

Extending the assessment of patient centredness in healthcare in NHS Tayside

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Background

Health care in Scotland is required to deliver high quality, person centred, clinically effective and safe services in partnership with patients and carers (Scottish Government 2009). The National programme "Better Together" also details the need to ascertain and improve patients experience of healthcare. One strategy to improve this sense of partnership and improve the sense that patients feel valued is to examine the extent to which patients appreciate that the care that they receive is patient centred. This approach of course depends upon having an established measure of patient centredness. Coyle and Williams (2006) have developed 22 item measure of patient centredness. This measure has been designed to enable health services to identify whether patients in secondary feel valued or not as individuals. This measure was developed on 97 individuals, in a cross-sectional study carried out in 2001. The questionnaire has five broad thematic areas including "personalisation" (treating the person of the whole patient), "empowerment" (having the same treatment), "information", "approachability and availability of staff" and "respectfulness". The questionnaire was developed using an item analysis approach reducing an initial 70 item set down to the final 22 item measure. This measure was shown to discriminate male-female responses, and to identify clinical areas in which improvements in care provision could be focused. Since the development of this measure in 2001, care provision in the NHS in Scotland has changed considerably. In light of these changes, it is sensible to review the questionnaire structure and item content, giving consideration to the way that patients centredness is currently conceptualised, and recognising recent innovations in the ways that that patient centred care is delivered. The future development of this measure, should employ a larger sample to further extend to allow a more extensive psychometric evaluation of the measure than was previously possible. Recent policy initiatives have highlighted the need to measure and evaluate patients' experiences of health care, and to carry this out in a manner that is both grounded in patient accounts and is sensitive to patients' experiences (Wain et al, 2008). Hence the need for the further development and validation of this questionnaire.

Aims of Study

To renew, further develop and validate the updated patient centredness tool (UPCT), for routine use in NHS Tayside.

Research questions

- Has the conceptual basis for the patient centredness changed since the development of this measure?
- What implications are there from the recent patient experience literature for the design of an amended patient centredness questionnaire?
- Does the updated patient centredness tool (UPCT) have adequate face, content validity?
- How acceptable is the UPCT, in terms of patient completion rates, levels of assistance required for participants who have recently experienced in secondary healthcare?
- Is the UPCT a reliable measure, for participants who have recently experienced in secondary healthcare?
- Does the UPCT have concurrent (convergent) and discriminant validity compared with appropriate outcome measure for participants who have recently experienced in secondary healthcare?

Methods of Working

This is a 2 phase study which uses a mix of research methods, including a literature review, exploratory and confirmatory factor analysis.

Pre-clinical stage

1. A rapid literature search of patient experience literature related to patient centred care will be undertaken to examine the conceptual basis of the tool.
2. On the basis of this reviewer, we will consider which items in previous questionnaire need to be revisited and updated. This analysis will make use of key stakeholders within NHS Tayside, and will attempt to patient feedback on early versions of the adapted measure. This initial phase will generate additional items that are thought to be related to the existing thematic structure of the measure.
3. This literature review will identify outcome questionnaires for the validation element of the study, and will identify other outcomes (including routinely collected measures) that might be correlated with the patients questionnaire scores.
4. A demographic questionnaire will be developed based upon that used previously, e.g. gender, age, employment, ethnic group.
5. Initial pilot work will establish the face validity of the measure, with patient and staff groups.

Clinical stage

1 Following the receipt of ethical and R&D approval the UPCT will be administered to a sequential cohort of 350 patients using secondary care in NHS Tayside. Patients will be asked to fill the UPCT plus demographic and outcome measures, either on discharge, or early return to their home. Those patients filling the questionnaire at home will return the questionnaire in stamped addressed envelopes.

2 The adapted version of the measure, with additional items will then be subjected to a factor analytic process, involving both exploratory and confirmatory approaches.

3 Initial exploratory factor analysis will test the hypothesis that five factors exist in the questionnaire. The EFA process will identify those items that best load onto the five factor structure, considerably reducing the length of the UPCT measure.

4 Once a stable factor structure has been identified, this final factor structure will be confirmed using confirmatory factor analysis.

5 The correlations between the finalised UPCT and the chosen outcome measures will then be explored. This will establish the concurrent, predictive and discriminant validity of the UPCT

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For more information about this project- contact Martyn Jones
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