Measuring Person-Centered Care in Long Term Care – Resident Perspective

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Background

- Person-centered care (PCC) was developed from the person-centered approach of psychologist Dr. Carl Rogers (1902 – 1987). It is a philosophical approach where the autonomy and personhood of the elder is central to daily care and activities. The core belief of PCC maintains and upholds the value of the person. It is the person and his individuality that matters most, not facility routine or the cognitive ability.

- Currently, 13% of people over 65 live in long term care (LTC) facilities. Endorsed by the Centers for Medicare Services, PCC is a revolutionary approach to elder care that is being adopted by providers across the nation. Some researchers have used clinical outcomes to measure the impact of person-centered care in LTC facilities. This endeavor has been hampered by the lack of a robust and comprehensive method to measure the degree to which person-centered care has been provided.

- Existing PPC measures from residents perspectives do not capture the comprehensive philosophy of PPC.

Purpose

To develop a comprehensive, psychometrically sound instrument for measuring the quality of person-centered care in long term care from the resident perspectives

Method

Phase I

- **Domain and Item Development:**
  - Literature Review
  - Two focus groups & two individual interview in two long-term care facilities
  - Qualitative data were transcribed verbatim and then further analyzed by three researchers independently using content analysis. Peer debriefing and prolonged engagement were used to improve rigor of the analysis.
  - Construct development: guided by Tom Kitwood's person-centered care theoretical framework (Table.1)
  - Item generation: synthesis of data from literature and qualitative data; removal of overlapping and irrelevant items; refinement of relevant items

Phase II

- **Content Validity Testing:**
  - Construction of the content validity form: Clarity & Representativeness
  - Content validity form was used to gather experts' input (Table.2)
  - Experts reviewed the instrument: Four academic researchers (three gerontological researchers and one expert in instrument development), and 16 residents living in 4 long term facilities
  - Content Validity Index (CVI) was calculated for content validity and used to refine the instrument (Table.3)

Phase III

- **Psychometric Evaluation:**
  - 200 residents living in different level facilities (nursing home, assisted living, adult care) will be recruited
  - Resident members will have been living in the long-term care facility for a minimum of 6-months
  - Psychometric analysis: construct validity & test retest reliability will be estimated

Findings

Phase I: Domain and Item Development

- **Focus Groups & Individual Interview (FGI):** 110 items in 7 domains
- **Draft Instrument Overview (Table 1)**
- 110 items are designed to represent the 7 domains and measure PCC in long-term care by asking in the facilities resident's experiences and the quality of care.

Table 1. Overview of Domains in instrument

Domain	Operational Definition	Number of items
Identity	1) having information to know the resident; 2) knowing the resident from different aspects; 3) caring the person on their individuality; 4) valuing and respecting the resident's abilities and opinions.	21
Attachment	Supporting the resident in relationship with 1) staff; 2) family; 3) other residents.	15
Inclusion	1) giving attention to the residents; 2) offering the resident more choices and autonomy; 3) enabling the residents and supporting the resident's independency; 4) meeting the resident's physical needs.	20
Comfort	1) helping the resident with end of life care planning; 2) maximizing the comfort when the resident at the end of life.	14
Occupation	Offering enough opportunity for the residents to get involved in meaningful and purposeful activities.	13
Environmental Atmosphere	1) offering an enjoyable physical environment; 2) staff are valued and supported by facility to provide PCC.	14
Relationship	1) involving and helping the family in PCC; 2) substituting for family; 3) staff collaboration in facility; 4) staff's attitude to older adults and dementia.	13

Findings (Cont')

Phase II : Content Validity Testing

Table 2. Content validity Index (example items)

Item	Representativeness			Clarity		
	Resident	Academic experts	Total	Resident	Academic experts	Total
1. The staff who help me are people I know.	0.94	0.75	0.95	0.91	.50	0.86
2. The staff know what I like and do not like.	0.94	1	0.95	0.90	1	0.92
3.The staff notice when I am not feeling well.	1	1	1	0.78	1	0.83
4.The staff notice when I am upset	1	1	1	1	1	1
5. The staff notice when I am able to do something on my own.	0.94	1	0.95	0.88	1	0.91
6. The staff call me by my preferred name.	1	1	1	1	1	1
7. My daily care schedule is based on my individual needs and choices	1	1	1	0.90	0.75	0.92
8.The staff are concerned about my privacy.	0.94	1	0.95	.1	1	1

Table 3. Number of items retained (CVI>=0.80)

	Resident	Academic experts
Representativeness	95	81
Clarity	99	79
Representativeness & Clarity	89	64

- Fifty one items with both representativeness CVI and clarity CVI >= 0.80 in both clinical and academic expert groups will be retained in instrument.
- Sixty-five items with CVI <0.8 in either one of expert groups will be considered problematic and needed for future discussion.

Next Step

- Psychometric evaluations of version of PPC in 200 residents.
- After completing Phase III, the instrument will be further refined and used to measure PCC with a larger sample size in Western New York LTC facilities.

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