Original Article

The Sense of Security in Care—Relatives' Evaluation Instrument: Its Development and Presentation

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Abstract

Context. Relatives' sense of security in their family members' palliative home care is important, and a valid and reliable instrument is needed to measure this.

Objectives. The aim of this article is to report the development, structure, and psychometric properties of a new instrument, the Sense of Security in Care—Relatives' Evaluation (SEC-R), in palliative home care.

Methods. Instrument development was based on a previous study and review of the literature; 213 relatives (55% women) of patients in palliative home care were recruited (response rate 73%) and participated in a structured interview based on a questionnaire. Principal component analysis (PCA) was used to identify subscales. The construction was tested in correlation with other scales and questions representing concepts expected to be related to sense of security in care.

Results. The PCA resulted in three subscales, namely care interaction, mastery and patient situation, which had an explained variance of 53%. Internal consistency of the subscales ranged from 0.76 to 0.78. The final instrument comprises 17 items. The scales were associated with the quality-of-care process and the relatives' situation, perceived health, quality of life, stress, general sense of security, and general sense of security in care.

Conclusion. The SEC-R provides a three-component assessment of palliative home care settings using valid and reliable scales associated with other concepts. The SEC-R is a manageable means of assessment that may contribute to quality-of-care measures and to further research on relatives' sense of security in care. J Pain Symptom Manage 2015;49:586–594. © *2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words
Sense of security, palliative home care, relatives, cancer, family care, quality of care, instrument development

Introduction

Sense of security is a fundamental human need very important to relatives of the patients receiving palliative home care.[1,2] In this type of care, relatives are often both emotionally and practically involved. One main reason for health care systems to better support relatives is to facilitate their ability to provide informal care.[3,4] Relatives, however, have needs of their own that require attention, and their general health and quality of life is related to their informal caring situation.[5,6] There is no evident definition concerning relatives' sense of security in care. It has been suggested that relatives' ability to cope with a caregiving role in palliative home care is linked to their sense of security.[7] Research has shown that relatives' sense of security might be even more important to them than their sense of empowerment,[8] possibly because of a fear of being abandoned in the caregiving process. Health care personnel's availability and presence have been described as important for relatives' sense of security; they need to be able to trust that they will be relieved by caregivers when needed.[8–10] Other aspects that may facilitate relatives' sense of security are being kept

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informed, being recognized as individuals by the care personnel, and trusting in the personnel's competence in providing care and symptom relief for the patient.[10,11] Relatives' ability to continue their everyday lives and having a good life despite the patients' severe illness and home care also have been found to be important to their sense of security in care.[2,10,12]

Research on relatives' sense of security is still mainly on a descriptive and theory-generating level based on qualitative studies. To further develop our understanding of relatives' sense of security in care, valid and reliable measurement instruments, based on profound knowledge of the topic, are needed. Such instruments also could be useful to palliative care units and other stakeholders to facilitate quality of care. The two published instruments we found that aimed to measure relatives' sense of security in care were in postnatal care[13] and in a general population imagining a hypothetical diagnosis of cancer (with no presentation of its validity and reliability).[14] Neither of these was developed for studies of relatives' sense of security in palliative home care. Hence, we have developed the instrument "Sense of Security in Care—Relatives' Evaluation" (SEC-R) for assessing relatives' sense of security in palliative home care.

Assumptions About the Validity and Reliability of the Instrument

We assumed that a principal component analysis (PCA) of the SEC-R would demonstrate a valid underlying component structure, and that the instrument would demonstrate good internal reliability (i.e., internal consistency and construct validity). To show a valid construct, we expected that sense of security would correlate positively with general health, quality of life,[5,12] positive value in caring, perceived support from others, and perceived quality of the care, and would correlate negatively with stress and negative impact of caring.[2,9–11] These assumptions were based on empirical research.

The aim of this article is to report the construction and psychometric properties of the newly developed SEC-R for assessing relatives' sense of security in palliative home care.

Methods

Study Population

Participants were recruited over 10 months from six palliative home care units in two southeastern counties of Sweden. Three of the units employed advanced multiprofessional palliative home care teams including a physician, specialist nurses, physiotherapist, 24 hour services, and access to a backup ward. The other three units were primary care services with a palliative care consultant and a specialist nurse available during the day.

Inclusion criteria were being a relative (spouse, partner, child, or close friend) of a patient in palliative home care with a diagnosis of incurable disease (e.g., disseminated cancer or other disease) with an expected short survival, aged older than 18 years; and able to speak and understand Swedish well enough to complete a telephone interview.

During data collection, 391 patients were admitted to the participating palliative care units, 339 of whom had a relative. Of those relatives, 49 did not meet the inclusion criteria, mainly because of poor health or language difficulties inhibiting their ability to participate in the interview. Eligible participants ($n = 290$) received written information about the study and were asked by a staff member of the palliative care team if they wanted to participate. They were assured confidentiality and their right to decline or withdraw at any time without giving any reason. A form with a prepaid envelope was provided for their response.

A total of 239 relatives (82% of those invited) agreed to participate (135 women [56%] and 104 men [44%]). Of these, 213 (73%) were interviewed (118 women [55%] and 95 men [45%]). The mean age was 61 years (SD 13) for women and 62 years (SD 13) for men (Table 1). The most common reason for dropping out was that the patient had died before the interview.

Measurements

The structured questionnaire used in the study included background questions concerning sex, age, educational level, family members, housing, and duration

Table 1
Participant Characteristics ($N = 213$)

Characteristics	*n* (%)
Female	118 (55.4)
Male	95 (44.6)
≥70 y of age	66 (31.3)
Cohabiting with the patient	127 (62.3)
Living within 10 minutes of the patient	33 (16.2)
Single	26 (12.2)
Relationship to the patient	
Spouse/partner	136 (63.9)
Daughter/son	64 (30.0)
Other	13 (6.1)
Born in Sweden	200 (93.9)
Higher education level (upper secondary school or university)	69 (32.4)
Main occupation	
Employed or self-employed work, studying	100 (46.9)
Retired (owing to age)	94 (44.1)
Other	19 (9.0)
Health-related quality of life (some or sever problems; EQ 5D)	
Mobility (walking)	35 (17.0)
Personal care	3 (1.5)
Daily activities	19 (9.2)
Pain	128 (62.1)
Worry or dejection	127 (61.7)