

Client-centred care perceived by clients of two Dutch homecare agencies: A questionnaire survey

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Abstract

Background: Client-centred care is currently one of the prevailing principles in Dutch healthcare policy.

Objective: The purpose of this study was to assess the client-centredness of homecare as evaluated by clients and to explore the relationship between client characteristics and the perceived level of client-centred care.

Design: A cross-sectional design was used.

Setting: Two homecare agencies in the Netherlands.

Participants: We selected a sample of 732 clients receiving personal care or housekeeping assistance from two homecare agencies in the Netherlands. A total of 323 questionnaires were included in the analyses.

Methods: The *client centred care questionnaire* (CCCQ) was used to evaluate the extent to which care was patient-centred.

Results: The results show that clients were especially positive about the responsiveness of carers to their needs and wishes. Clients thought that carers really listened to them. Clients were relatively negative about opportunities to direct and organise the care themselves, as well as about the timing of care delivery and the lack of continuity of care. Independent sample tests and ANOVA revealed that marital status was the only socio-demographic factor that was statistically significantly related to the perceived level of client-centred care. It was found that married clients evaluated the care as more client-centred than clients who were unmarried, divorced or widowed.

Conclusions: Clients were positive about most aspects of client-centred care. Client-centred care can be further optimised by giving clients more opportunities to direct and organise the care themselves.

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Keywords: Client perspective; Client-centred homecare; Health care surveys

What is already known about the topic?

- A shift towards client-centred care is taking place in most Western countries.

- Clients think that, in spite of the promotion of client-centred care, there is still far too little attention for their perspective.

What this paper adds

- The client-centred care questionnaire (CCCQ) is a simple tool and offers clear clues for improvement.

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- Although clients are relatively positive about the care received, the client-centredness of care leaves room for further improvement.
- Clients receiving personal care as well as clients receiving housekeeping assistance want more opportunities to direct and organise the care themselves.

1. Introduction

Client-centred care is currently one of the prevailing principles in Dutch healthcare policy (Nijenhuis, 1998). It is regarded as an important characteristic of high-quality, interpersonal care (Mead and Bower, 2000a). Lewin et al. (2001) stated that client satisfaction increases when professionals focus on client perspectives and take their ideas, concerns and expectations into account. A review of the literature showed that a variety of client-centred care concepts exist, such as patient-centred care, person-centred care, demand-oriented care and demand-led care. Yet, there is no agreement on the definition of client-centred care (Goudriaan and Vaalburg, 1998; Mead and Bower, 2000a). A few studies have tried to achieve conceptual transparency (Mead and Bower, 2000b; Rijckmans et al., 2002; Stewart, 2001; Verkooijen et al., 2003). All client-centred concepts have in common that they put the client/patient at the centre of the care process, and the client's autonomy can be seen as the starting point for care (Chewning and Sleath, 1996; Van der Kraan, 2001). However, the concepts differ in terms of the degree of client-centredness of care. According to Gage and Polatajko (1995), client-centred practice has been described as everything from considering the client's needs when making treatment decisions to having clients direct the entire care planning process. In our study, we focused on client-centredness as a two-way process: a shared responsibility of the client and the professional.

Many health care organisations are working to implement client-centred care concepts in daily practice (de Witte et al., 2006). According to the Dutch Ministry of Health, Welfare and Sport (Ministerie van Volksgezondheid, Welzijn en Sport, 2001), the need for client-centred care is expected to increase, so it is essential to gain further insights into the current state of affairs and examine the extent to which organisations are providing client-centred care. Although studies have shown which organisational conditions must be met to deliver client-centred care (Goudriaan and Vaalburg, 1998; Council for Public Health and Health Care (RVZ), 1998; Van der Kraan, 2001), less is known about the way clients perceive this type of care.

There is still a lack of interest in the 'hands-on' expertise available from clients themselves, and more attention needs to be given to experience-based knowl-

edge, not only in the professional setting, but also in scientific research. According to the Council for Public Health and Health Care (2004), more studies need to be done from a client's perspective, in order to actually meet clients' wishes and needs. Goudriaan and Vaalburg (1998) also stated that the client's perspective is indispensable to achieve client-centred care. This induced us to include clients in our study of client-centred care. We were especially interested in the way clients of two homecare agencies evaluated various aspects of client-centred care and whether socio-demographic factors were related to the perceived client-centredness of care.

2. Review of the literature

Several studies have described client-centred care as a process centring on the relation between client and carer. It has also been proposed that client-centred care is a matter of cooperation between client and carer (RVZ, 1998; Verbeek, 1999). Carers need to clarify their clients' needs and the solutions the clients think are necessary. In this respect they try to support and motivate clients to make their own choices. This new approach also affects the role of clients: clients are no longer mere objects of care, but are persons who actively shape the care themselves (Verbeek, 1999).

An important condition that needs to be met to achieve suitably combined actions by clients and carers is an open discussion of the care delivered (Tonkens, 2003; Verbeek, 1999). The better carers are able to empathise with their clients, and the better clients can make it clear what they want, the greater the chance that client-centred care will be achieved (RVZ, 1998). The study by Schoot et al. (2005) also showed that identification of client's views is best achieved in a dialogue. However, in client-centred care, it is the client who has the final say.

The significance of and interest in client-centred care for clients is very much a matter of individual circumstances. Nevertheless, it is possible to classify clients' needs and wishes into broad categories. Several studies have reported on general aspects of client-centred care (Klaver et al., 2003; Little et al., 2001; RVZ, 2003; Schoot et al., 2005; Verbeek, 1999). First, clients have a need to clarify their needs and wishes, and carers need to support their clients in formulating their wishes during the entire care process. Second, it is important for clients to have the autonomy to direct their own care. If they are to make well-considered choices, clients need understandable and objective information. Clients also want homecare that matches their own situation, preferences and way of life. Client-centred care focuses on this individuality and uniqueness of each client. Furthermore, clients attach great value to continuity of care. They also

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