

# Validity and reliability testing of the Older Patient Acute Care Survey (OPACS) in the Australian nursing context

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# Why was this research undertaken?

- ❑ The proportion of older patients in hospitals is increasing
- ❑ The hospital environment is an increasingly challenging and stressful place for nurses to work
- ❑ Older patients experience poor outcomes from hospitalisation
- ❑ Ageism may increase as students go through the Bachelor of Nursing program



# So.....

- ❑ We need a valid and reliable tool to assess nurses' attitudes and knowledge about older patients
  
- ❑ I tested the suitability of The Older Patient in Acute Care Survey (OPACS) as a measure of nurses' knowledge, attitudes and practices, in Australia



# Older Patients in Acute Care Survey: Background

Developed by Australian researchers in 2000 (Courtney, Tong, & Walsh, 2000)

Designed to measure:

- nurses' knowledge
- attitudes
- practices with older hospitalised patients



- 36 Practice Experience items and 50 General Opinion items

# What are reliability and validity



Validity – does the tool test what you think it does?

Reliability – does it do this consistently?

# Previous Psychometric testing

## Australia

- face validity (with a panel of nurses)
- test-retest (with five nurses). Kappa = 0.756 (Courtney et al., 2000).

## USA

- four experts evaluated the tool
- high content validity for the tool as a whole (CVI = 0.918)  
(Malmgreen, Graham, Shortridge-Baggett, Courtney, & Walsh, 2009).

## The Netherlands

- acceptable CVI for 14 of 36 items of 'Practice experience' and 22 of 50 items of 'General Opinion'.
- Entire Dutch version of the OPACS tool, CVI = 0.62
  - well below the benchmark of 0.80, indicating poor content validity (van Schelven et al., 2015)

**So – some potential, but requires more evidence to support its use**

# What I studied

## Aims of the research:

- ❑ To test whether the OPACS is a good measure of knowledge, attitudes, and practices of nurses towards older patients



# What I did

- Recruited final year BN students
  - Completed
    - OPACS including Palmore's FAQ
    - Caring self-efficacy scale
    - General self-efficacy scale
- Analysed the data to see whether the OPACS was
  - Reliable
  - Valid





# What I found

It was clear

- Overall, the survey including OPACS, was too long
- Some of the items did not appear to belong to the scale (low face validity)
- Total scores on existing subscales did not correlate as expected



# Validity (criterion) testing of the OPACS

Exploration of associations between the two OPACS subscales, and Palmore's FAQ.

	<b>OPACS General Opinion</b>	<b>OPACS Practice</b>	<b>Palmore's FAQ</b>
OPACS General Opinion		.69	-.24
OPACS Practice	.69		-.06
Palmore's FAQ	-.24	-.06	

These findings suggest OPACS General Opinion scale is minimally related to knowledge but the OPACS Practice subscale is not.

# What I did then

We needed a much shorter and precise tool

- Factor analysis
  - To select a subset of questions that measure the same thing(s)
- Internal reliability of new scales
  - Do the questions reflect some underlying dimension?
- Concurrent validity
  - Did they correlate as expected with other measures?

# New OPACS subscales

1. Additional care burden (Burden)
2. Additional assistance (Extra assistance)
3. Including patients and families in care (Patient inclusion)
4. Older patients are a nuisance (Nuisance)
5. Older patients are very sick (Very sick)

Each subscale had good internal consistency

Each subscale correlated as expected

- With each other
- With criterion measures (CES, GSE, PFAQ)



# Care of Older Patients Survey



This survey will now be used to

- Assess attitudes of final year student nurses
- See what happens to attitudes in the first year of practice

We can then

- work towards understanding / developing nurses education and graduate year experiences
- promote positive attitudes towards older patients in novice nurses

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**Thank you**

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