NOTES ON SCORING OF THE PERSON-CENTRED CARE ASSESSMENT TOOL (P-CAT)

The 13-item P-CAT was constructed to evaluate to what extent staff in residential aged care perceive the care provided as being person-centred (Edvardsson et al., 2010b). The P-CAT consists of three subscales covering the following dimensions of person-centredness: extent of personalising care; amount of organisational support; and degree of environmental accessibility. Completion of the P-CAT involves asking members of staff to provide self-report ratings on items regarding aspects of person-centredness on a five-point Likert-scale ranging between '1 = disagree completely' and '5 = agree completely'. Those variables that were negatively worded were reverse coded to match other variables for the purpose of data analysis.

Normal distributions and means tests:

Items within each of the three subscales can be summed to generate subscale scores, as well as summing the total 13 items to generate a total score between 13 and 65, where higher scores indicate higher person-centredness. The P-CAT has satisfactory estimates of reliability (Cronbach's alpha 0.84) as well as tentative validity (Edvardsson et al., 2010b).

A median split of P-CAT scores can be used to dichotomise respondents into high and low levels of person-centredness (PCC) for the t-test. Further relationships can be tested using the total summed score and the dichotomised variable with continuous and categorical variables.

Initial exploratory analysis would pick up whether providing a 'means' or 'median' would be an appropriate statistic to use.

Non normal distributions and crosstab analysis:

The scales can be collapsed into 3 points where *completely disagree/ disagree* = total disagreement, *neither agree nor disagree* = neither, and *agree/completely agree* = total agreement. This helps with meeting assumptions for the chi square analysis by boosting cell numbers and enables responses to be categorised into the two variables of interest – disagree or agree for further analysis.

For the PCAT subscales of 'Extent of Personalising Care' (PCAT 1-6, PCAT 11); 'Amount of Organisational Support' (PCAT 7-10 reverse scored) and 'Degree of Environmental Accessibility' (PCAT 12-13), a score can be computed to enable groupings of levels of PCC. In comparison to the median split into high and low levels of person-centredness based on a total summed score, a more conservative approach can be used to split a summed subscale score into three groups of low, medium and high levels of PCC. For purposes of ease of understanding the levels of PCC are equated to the collapsed responses on the P-CAT scale of 'total disagreement', 'neither' and 'total agreement'. The maximum score that equates to 'low PCC' for the subscale of 'extent of personalising care' (1 or 2 on the agreement scale) is 14 and the minimum score that equates to 'high PCC' on the same subscale (4 or 5 on the agreement scale) is 28. These scores are the critical points for 'low PCC' and 'high PCC'. The remaining scores between 14 and 26 are allocated 'medium PCC'.

Indications of a more person-centred approach by staff at one facility compared to another facility would be based on the differences in the percentage of responses in the 'high PCC' grouping for the factor 'Extent of Personalising Care'.

An example is given below:

For PCAT 1-6 and PCAT 11 these make up factor 1 – 'Extent of Personalising Care'. Sum these scores i.e. score 4 for 3 statements and 5 for 4 statements out of a total of 7 statements for this subscale and that equals 32 out of a total subscale score of 35 resulting in categorisation of 'high PCC' level as the cut-off score is 28. To get facility levels of PCC you would look at the proportion of scores that are 'low PCC', 'medium PCC' and 'high PCC'. You would then evaluate what is appropriate but consider that greater than 20% of respondents in the 'low PCC' category would be cause for intervention.

Please be aware that this scoring under *Non-normal distributions and crosstab analysis* is not based on any benchmarks within the sector regarding person-centred care.

Reference:

Edvardsson, D., Fetherstonhaugh, D., Gibson, S. and Nay, R. (2010b). Development and initial testing of the Person-centred Care Assessment Tool (P-CAT). *International Psychogeriatrics*, 22, 101-108.

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