

Person-Centered Care and Person-Centered Care Climate of Long-Term Care Facilities for the Elderly

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Abstract

This study aimed to explore the person-centered care and care climate of aged-care facilities, by surveying 108 care workers who had worked for three months or longer as the subjects of this study. The data collected was analyzed by various means such as t-test, ANOVA, Scheffe test, and Pearson's correlation coefficient. The results of the analysis of person-centered care and care climate according to the general demographic characteristics of the care workers showed that the care workers working under fixed work schedules had a higher understanding of person-centered care than their counterparts working on a rotational shift. It was also observed that there is a positive correlation between person-centered care and a person-centered care and a person-centered care climate.

Keywords: *Person-centered Care, Person-centered Care Climate, Long-term Care Facilities.*

1. Introduction

As aging is progressing rapidly in South Korea, the number of the long-term care facilities for the elderly reached 18,002 as of the late 2015, which is more than double of that in 2008 [1]. The elderly who entered the care facilities are weak in cognitive, physical and psychological aspects since they have high rate of chronic and elderly diseases such as dementia and cerebral infarction [3]. However, as fulfilling the basic physiological requirements of the elderly is considered the accomplishment of the caring duty, the elderly's opinions are not normally respected or communications with them are not properly made [4]. Therefore, in order for care service in the long-term care facilities for the elderly to be provided properly, individual care for the elderly and person-centered care respecting their values are required [5]. Person-centered care is the recognition and practice to consider the psychological demand of the elderly, and enable maintaining their independence, autonomy and self-esteem [6]. Person-centered care climate in the long-term care facilities for the elderly refers to the overall atmosphere, which includes the realization of positive social climate able to enhance the perspective to human and their well-being [7]. The care work climate has a crucial impact on the person-centered care, and enhances or limits the practicing process [8]. Therefore, the high quality care and the work climate are closely related.

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In previous studies from overseas on person-centered care, it was shown that facility-specific person-centered care approach had a positive impact on the ability of nurses [9], and the organizational atmosphere, and emotional exhaustion of the staff displayed a correlation with person-centered care [10]. On the other hand, in South Korea, the awareness of the importance of quality control with the increase in the number of the long-term care facilities for the elderly and their residents, provision of healing environment and person-centered care remained low [10]. In recent studies on nurses at long-term care hospitals, it was found that the person-centered care recognized by them had a positive impact on the quality of care service [12], and the exhaustion of emergency room nurses and the care work climate were factors affecting the person-centered care [13]. However, the awareness of the concept of person-centered care and its importance in the long-term care facilities for the elderly has not been systematically established, and studies on person-centered care are limited in South Korea [14].

Although person-centered care and the shift of the care climate are needed to address this, the related studies have been very rare. Thus, this study aims to identify the correlation between person-centered care and care climate at the long-term care facilities for the elderly, and contribute to the establishment of care that can improve the care quality for the elderly.

2. Method

2.1. Research design

This study used a descriptive research survey designed to examine person-centered care and care climates in long-term facilities, and the correlation between the two.

2.2. Data collection and sample

After being approved by IRB of P University, this study collected research data from Apr 20 to May 16, 2016 from a total of 108 care workers who had worked for three months or longer in long-term facilities located in cities P and Y.

2.3. Instrument

2.3.1. Person-Centered Care Tool (P-CAT): In order to measure the person-centered care in long-term care facilities for the elderly, a tool that is an adaptation by Youngran Tak et al.[16] of the P-CAT developed by Edvardsson et al. [15] was used in this study after obtaining permission from the corresponding author of the paper. The reliability of the tool, Cronbach's α , was .84 in the study of Edvardsson et al. [15] at the time of development, and .86 in the study of Youngran Tak et al [16]. The reliability of the entire tool, Cronbach's α , in this study was .82.

2.3.2. Person-Centered Care Climate (PCQ-S): In order to measure the person-centered care climate in long-term care facilities for the elderly, a tool, which is an adaptation by Youngran Tak et al.[16] of the PCQ-S developed by Edvardsson et al. [17], was used in this study after obtaining permission from the corresponding author of the paper. The reliability of the tool, Cronbach's α , was .88 in the study of Edvardsson et al. [17] at the time of development, and .94 in the study of Youngran Tak et al. [16]. The reliability of the entire tool, Cronbach's α , in this study was .94.

3. Results

3.1. Characteristics of general demographic

Most of the subjects in this study were women (97.2%, 105 subjects). As for employment status, 75 subjects were permanent workers (69.5%), and 72 subjects (66.7%) were found to work in rotational shifts. The total period of clinical experience was $5.37(\pm 3.95)$ years on average, while work experience was $4.53(\pm 3.47)$ years on average. Regarding the level of recognition of person-centered care, 56 subjects (52.3%) answered that they ‘Know well’ about the person-centered care; 82 subjects (76.6%) responded that they ‘received person-centered care training before’, and 61 subjects (56.5%) said they think the person-centered care training is ‘necessary’. As for the scale of facilities they work in, 88 subjects (81.5%) were found to be working in institutions accommodating more than 30 residents, and 20 subjects in facilities with the number of residents ranging from 10 to 29.

Table 1. Characteristics of general demographic

Characteristics	Categories	n	%	Mean±SD	Characteristics	Categories	n	%
Sex	Man	3	2.8	51.00±8.30	Employment status	Permanent	75	69.4
	Woman	105	97.2			Contract	33	30.6
Age (year)	≤49	39	36.1	51.00±8.30	Working pattern	Fixed day shift	34	31.5
	50~59	57	52.8			Fixed night shift	1	0.9
	≥60	12	11.1			Rotational shift	72	66.7
Marital status	Single	10	9.3	Other		1	0.9	
	Married	97	89.8					
	Other	1	0.9					
Educational background	High school	66	61.1					
	College	19	17.6					
	University	11	10.2					
	Other	12	11.1					

3.2. Subjects of person-centered care and person-centered care climate

The level of recognition of the person-centered care by the subjects was 50.16 ± 5.41 points out of 65. Among the sub-categories, ‘Personalized care’ scored 27.56 ± 3.30 and ‘Organizational and environmental support’ 22.59 ± 3.30 . The mean score of ‘Person-centered care climate’ was 61.81 ± 8.39 out of 84. In its sub-categories, ‘Safety’ scored 12.59 ± 1.81 , ‘Everydayness’ 17.94 ± 2.73 , ‘Community’ 13.06 ± 2.14 , and ‘comprehensibility’ 18.22 ± 2.65 .

Table 2. Subjects of person-centered care and person-centered care climate

Categories	Mean±SD	Range	Min	Max
Person Centered Care	50.16 ± 5.41	13-65	36	65
Personalized care	27.56 ± 3.30	7-35	18	35

Organizational and environmental support	22.59±3.30	6-30	14	30
Person Centered Care Climate	61.81±8.39	14-84	50	84
Safety	12.59±1.81	3-18	8	18
Everydayness	17.94±2.73	4-24	14	24
community	13.06±2.14	3-18	8	18
comprehensibility	18.22±2.65	4-24	14	24

3.3. Person-centered care by general characteristics of subjects

3.3.1. Person-centered care by general characteristics of subjects: The person-centered care by general characteristics of subjects was examined by categories including sex, age, marital status, educational background, employment status, total clinical experience, work experience at the facility, level of recognition for person-centered care and training experience, level of recognition for the necessity of relevant training, and the scale of facilities. The results revealed that there was a statistically meaningful difference in working patterns ($t=2.82, p=.006$) in the person-centered care.

3.3.2. Person-centered care climate by general characteristics of subjects: The general characteristics of the person-centered care climate by the subjects was also examined by categories including sex, age, marital status, educational background, employment status, total clinical experience, work experience at the facility, level of recognition for person-centered care and training experience, level of recognition for the necessity of relevant training, and the scale of facilities. The results showed that there was a statistically meaningful difference in working patterns ($t=2.12, p=.036$) in the person-centered care climate.

3.4. Correlations between person-centered care and person-centered care climate

Person-centered care and person-centered care climate were found to have a statistically meaningful positive correlation ($r=.457, p<.001$).

Table 3. Correlations between person-centered care and person-centered care climate

Variables	Person-centered care	Person-centered care climate
	$r(p)$	$r(p)$
Person-centered care	1	.457 ($<.001$)
Person-centered care climate		1

4. Discussion

This study investigated the person-centered care of care workers and the care climate in long-term care facilities, and identified the correlation between the two. The score of person-

centered care provided by care workers in long-term care facilities was 50.16 on average, indicating that the care workers regard the level of person-centered care practice to be slightly higher than the median. As for the sub-categories, 'Personalized care' scored 27.56 and 'Organizational and environmental support' 22.59. Yet, it is premature to interpret whether these results indicate the care workers' respect and understanding for the elderly stands at a decent level. The score of person-centered care climate, which measured the practice of person-centered care and climate within the facility, was 61.81 on average. This score is higher than that of the preceding study [7] conducted in hospitals, where therapeutic aspects of care are more emphasized. This signifies that person-centered care is more suited to a long-term care environment.

In terms of person-centered care and care climate by general demographic characteristics of the subjects, a meaningful difference was observed in working patterns, showing that the care workers on fixed working shift have higher recognition for the person-centered care than their counterparts on a rotational working shift. This difference may result from the fact that the fixed working pattern places less physical and mental burden on the workers, enabling them to provide more focused and individualized care service to the elderly residents. These findings suggest that training programs designed to lessen the physical and mental burdens of the care workers can contribute to enhanced recognition of person-centered care among the care workers, and the overall quality of care services provided by them.

It was also found that there is a statistically meaningful positive correlation between person-centered care and care climate. There is a great deal of evidence found in a number of cross-sectional studies supporting this finding [9][10]. Moreover, the practice and recognition for person-centered care are related to the psychological adaptation of care workers, because it helps them keep positive and hold stable relations with the elderly residents while providing them with emotional satisfaction [9].

This study examined person-centered care and care climate as recognized by the care workers in long-term facilities, and found that there is a correlation between the two. Since care workers are the largest proportion among the staff working in care facilities for the elderly, the level of care provided to the elderly depends largely on the care workers and their recognition and regard for person-centered care. In light of this finding, it seems necessary to have professional nursing staff able to manage the care workers' work and provide relevant training programs to them in such facilities. However, there are only a handful of facilities hiring nurses for regular positions because the staffing criteria for long-term care facilities stipulated in 「Welfare of Older Persons Act」 specify 'nursing staff' as nurses or nurse's aide. Therefore, institutional changes are necessary to encourage the person-centered care in long-term care facilities and to promote the practice of hiring professional nurses in such facilities for enhanced quality of care provided to the elderly.

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