

Notes on Scoring of the Family and Staff Relationship Attitude Tool

(FASRAT)



The 26-item FASRAT was constructed to measure the attitudes and beliefs of residential aged care staff towards staff-family relationships in Australian residential aged care facilities.¹

The FASRAT is a uni-dimensional scale with items representing eight domains identified by a systematic review as being relevant to the formation of constructive staff-family relationships: recognition of the uniqueness of the resident; information sharing; familiarity, trust, respect and empathy; family characteristics and dynamics; collaboration in care; staff-family communication; organisational barriers to positive relationships; and promoting positive relationships.² Based on data collection to date, the FASRAT has good internal consistency (a measure of reliability: Cronbach's alpha 0.88).¹

Completion of the FASRAT involves asking residential aged care facility staff members to rate their attitudinal beliefs on a six-point Likert-scale ranging between '1 = strongly disagree' and '6 = strongly agree'. Responses to each item are scored so that a higher number indicates more positive attitudes and beliefs.

A final option of "don't know or no opinion" allows respondents an opportunity to not commit to a particular level of agreement for each item.

Items where scoring is 1-6 (as it appears on the survey form) are: 1-14; 17, 21-23, 26.

Seven (7) items need to be rescored before responses can be interpreted or used to create a total score. This is done by allocating the value 6 to "strongly disagree" and value 1 to "strongly agree", with other numbers allocated sequentially between these extremes. Reverse-scored items: 15, 16, 18, 19, 20, 24, 25.

The 26 items can be summed to generate a total score between 26 and 156, where a higher score indicates more positive attitudes and beliefs of care staff towards relationships with residents' families. Any selection of the "don't know or no opinion option" should be ignored (not included) when creating the total score. (Note, however, that the frequency of selection can give an indication of areas for further attention in working with staff.)

At this stage of development of the FASRAT, there are no standards for interpreting the FASRAT total score within the residential aged care sector as an indication of staff attitudes and belief about staff-family relationships. Further data collection and analysis will enable some guidelines for interpretation of mean responses, including possible benchmarks. At a simple level, one is looking for more positive attitudes towards staff-family relationships in order to be consistent with good practice based on evidence and expert opinion.

Interpretation of total scores should be done as an internal process for a service:

- Consider which items appear to have the lowest scores (after rescoring), as these tell you where staff as a whole hold views that are not consistent with evidence and expert opinion.
- Consider which items have the highest number of people indicating they do not know, or are unable to form an opinion. These could be areas for further training or discussion.
- Consider whether the total scores of staff change after you have provided specific training around supporting positive staff-family attitudes.
- Monitor the total scores over time (e.g. annually) to consider whether the service is maintaining the desired organisational attitudes in relation to staff-family relationships.

References:

1. Bauer, M., Fetherstonhaugh, D., Lewis, V. (2012) Assessing the quality of staff-family relationships in the Australian residential aged care setting: development and evaluation of the Family and Staff Relationship Implementation Tool (FASRIT). *International Journal of Person-Centered Medicine*. 2(3),564-567.
2. Haesler, E., Bauer, M., Nay, R. (2010) Factors associated with constructive nursing staff-family relationships in the care of older adults in the institutional setting: An update to a systematic review. *International Journal of Evidence-Based Healthcare*. 8 (2), 1744-1609.

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