



Person-centered Climate Questionnaire-Patient in English: A psychometric evaluation study in long-term care settings



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ABSTRACT

Background: There is increasing evidence that person-centered care improves nursing home residents' quality of life. Despite the clear focus of person-centered care on enhancing care for residents and engaging residents in care, there are few options available for measuring person-centered care from the perspective of the elder residents.

Objective: The aim of this study was to assess the psychometric properties of the English version of the Person-centered Climate Questionnaire-Patient (PCQ-P) in U.S. long-term care settings.

Methods: A total of 189 older adults from six nursing homes in the Midwestern United States were included. Convergent validity and known-group comparison were examined for construct validity. Exploratory factor analysis and second-order confirmatory factor analysis were utilized to examine the factor structure. Reliability was tested using Cronbach's alpha values for internal consistency.

Results: This study demonstrated a substantial convergent validity of the PCQ-P in English as higher scores correlated significantly with higher resident life satisfaction ($r = 0.459$), and the satisfactory construct validity as evidenced by a significantly higher mean PCQ-P score from residents in higher quality nursing homes. Factor analysis demonstrated that the PCQ-P had three factors (*hospitality, safety, and everydayness*) in U.S. nursing home residents. The PCQ-P showed satisfactory internal consistency reliability ($\alpha = 0.89$).

Conclusion: The English version of the PCQ-P is a valid and reliable tool to directly measure the perceptions of the person-centered climate in the U.S. nursing homes. The simple and straightforward PCQ-P items are easy to administer to nursing home residents. Consequently, clinical staff can utilize the PCQ-P to assess the unit climate, and evaluate outcomes of person-centered interventions.

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1. Introduction

There is growing consensus that a biomedical approach to care is not sufficient to ensure good care and quality of life for older adults in long-term care settings. Thus, delivery of person-centered care is emerging as essential to and synonymous with high quality care in these settings (Li & Porock, 2014). Person-centered care is endorsed by many private and public international long-term care organizations (Advancing Excellence in America, 2014; Pioneer-Network, 2014; NHS Confederation, 2012; State Government of

Victoria Australia, 2014). However, what is meant by person-centered care is often unclear (Edvardsson, Winblad, & Sandman, 2008; Morgan & Yoder, 2012). A standardized definition of person-centered care does not exist, but several practices have repeatedly been used to support person-centered care including offering and respecting choices, utilizing a person's biography and past life to individualize the care, supporting the person's rights, values, and beliefs, maximizing the person's potential, and engaging the person in shared decision-making (Edvardsson et al., 2008b; McCormack, 2004).

The lack of conceptual clarity surrounding person-centered care delivery makes it difficult to assess how well it has been implemented in practice or how it is experienced by long-term care residents. In particular, the majority of existing instruments

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almost exclusively measure person-centered care implementation and experience from the perspective of staff (Chappell, Reid, & Gish, 2007; Edvardsson, Fetherstonhaugh, Nay, & Gibson, 2010; Edvardsson & Innes, 2010; White, Newton-Curtis, & Lyons, 2008). Measures of staff perceptions of person-centered care address the degree to which staff feels care is person-centered. Despite the clear focus of person-centered care on enhancing care for residents and engaging residents in care, there are few options available for measuring person-centered care from the perspective of the resident. Furthermore, the few instruments that capture person-centered care directly from the perspective of the person receiving the care have been largely developed for use in settings other than nursing homes. Determining whether some of these instruments have applicability for use with nursing home residents is a critical step toward better defining and measuring person-centered care from the perspective of residents. Thus, this study was designed to provide a psychometrically sound instrument to measure person-centered care from a resident standpoint in long-term care settings.

Currently, limited options exist for measuring person-centered care from the perspective of the person receiving the care. Of those, very few have been developed for use in long-term care settings. One of the instruments, Dementia Care Mapping is a unique instrument developed to assess person-centered care needs of individuals with dementia, but the assessment is completed with proxy reports of the individual's experience of care by staff rather than directly from the resident with dementia. In Dementia Care Mapping, the staff observe residents with dementia and attempts to view the world from the resident's perspective. Then using four predetermined coding schemas, mood enhancers (6 items), behavior categories (23 items), personal detractors (17 items) and personal enhancers (17 items), the staff rate how they believe the resident with dementia is experiencing care (Bradford Dementia Group, 1997). The tool was developed as a practice development tool, so it allows providers to assess the quality of life needs of persons with dementia and make care plan decisions that minimize negative as well as support positive, factors in the individual's life. Dementia Care Mapping has significant value for assessing person-centered care from a proxy view of nursing home residents who have dementia. However, there are concerns about its resource intensive nature (Fossey, Lee, & Ballard, 2002; Sloane et al., 2007; Thornton, Hatton, & Tatham, 2004) and the reliability and validity of the instrument (Chenoweth & Jeon, 2007; Sloane et al., 2007; Thornton et al., 2004). Although Dementia Care Mapping has grown in popularity for use with long-term care residents in many European countries (Fulton, Edelman, & Kuhn, 2006), this assessment method is not an efficient means of assessing person-centered care and is inappropriate for persons who do not have moderate to severe dementia.

Another instrument, the Client-Centered Care Questionnaire, was developed to assess the client-centeredness of professional nursing care in a home setting. The instrument was based on concepts that emerged during a qualitative study on client perspectives of client-centered care and the staff competencies required to provide it (De Witte, Schoot, & Proot, 2006). Five central values, (autonomy, continuity of life, uniqueness, comprehensiveness, and fairness), and three additional values, (equality, partnership, and interdependence) were identified as essential to client-centeredness and relationships with caregivers. These values informed the 15-item unidimensional scale. Factor analysis supported the unidimensional structure, and the Cronbach's alphas were 0.88 and 0.94 (De Witte et al., 2006; Muntinga, Mokkink, Knol, Nijpels, & Jansen, 2014). Although the Client-Centered Care Questionnaire is a measure of person-centered care from a client perspective, this tool has been primarily used in home-care setting (Bosman, Bours, Engels, & de Witte, 2008; De Witte et al., 2006).

The Person-Centered Inpatient Scale, was developed in 2001 to assess person-centeredness in health care based on patients' experiences. It includes five dimensions: personalization, empowerment, information, approachability/availability, and respectfulness (Coyle & Williams, 2001). These dimensions were informed by a qualitative study conducted to understand the major concepts associated with inpatient's negative experiences with healthcare. The instrument was tested on a sample of 97 hospital patients and 78 patients in sub-acute care (Coyle & Williams, 2001). Reliability and validity estimates have not been provided for this instrument.

The Person-Centered Climate Questionnaire-Patient version (PCQ-P) was based on qualitative research exploring caring environments. The results suggested that environments that support patients' personhood are important for patients' well-being. Person-centered environments were considered to have three dimensions; a climate of safety, a climate of everydayness, and a climate of hospitality (Edvardsson, Sandman, & Rasmussen, 2008). The PCQ-P was originally developed in acute and sub-acute care settings in Sweden with satisfactory psychometric properties. The internal consistency and test-retest reliability were satisfactory. Cronbach's alpha of the whole scale was 0.93, and the intraclass correlation coefficient (ICC) was 0.73, respectively (Edvardsson et al., 2008a). Recently, the PCQ-P was translated into Norwegian and has shown satisfactory reliability and validity with 145 residents in Norwegian long-term care facilities (Bergland, Hofoss, Kirkevold, Vassbø, & Edvardsson, 2014). The Norwegian study was the first to examine the applicability of the PCQ-P in long-term care settings. The content validity of the PCQ-P was satisfactory in a survey of an expert panel. In the Norwegian study, the Cronbach's alpha coefficient of the whole scale for internal consistency was 0.84, and the ICC for test-retest reliability was 0.89 (Bergland et al., 2014). The construct validity including convergent validity and factor structure have not been provided for this instrument in long-term care settings.

As this literature review indicates, there is a dearth of measurements for person-centered care from the perspective of residents in long-term care settings. Thus, we are currently unable to perform studies to explore the association and impact of person-centered care on resident outcomes from the resident standpoint. It is, therefore, important to examine the validity and reliability of a tool that illuminates the experience of a nursing home climate from residents' perspectives so that staff can better understand and assess residents' needs and improve their well-being in nursing homes. Based on these limitations of existing research, this study was designed to examine the psychometric properties of the English version of the PCQ-P in long-term care settings in the U.S.

2. Methods

2.1. Study design

A cross-sectional design was used to test the psychometric properties of the English version of the PCQ-P.

2.2. Participants

Nursing home residents were recruited through convenience sampling. The inclusion criteria were: (1) ability to read and speak English and (2) cognitively able to respond to the questionnaires. According to the sample size recommendation for the use of factor analysis (i.e., the subjects-to-item ratio should be at least 10) (Everitt, 1975), so approximately 170 residents were determined to be a sufficient sample at the beginning of the study. A total of 189 residents from six nursing homes in the Midwest completed the surveys and were included in the analysis.

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