Asian Nursing Research 8 (2014) 75–81

Contents lists available at ScienceDirect

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com

Research Article

Preliminary Development of Humanistic Care Indicators for Residents in Nursing Homes: A Delphi Technique

I Lee, PhD, RN,[1] Hsiu-Hung Wang, PhD, RN, FAAN[2,*]

[1] Department of Nursing, I-Shou University, Kaohsiung, Taiwan
[2] College of Nursing, Kaohsiung Medical University, Kaohsiung, Taiwan

ARTICLE INFO

Article history:
Received 23 February 2013
Received in revised form
30 August 2013
Accepted 26 November 2013

Keywords:
Delphi technique
nursing homes
quality indicators

SUMMARY

Purpose: The overwhelming majority of residents among nursing homes are the elderly in Taiwan. Previous studies have shown the dissatisfaction with care from the viewpoints of nursing home residents. For improving the care quality of nursing homes, the study aims to develop humanistic care indicators (HCIs).
Methods: The Delphi technique was used to develop the HCIs through the consensus of 23 experts. Through three rounds of questionnaires, the expert panel reached a consensus.
Results: Forty-four HCIs for nursing home were identified and grouped into eight elements: friendly environment, holistic care, empathy, individualization, autonomy, decision-making participation, appropriate use of tools, and serious assessment of customer opinion.
Conclusion: This study compiled related literature and conducted a Delphi survey to transform humanistic care from an abstract concept into concrete indicators for evaluation. These findings could serve as a guideline for the care providers in nursing homes. Further studies are needed to test the practicability of HCIs and evaluate the outcomes of applying HCIs in nursing homes.

Introduction

The increase in elderly people is a global issue. The elderly population in Taiwan has increased rapidly, comprising 6.22% of the population in 1990 and 10.89% of the population in 2011 (Taiwan Ministry of the Interior, 2013). In response to increasing demands in caring for the elderly and disabled, nursing homes have been established since 1995 in Taiwan. Here, the overwhelming majority of residents among nursing homes are the elderly. Due to the characteristics of nursing home residents and their families in Taiwan, residents tend to be disabled and with multiple diseases. Some residents live in nursing home until the end of their lives. Therefore, ensuring the care quality of nursing homes is an essential issue of aging care for elderly people in Taiwan.

For guaranteeing quality care in nursing homes, the Department of Health in Taiwan established "The Nursing Home Accreditation" program in 2008. The program determines the quality indicators that nursing homes should follow. The quality indicator categories include health care, personnel and organizational management, environmental safety, and daily living care (Taiwan Department of Health, 2008). The quality indicators emphasize establishing care standards, creating organizational management mechanisms, and maintaining environmental safety. The Taiwan Joint Commission on Hospital Accreditation has developed the following indicators of long-term care for institutinal care: (a) unplanned body weight change, (b) pressure sore, (c) fall, (d) inter-hospital transfer care, post-hospital care and emergency hospitalization care, (e) nosocomial infections, and (f) physical restraint (Taiwan Joint Commission on Hospital Accreditation, n.d.). The six long-term care indicators mainly stress the outcome of physical care and the reimbursement of the national health insurance, but they do not focus on the viewpoint of holistic care. In the United States, a research group from the University of Wisconsin-Madison developed the Minimum Data Set Nursing Home Quality Indicators, which included 11 domains: accidents, behavioral and emotional patterns, clinical management, cognitive patterns, elimination and continence, infection control, nutrition and eating, physical functioning, psychotropic drug use, quality of life, and skin care (Hjaltadóttir, Hallberg, & Ekwall, 2012; Zimmerman, 2003). The Minimum Data Set Nursing Home Quality Indicators focused on both physical and psychological dimensions. The Observable

* Correspondence to: Hsiu-Hung Wang, RN, PhD, FAAN, College of Nursing, Kaohsiung Medical University, No. 100 Shih-Chuan 1st Road, Kaohsiung 807, Taiwan.
E-mail address: hhwang@kmu.edu.tw

http://dx.doi.org/10.1016/j.anr.2014.03.001

Indicators of Nursing Home Care Quality Instrument developed by Rantz et al. (2008) covered five domains, including communication, care delivery, grooming, odor and environment with 47 items. It was used as a quick on-site observation in nursing homes.

Taiwanese studies showed that people living at home and those living in a long-term care facility exhibit several differences, especially in privacy, interpersonal relationships, authority, and familiarity (Hwu, 2005; Lo et al., 2002; Tsay, Wu, & Yeh, 2009). These may force residents in long-term care facilities to adapt to and accept institutional routines (Hwang, 2007). Elderly people living in nursing homes are more depressed and have a lower quality of life than those living at home (Karakaya, Bilgin, Ekici, Köse, & Otman, 2009). In Norway, nursing home residents scored significantly lower in the 36-item Short-Form Health Survey than the general population did (Drageset et al., 2008). Elderly nursing home residents were less satisfied with their comfort, food enjoyment, meaningful activity, and relationships (Burack, Weiner, Reinhardt, & Annunziato, 2012). In Taiwan, satisfaction with institutional care demonstrated that spiritual activities, rehabilitation programs, and environmental stimulation were insufficient for nursing homes residents, and most residents wanted to return home (Lo et al.). The experiences of nursing home residents showed that daily life was boring, there was no one to talk to, and residents wanted to return home (Lo et al.). A study of Taiwanese nursing home residents developed six quality care dimensions for long-term care facilities: caring attitude, respect for individual differences, emotional support, social interaction, supportive environment, and accessible care (Chao & Roth, 2005).

Existing quality indicators emphasize physiological and psychological care, the safety of the environment, and administrative management. However, these have been proven insufficient to deal with the requirements and expectations of residents. A study on how to transform long-term care mentioned that nursing homes might do something for person-centered care, such as creating home-like environment, encouraging resident/family participation, and providing more alternatives (Bowers, Nolet, Roberts, & Esmond, 2009). The concept of humanistic care emphasizing the process of care delivery can complement the insufficient existing quality indicators.

Humanistic care addresses the expectations of residents. It emphasizes the relationship and interaction between care providers and clients. Paterson and Zderad (1976) proposed the humanistic nursing model; they believed that nursing was the experience of interpersonal interaction, and nurses could respond to the need of others based on their awareness and empathy (Paterson & Zderad). Nursing home caregivers were often involved in interpersonal interactions and assisted in responding to human needs. The impression of humanistic care was similar to the interpersonal model proposed by Peplau (1988). Peplau suggested that care providers were to respect and accept patients, provide individualized service, and solve problems with patients as partners.

Watson (2007) proposed the carative factors related to humanistic care in Human Science and Human Caring Theory, such as establishing a humanistic–altruistic system of values, developing a helping–trust relationship, providing a supportive, protective and/or corrective mental, physical, sociocultural, and spiritual environment, and assisting in meeting human needs. These factors can be applied in clinical situations as caritas process. It indicated that environmental design is a part of humanistic care and should be addressed. The humanized environment is where the living environment meets the material and spiritual requirements of people. Wang and Kuo (2006) identified five priorities in long-term care facility design: home-like feeling, universal design, private sleeping areas, social space, and decentralizing.

Touchstone (2010) identified core humanistic values for medical professionals: honesty and integrity, caring and compassion, altruism and empathy, and respect for others. Howard, Davis, Pope and Ruzek (1977) reviewed the health-care literature and suggested several conditions for humanized patient care: perceiving patients as unique and whole persons, allowing patients to share in decisions, patients functioning as autonomous persons, and care providers treating patients with empathy. They also mentioned that care providers should use medicinal instruments and technologies wisely and avoid institutionalization. The manifest purpose of these medical tools is clearly humanistic—to prolong life, to relieve pain and suffering, and to increase social functioning. In Taiwan, each nursing home must pass "The Nursing Home Accreditation" program. The purposes of the accreditation are to (a) promote the quality of service, (b) give a reference for choosing a nursing home, and (c) provide the basis for award and subsidy (Taiwan Department of Health, 2008). As mentioned above, the quality indicators of "The Nursing Home Accreditation" emphasize rules, regulations, hardware and staffing. "Humanistic care" should be further emphasized.

Caring is an essential element in nursing and is connected with humanistic care. In Taiwan, elderly residents of long-term care facilities reported two dimensions of caring behaviors they perceived, comforting and encouraging. Comforting includes understanding, accompanying, and providing assistance. Encouraging refers to appreciating the life of the residents (Hwang, Tu, Chen, & Wang, 2012). Swanson (1991) identifies caring as a nurturing method of relating to a valued other, toward whom one feels a personal sense of commitment and responsibility. Swanson's theory of caring consists of five processes: knowing, being with, doing for, enabling, and maintaining belief. Such an altruistic idea of helping others echoes the empathy–altruism hypothesis proposed by Batson and associates. Batson and Shaw (1991) defined empathy as noticing the needs of others and acting to benefit and help them. There are a number of empathy measurement scales. For instance, the Jefferson Scale measures patients' perceptions of physician empathy (Kane, Gotto, Mangione, West, & Hojat, 2007).

In a typical nursing home facility, administrators make most decisions with a top-down decision-making process. However, recent resident-directed care models encourage involving residents in planning daily routines (Castle, Ferguson, & Hughes, 2009). Kane et al. (2003) stated that autonomy is an essential factor for quality of life for nursing home residents.

The concepts mentioned above could be applied to long-term care facilities in order to achieve humanistic care. Based on the literature review, eight elements related to humanistic care are extracted (Figure 1; Table 1). To promote quality care in nursing homes, this study aims to develop practicable humanistic care indicators (HCIs) which may serve as a guideline for care providers in nursing homes.

Methods

Based on the literature review, eight elements related to humanistic care are identified: friendly environment, holistic care, empathy, individualization, autonomy, decision-making participation, appropriate use of care tools, and serious assessment of customer opinion (Figure 1; Table 1). Then, a Delphi technique is applied to develop the HCIs.

Study design

Following a literature review, we used Delphi technique to develop the HCIs through the consensus of an expert panel. Delphi technique is often used to develop indicators and criteria (Campbell, Braspenning, Hutchinson, & Marshall, 2002; Hjaltadóttir et al., 2012; Vasse et al., 2012). For preparing the Delphi technique questionnaires, the research team then developed indicators for each element of the HCIs that originated from related