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.

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<th>OPACS General Opinion</th>
<th>OPACS Practice</th>
<th>Palmore’s FAQ</th>
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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


References

http://www.stockfreeimages.com/p1/nurse.html


Thank you

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