

Introduction

Psychosocial preferences (e.g., type and amount of social contact, activities, control and independence, caregiver characteristics, and routines) make up the quality of daily life but are not assessed systematically or comprehensively in long-term care. This project builds upon the development of the Preferences for Everyday Living Inventory (PELI) with cognitively intact community elders. The PELI includes 58 items that relate to five preference domains: Caregivers and Care (10 items), Diversionary Activities (8 items), Growth Activities (14 items), Self-Dominion (16 items), and Social Contact (10 items).

This poster presents the results of three separate pilot studies examining psychosocial preferences. The aim of the **first study** was to examine the feasibility of using the PELI with a cognitively impaired sample and to take a first look at what preferences are endorsed by NH residents. The aim of the **second study** was to examine the content validity of the PELI from the perspective of long-term care experts. The aim of the **third study** was to extend the assessment of the PELI to include satisfaction with preference fulfillment in the NH context.

Methods

Preference Identification Study

- The PELI was piloted on 29 residents with mild to moderate dementia in a single nursing home (NH).
- Research assistants interviewed residents using the PELI.
- Participant profiles were generated graphically and presented to residents in follow-up focus interviews and nursing home staff in focus groups.

Preference Identification Sample (N=29 NH residents)

Variable	High Score	Mean (sd)	Percent
Age (yrs) (Range: 71-100)	Older	88.5yr (7.27)	
Gender	Female		72.40%
Education (yrs)	More Education	12.69 (2.2)	
Race	Caucasian		100%
Cognition (MMSE) (Range: 12-29)	Cog. Capable	21.85 (5.23)	

Content Validity Study

- 16 experts were identified: Eight with research expertise and eight with clinical experience in the areas of direct care, nursing, activity therapy, occupational therapy, dietary, social work, environmental services, and administration.
- Of these, twelve experts completed a questionnaire asking them to rate item relevance to determine content validity based on p=.05 standard error.
- Using this standard for level of agreement the team modified the PELI to ensure only the most relevant domains and items were included.

Preference Fulfillment Study

- Examined level of preference fulfillment in a new sample of 23 nursing home residents with and without cognitive impairment in a suburban NH in Philadelphia, PA and in a Western New York VA Community Living Center.
- Research assistants at both sites interviewed residents using a PELI modified to include a rating of satisfaction with preference fulfillment over the past two weeks.

Preference Fulfillment Sample (N=23 NH residents)

Variable	High Score	Mean (sd)	Percent
Age (yrs) (Range: 52-100)	Older	78.60 (13.56)	
Gender	Female		39.10%
Education (yrs)	More Education	12.17 (1.6)	
Race	Caucasian		95.70%
Cognition (MMSE) (Range: 14-30)	Cog. Capable	24.96 (3.56)	

Bibliography

Carpenter BD, Van Haitsma K, Ruckdeschel K, Lawton MP, (2000). The psychosocial preferences of older adults: a pilot examination of content and structure. *The Gerontologist*, 40, 335-48.

Lynn, M. R. (1986). Determination and quantification of content validity. *Nursing Research*, 35, 382—385.

Pref Identification Study Results

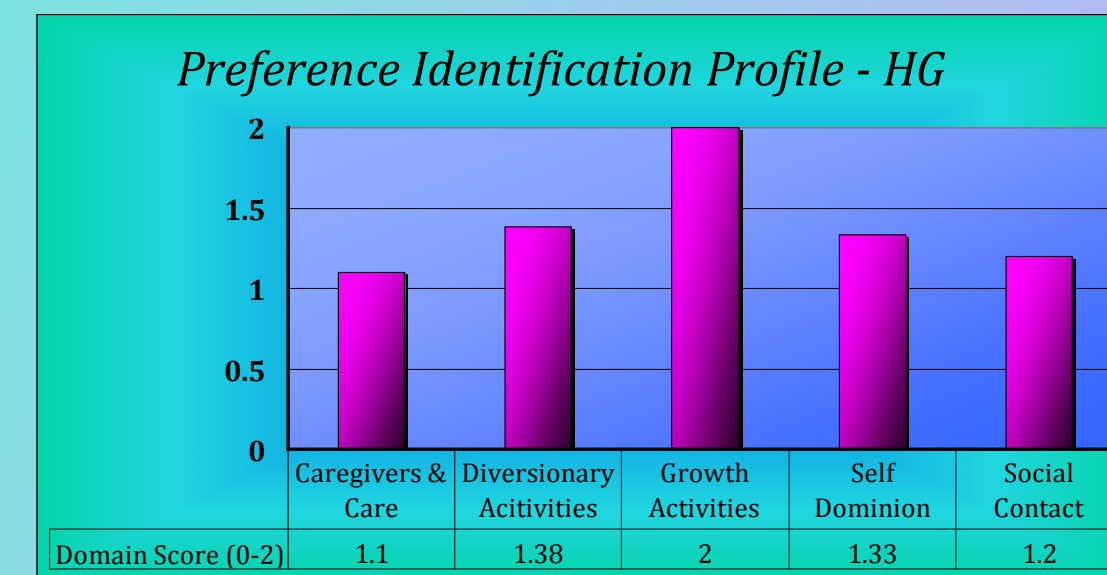
Most to Least Preferred Preferences for Preference Identification Sample

Rating Scale: 0="not at all"; 1="a little"; 2="a lot" Do you like....	Mean	SD
giving gifts to others	2.00	0.00
spending time with small groups	2.00	0.00
listening to music	1.93	0.38
displaying personal items	1.93	0.38
regular contact w/ family	1.86	0.52
choosing WHAT to wear	1.81	0.57
reminiscing about the past	1.80	0.45
choosing what to eat	1.79	0.63
traveling	1.75	0.59
going out to eat at restaurants	1.71	0.60
watching TV	1.70	0.54
cultural activities	1.68	0.67
doing things around the house	1.68	0.61
locking things up to keep them safe	1.64	0.68
to exercise	1.64	0.68
to learn new things in certain way	1.60	0.89
touching someone you care about	1.59	0.75
bath/shower at specific time	1.58	0.70
friends or family help with everyday things	1.57	0.79
having regular medical/dental exams	1.56	0.80
spending time on appearance	1.54	0.79
meeting new people	1.52	0.77
listening to the radio	1.50	0.79
shopping around for best bargains	1.50	1.00
trying new things	1.50	0.79
doing hobbies	1.50	0.74
choosing WHAT to wear	1.50	1.00
to do certain things to feel better when upset	1.50	0.84
talking to a mental health professional about problem or worry	1.44	0.89
to be active	1.41	0.68
spending time outside	1.40	0.89
spending time by self	1.36	0.83
snacking	1.32	0.82
going to the movies	1.32	0.94
having contact with animals	1.31	0.84
doing volunteer work	1.25	0.80
a good challenge	1.21	0.96
privacy	1.20	1.10
participating in religious/spiritual activities	1.15	0.91
being in large groups	1.14	0.89
choosing WHEN to eat	1.11	0.96
reading	1.11	0.96
being a member of clubs	1.11	0.92
giving instructions to caregiver	1.05	0.90
staying around your room	1.04	0.92
caregiver to be the same gender	1.00	0.98
the same routine each day	1.00	0.83
discussing personal things with staff	0.93	0.98
napping	0.89	0.88
following a bedtime/awakening routine	0.88	0.95
decide when to take pain medication	0.80	1.10
alcoholic beverages	0.63	0.79
taking herbs, vitamins, minerals, etc.	0.46	0.81
access to alternative medicine providers	0.29	0.71
caregiver to be religious	0.19	0.40

Resident preference responses appear to be shaped by...

- Idealized sense of self (I am a spiritual person)
- Stage of life ("now" vs. "earlier")
- Ability to enact preference autonomously (can't do it anymore)
- Cultural and group norms (appearance is very important here)
- Why the preference was developed in the first place (activity was a duty or obligation; coping strategy)
- Social situation most recently encountered (kind word by staff, cold shoulder from another resident)

Resident reactions to personal preference profile



Resident's reacted with...

- Smiling and engagement
- Statement of recognition of self in profile [Nodding] "That's about right" "That's pretty much me" "My life is an open book" "It's amazing that you can get everything in"

Staff Reactions to resident preference profiles

Regarding Administration:

- Who will give it to the R?
- What if the R can't answer the questions?
- Can family members accurately serve as proxies for Rs?
- What happens if R changes his/her mind?
- How will this information get communicated to staff in other disciplines, on other shifts?
- Who will take responsibility for fulfilling R preferences?

Regarding Usefulness of information:

- Good first step in getting to know someone
- Useful tool to help make matches between upcoming activities and specific Rs
- May help engage R in conversation or reminiscence
- May help guide counseling a R through a difficult period of adjustment
- Gives information about someone too impaired to speak for him/herself.

Content Validity Study

Purpose

- To understand content validity of the PELI as rated by experts from multiple disciplines involved in delivering care in the nursing home.
- Two stage process: Item Development & Judgment (Lynn, 1986)

Development

- Items were selected through extensive literature review and subjected to concept mapping sorting task by older gerontologists (Carpenter BD, Van Haitsma K, Ruckdeschel K, Lawton MP, 2000).

- Derived Concept Mapping Domains: Social Contact, Growth Activities, Diversionary Activities, Self-Dominion, and Caregivers and Care (actual labeling of domains modified by research team since 2000 publication)

Judgment

Expert Panel	
6 researchers	6 clinicians
Management, nursing, social work, dietary, environment, and activity and occupational therapy	

Items rated based on 4-option rating scale

- not relevant (1)
- unable to assess relevance without item revision (2)
- relevant with minor alteration (3)
- relevant and succinct (4)

Content Validity

- Established beyond the .05 level of significance when a proportion of experts agreed items were relevant with minor alteration (3) or relevant and succinct (4).
- Calculated % agreement evaluating one-sample test of proportion to examine standard error and determine significance at .05 level.

Results

Disposition of items	Examples of changed items
Added (10)	Do you like being involved in discussions about your care plan? Do you like watching activity going around you?
Deleted (2)	Do you like to watch movies?
Reworded (20)	Do you like spending time on how you look?
Moved to a different category (3)	Do you like shopping? (reworded from shopping for bargains and moved from growth to diversionary)

Preference Fulfillment Study

Results

For the purposes of this study, we examined **only those preferences that a NH residents most strongly endorsed as "Likes A Lot" or a rating of "2" on the 0-2 scale**. Out of 58 items, individual subjects had a range of 12 to 51 items endorsed as a "Likes A Lot" preference. The mean number of preference items endorsed as "Likes A Lot" by the sample as a whole was 29 (sd=10.32)

To examine satisfaction with preference fulfillment, we calculated a difference score by subtracting the strongly endorsed "2" (Likes A Lot) rating from the persons response to the fulfillment item: "How satisfied are you with the fulfillment of this preference over the last 2 weeks?" 0= Not at all satisfied; 1= Somewhat satisfied; 2= Completely satisfied.

Interpretation of difference scores:

- Preference endorsement of "2" (Likes A Lot) minus Preference fulfillment of "2" (Completely Satisfied) = 0
- Preference endorsement of "2" (Likes A Lot) minus Preference fulfillment of "1" (Somewhat Satisfied) = 1
- Preference endorsement of "2" (Likes A Lot) minus Preference fulfillment of "0" (Not at all Satisfied) = 2

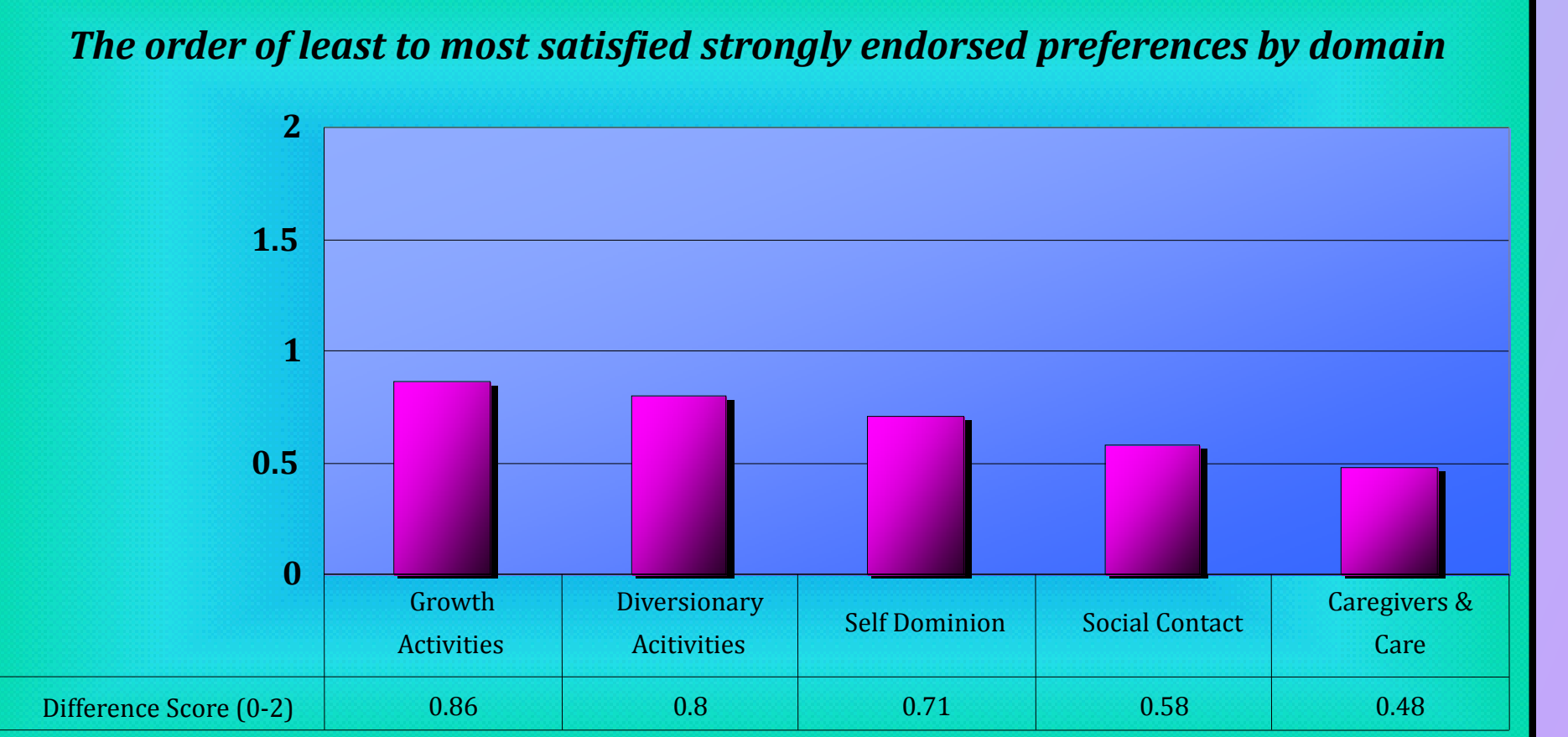
Pref Fulfillment Study (cont)

Of the most strongly endorsed preferences, on average:

- 75.6% were rated as either "Completely Satisfied" (mean % =52.8) or "Somewhat Satisfied" (mean % =22.8).
- 24.4% were rated as "Not satisfied at all".

SubID	Prefs endorsed as "Likes a lot" out of 58 items		"Likes a lot" prefs Not at all Satisfied		"Likes a lot" prefs somewhat satisfied		"Likes a lot" prefs completely satisfied	
	N	%	N	%	N	%	N	%
101	12	20.7%	0	0.0%	2	16.7%	10	83.3%
102	17	29.3%	1	5.9%	10	58.8%	6	35.3%
103	18	31.0%	4	22.2%	0	0.0%	14	77.8%
104	18	31.0%	2	11.1%	4	22.2%	12	66.7%
105	21	36.2%	15	71.4%	6	28.6%	0	0.0%
106	21	36.2%	5	23.8%	5	23.8%	11	52.4%
107	22	37.9%	11	50.0%	9	40.9%	2	9.1%
108	22	37.9%	13	59.1%	6	27.3%	3	13.6%
109	23	39.7%	14	60.9%	5	21.7%	4	17.4%
110	24	41.4%	4	16.7%	7	29.2%	13	54.2%
111	25	43.1%	11	44.0%	6	24.0%	8	32.0%
112	30	51.7%	1	3.3%	4	13.3%	25	83.3%
113	31	53.4%	8	25.8%	14	45.2%	9	29.0%
114	31	53.4%	12	38.7%	5	16.1%	14	45.2%
115	32	55.2%	18	56.3%	10	31.3%	4	12.5%
116	32	55.2%	2	6.3%	1	3.1%	29	90.6%
117	33	56.9%	0	0.0%	2	6.1%	31	93.9%
118	36	62.1%	4	11.1%	10	27.8%	22	61.1%
119	38	65.5%	3	7.9%	9	23.7%	26	68.4%
120	38	65.5%	7	18.4%	20	52.6%	11	28.9%
121	41	70.7%	0	0.0%	0	0.0%	41	100.0%
122	51	87.9%	13	25.5%	6	11.8%	32	62.7%
123	51	87.9%	2	3.9%	0	0.0%	49	96.1%
Mean	29.00	50.0%	6.52	24.4%	6.13	22.8%	16.35	52.8%

The order of **Least Satisfied to Most Satisfied** strongly endorsed preferences by domain are as follows: Growth Activities (.86, sd=.59), Diversionary (mean=.80, sd=.43), Self-Dominion (mean=.71, sd=.46), Social Contact (mean=.58, sd=.48), & Caregivers & Care (mean=.48, sd=.31).



Conclusions

- NH residents with and without cognitive impairment can report their personal preferences using the PELI.
- Preference profiles are face valid and provide useful information about individual preferences.
- Experts rated the PELI as relevant to the NH setting.
- NH residents have a wide range in number of strongly held preferences.
- Over 75 percent of strongly held preferences are reported to be somewhat to mostly satisfied.
- PELI is a promising tool for comprehensive & robust assessment of personal preference identification.
- Future work is needed to examine feasibility, reliability, and application of personal preferences to guide person-centered intervention and quality improvement efforts.