



Feature Article

Developing and testing a tool to evaluate the quality of home aid services



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ABSTRACT

This study aimed to develop a tool to measure the quality of home aid services in Taiwan. A 28-item scale for quality of home aid was drafted based on the literature; a cross-sectional survey was conducted for those using home aid services provided by long-term care centers in southern Taiwan. A total of 537 service users responded. Participants were randomly divided into two sample groups for item analysis ($n = 102$) and factor analysis ($n = 435$). Reliability was assessed by repeated measurements for 30 participants. During 2010–2011, a second survey was conducted and 590 questionnaires were collected. The final tool consisted of 14 items. The Cronbach for the overall scale was 0.95. The scale had two major factors: positive opinions (10 items) and negative opinions (4 items). Repeatability was assessed using the intraclass correlation coefficient, which was 0.88. The tool is considered valid and reliable.

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Introduction

As the “baby boomer” generation begins to age, the proportion of the population older than age 65 years is rapidly increasing. As a result, there have been global trends regarding the use of long-term care.^{1,2} Long-term care policies and the guiding principles of long-term care work across the globe are based on the premise that disabled or cognitively impaired older persons should be able to age naturally in the community, remaining in the home that they have lived in previously so they can maintain their independence, privacy, and quality of life.^{3–5}

Home aid services refer to care providers going into the private homes of the care recipients to provide care services.³ With such services, it is not possible for supervisors to be aware of the working situations of the care workers at all times. In addition, despite the active promotion of home aid as a policy, clear and detailed work standards in terms of service quality have yet to be defined. If the home aid service provided by the care worker is substandard, then the care needs of the client are not being met as best they could be,

there is no respect for the needs of the client, the service provided is not being adjusted to fit the needs of the client, and the care worker is not able to establish a caring approach to the client.⁶ It is important to determine how the quality of home aid services can be ensured.⁷ The care situation or the mutual relationship between the home aid service worker and the client or family members of the client has an influence on the quality of home aid service provided, and outcomes of home aid services are of great importance.⁸ It is important to assess how to increase the quality of services provided as part of the service provision process.⁹

Throughout the world, client-centered or household-centered care with the aim of increasing the quality of care of the 21st century is the goal.^{10,11} Researchers from the United Kingdom have argued that human care and efficiency need to be equally emphasized.¹² They have emphasized the concept of being “people-focused” and the importance of the connection between quality of life and quality of care. Attempts should be made to overcome differences in viewpoints between service providers and persons receiving care so that the care provided is more integrated.¹³ In the United States, improvements in quality have been client-focused.¹⁴ Therefore, the ideal of “service user–focused care” cannot be neglected when considering how to improve quality. However, to date, there has been little research performed in the field of home aid services that has investigated the quality of care in terms of the service process from the perspective of the service users.

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In Taiwan, only 12.2% of older persons in need of care are willing to be cared for in an institution, and 67.2% hope to receive care services in their own homes.¹⁵ The government in Taiwan has provided trained and qualified care workers to deliver services in the homes of older persons to provide assistance with practical needs of daily life.¹⁶ With the active promotion of home aid services by the government throughout Taiwan, the number of persons 65 years of age and older using home aid services at the end of June 2011 reached 30,207.¹⁵ Use of these services is increasing; therefore, it is vital to assess the quality of the services provided.

The government in Taiwan has already made efforts to appraise the effectiveness of service providers and service outcomes and to ensure the provision of good care provided by local government and contracted organizations.¹⁷ However, the focus of these appraisals has mostly been on the organization providing the care service. In such appraisals, data regarding the level of satisfaction of service users are assessed by surveys that are developed by each organization, lack reliability and validity, and are not from the viewpoint of the users.

Francis and Netten¹⁸ proposed that quality includes the key elements of reliability, continuity, flexibility, communication, staff attitudes, staff skills, and staff knowledge. Huang⁹ indicated that quality should include the following tangible assets: safety; accessibility; partnerships and collaborative relationships; openness and information; certainty; staff attitudes; ability; skills; knowledge; empathy; communication; participation; choice; flexibility; acceptability; responsiveness; focus on needs; dependability; reliability; consistency; continuity; and permanency. In their research on quality of home aid services for older persons, Dai and Huang¹⁹ identified the following as key elements of quality: service attitude; consideration; concern; skills; knowledge; punctuality; responsiveness to needs; flexibility/individualization; reliability; stability; and sincerity.¹⁹ Based on the aforementioned literature, we developed a quality of home aid service scale from the perspective of service users and tested its construct validity, internal consistency, and test–retest reliability.

Methods

The present study was performed in two stages. In the exploratory stage, convenient samples were obtained from 550 users of home aid services provided by 22 organizations in southern Taiwan. These data were used for item analysis and exploratory factor analysis. In the confirmatory stage, data of 596 users of home aid services from 32 service organizations in the northern, central, southern, and eastern areas of Taiwan were obtained. These data were used for confirmatory factor analysis.

Study participants

Study participants were those who participated in the nation's 10-year long-term care plan²⁰ who met the following inclusion criteria: used care services for more than 6 months and consented to participate in the study; had the same care worker providing care for more than 3 months; had normal cognitive function and could complete the questionnaire themselves (second preference for criteria was for main caregivers or service users to complete the questionnaire because they were aware of the care provided by the care worker); had an education level of junior high school or more and were able to complete the self-administered questionnaire or, alternatively, were able to complete the questionnaire with the assistance of the care manager; and responses to the entire questionnaire were the views of a single person. Exclusion criteria included the following: receiving other services from the long-term care management center in addition to the 10-year long-term care

plan; living alone and unable to complete the questionnaire; and visual impairment.

Study instrument

Demographic characteristics of home aid service users consisted of the following items: age; sex; education level; income; and living arrangements. Data were also collected regarding the main caregiver of the service user, including age, sex, education level, and relationship with the service user.

Home aid service included service provided by social welfare organizations or foundations providing care for older persons or those with a physical or psychological impairment. Caregivers from these organizations assist clients with physical care and activities of daily living. These services enable clients to receive appropriate care in a familiar environment and help relieve their stress. Drawing on the work of Tsai²¹ and Lin and Chiou,¹⁶ the current practice of home aid services includes three main types: physical care services, including bathing and showering, hair washing, limb and joint mobility exercises, feeding, turning and back patting, brushing teeth, assistance in administering medication, assistance with toileting, assistance with getting in and out of bed, accompanying clients to perform exercises, and help using assistance devices; household services, including cleaning and sanitation, washing clothes, accompanying clients on a walk, food preparation,²¹ accompanying clients to buy things or buying things for them, accompanying clients to medical appointments or communicating with medical organizations on their behalf, helping clients with medications, and helping clients with documents; and other services, including blood pressure measurement and health advice.

Quality of home aid services refers to the level of care provided by the care worker. Service users have their own standards and expectations that they use to appraise the care worker (service provider) and to provide their opinions about how good or bad the service process is. Responses were rated using a 5-point semantic differential scale. Responses were scored from 1 to 5 points based on the degree of agreement with the provided statement (from lowest to highest). Scores for the 20 items were summed together to give a total score, with a higher score indicating higher quality of service.

The first draft included 60 questions for the quality of home aid services questionnaire based on our review of the relevant literature and preliminary discussion with five home aid service users. Directors and supervisors of home aid service organizations were invited to participate in a face-to-face discussion about the questionnaire. After removing unsuitable items and increasing feasible items, a total of 36 items remained. Supervisors were asked to help interview 26 home aid service clients or their main caregivers to determine the length of time required to complete the questionnaire and to evaluate the clarity and applicability of the questions. To better confirm the readability and practicality of the questions, care managers of long-term care management centers in southern Taiwan were asked to perform pilot testing with 61 home aid service clients. After this was completed, the finalized questionnaire for the quality of home aid services consisted of 20 items.

Content validity

Six experts (in production, government, or academia) were invited to examine the questionnaire and to score items according to their representativeness and clarity. Items were scored on a 4-point scale as follows: 1 point given for "unsuitable, should be removed"; 2 points given for "suitable item but requires a great deal of adjustment"; 3 points given for "suitable item but still needs some adjustment"; and 4 points given for "extremely suitable." The

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