared to determine the wellbeing of the clients.

2. On basis of the complete interviews has the wellbeing of the respondents been calculated by four different wellbeing measurements: VAS, all questions of 'Zicht op eigen leven', all questions per domain and all questions which tell something about the (quality of) the institution. By using a t-test for independent groups, carehotels and nursing homes are compared for all these wellbeing measurements. Even though the differences between both institutions aren't significant, there seems to be a trend that indicates a higher wellbeing of patients in carehotels opposed to those who stay in a nursing home. There are different possible explanations for the fact that this difference isn't significant: The amount of respondents may be too small, the nursing homes and carehotels don't differ enough on institutional characteristics, there could be an interviewer bias or carehotels could be selecting their clients by their health, which means automatically that their wellbeing is higher.

3. The mean variable, fixed and total cost prices for a client of a carehotel are compared to the mean variable, fixed and total cost prices for a client of a nursing home. The nursing home turns out to be slightly cheaper for her fixed costs, but because the carehotels were much cheaper for the variable costs, they also have less total costs. Because of one or more of the four reasons mentioned below, these costs and cost prices aren't reliable. 1. Because the institutions can't give a reliable estimate of their own costs; 2. Because institutions select their clients by their health, less healthcare problems means after all less needed care; 3. Because the concept of a carehotel is new and only financially healthy institutions will exploit such a new concept; 4. Because of respondent bias. (very few carehotels wanted to co-operate in this research, it's plausible that only the financially very healthy ones participated.) The average personal contribution paid by clients to the institutions is higher for the carehotel than for the nursing home.

4. According to all seven cost price/wellbeing ratios, carehotels are per unit wellbeing cheaper than nursing homes. This difference can't be tested for significance, because the amount of respondents is too low, the cost prices aren't reliable and not

all respondents are independent for their ratio's, because the respondents staying in the same institution have the same cost price and are therefore clustered.

In conclusion there seems to be a trend towards a higher wellbeing of clients in carehotels. Although at first there seems to be an obvious difference in cost price/wellbeing ratio's, it is not possible to actually say anything about these ratio's, because they are not reliable.

