

LIAISE: Developing a staff led measure of perceptions of acute inpatient wards.

The overall aim of this work package is to produce a measure of staff perceptions of acute inpatient wards.

The scale is constructed using 6 answer options, in a Likert format.

I = Strongly agree

2 = Agree

3 = Slightly agree

4 = Slightly disagree

5 = Disagree

6 = Strongly disagree

The scores from each question are added together to produce a single total score.

The measure has been developed by interviewing 32 staff from acute in-patient wards in SLaM. The interviews were analysed and staff views were converted into items on the questionnaire.



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FEASIBILITY STUDY:

40 questionnaires comprising 26 items and two feasibility questions were completed. 25 participants from PICU's and 15 participants from acute wards participated.

The H.T.A. criteria for feasibility (Fitzpatrick 1998), refers to whether any excessive burden is caused to the population under study by administering and processing the measure.

The aim was to ensure that the questionnaire is acceptable, understandable and easy to complete by self-report.

DEMOGRAPHICS:

Band	Gender	Age Range	Ethnicity
HCA: 13	M: 21	20'S—60'S	White British = 15
Band 5: 18	F: 19		BME = 25
Rand 6: 7			

Band 6: 7 Band 7: 2

MISSING: 0 MISSING: 3

Generally the feasibility study showed that:

- Staff were able to complete the measure by self-report.
- All staff felt that the questionnaire was an appropriate length.
- 95% of staff agreed that the items in the questionnaire were easy to understand.
- 95% of staff agreed that the questionnaire was easy to complete.
- Minimal explanation about the questionnaire was required and instructions were included on questionnaire for participants which were easy to understand.
- Minimal researcher training was required.

ISSUES FROM THE FEASIBILITY STUDY:

Some of the questions were worded in such a way that it was difficult to form any other response than positive e.g. "All incidents are reported on my ward". This item and one other, were dropped for this reason.

Two items on the questionnaire showed answers that did not correspond with the focus group data and they were reworded.

Missing data occurred on 7 out of 23 of the questionnaire items. This might indicate that staff were less confident in answering these questions or just that they became distracted!

The measure did show differences in the perceptions of staff between wards and between bands.

Main topics in the questionnaire:

- I. Core Interventions
- 2. CPD (training)
- 3. Patient Care
- 4. Management (bed management)
- 5. Safety

Although qualitative methods are suitable in developing measures to capture individual perceptions in given situations, using these measures in RCT's to produce scientifically sound and quantifiable results requires the more traditional approach of psychometric testing.

Psychometric testing is currently being undertaken using the recommended Health Technology Assessment (H.T.A) criteria which include feasibility, reliability, validity, responsiveness, precision, interpretability, acceptability, and appropriateness (Fitzpatrick et al, 1998).

Assessing reliability is important because high scores imply that the questionnaire is measuring staff perceptions of acute inpatient wards consistently.

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Test Retest Study (reliability):

Reliability Analysis:

Sample: 17 staff (all bands) from acute in-patient wards, 26 from Forensic wards.

Method and analysis: Staff were asked to complete the measure. The internal consistency of the measure was tested using Cronbach's alpha (a statistical test). This was calculated using a statistical package called STATA.

A test retest exercise was undertaken, whereby staff were asked to complete the measure twice, separated by 6-10 days, because this is a measure of perceptions which are likely to change over short periods of time. Test retest reliability analysis was conducted using Lin's concordance coefficient (a statistical test) to assess reproducibility.

Results:

At phase I (feasibility study) Cronbach's alpha was 0.59. At phase 2 (test retest) on the 24 item scale Cronbach's alpha was 0.86.

The concordance coefficient was calculated using the total score with a value at 0.6 or above generally considered acceptable. Total score, rho = 076.

Discussion:

A high Cronbach's alpha score shows that the items in the barriers to change measure all contribute to the same latent construct (i.e. staff perceptions of acute in-patient wards). A score of 0.6 or above suggests that all items are contributing to the total score which means that the total score is a good indicator of staff perceptions of acute in-patient wards. Staff have achieved VERY good scores so far!! Thank you for your help!!

Test retest reliability analysis was conducted using Lin's concordance coefficient (1989). The concordance coefficient measures the agreement between the score at time I and the score at time 2. This establishes whether individuals produce the same answer over 6-10 days and shows that the measure is likely to produce similar scores for each individual each time it is used. Again, staff have done very well with this so THANK YOU!!!

Thank you to all participants!! These results look very promising!!

What's next...

The questionnaire is now being given to staff as part of a larger project looking at improving the triage system and the therapeutic environment in acute wards.

Psychometric Testing:

Further testing is required to assess validity (high reliability does not guarantee validity. Validity is concerned with proving that the questionnaire does measure it is supposed to be measuring).

Full information about the findings will be published in due course.





National Institute for Health Research