

# Development and Validation of a Tool to Measure Therapeutic Engagement

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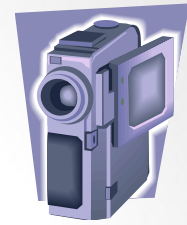


# Outline of the Presentation



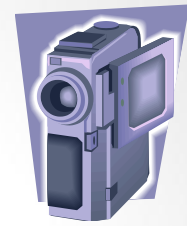
- Background to the project
- Describe the 3 stages of development of the Therapeutic Engagement Questionnaire (TEQ)
- Outline 3 stages for reliability and validity testing

# Why it's important to capture therapeutic engagement



- Central to quality mental health nursing (Peplau, 1952)
- Provides energy, motivation and a source of strength to continue with treatment or face difficult sometimes life threatening situations (Chambers et al. 2005)
- Evidence suggests that TE does have benefits (Nesset et. al., 2009; Gamble et. al. 2010)

# Therapeutic engagement: what's missing



- The ability to measure the nature and effectiveness of TE
- Evidence of the effectiveness of mental health nursing within multi-professional healthcare teams
- Impact of nurses' TE not known and skills of mental health nurses' are overlooked and impact on care lost

# What is already out there?



- Working Alliance Inventory (WAI) (Horvath & Greenberg, 1986; 1989) *(3 key aspects of the therapeutic alliance: (a) agreement on the tasks of therapy, (b) agreement on the goals of therapy & (c) development of an affective bond)*
- Helping Alliance Scale (HAS) (Priebe & Gruyters, 1993 *(evaluating care of people with severe mental illness)*)
- Helpful Aspects of Therapy' (HAT) (Llewlyn, 1988) *(‘client self-report’ qualitative tool developed to identify significant therapy events)*
- Scale To Assess the Therapeutic Relationship (STAR) (McGuire-Snieckus et al., 2007) *(assesses the relationship between multidisciplinary clinicians & service users (SUs) in community settings)*

# Exploring the contribution of mental health nurses to the service user/patient experience



No scale exists that:

- assesses TE in acute inpatient mental healthcare settings that assesses environment and 1:1 interaction between SUs/patients and MHNs
- has been developed in partnership with SUs
- determines the impact of TE on the quality of the SU experience as viewed by them
- examines TE from the perspective of MHNs as distinct from other professionals

# Aim and Objectives



Aim: To develop a TE instrument in partnership with SUs and Registered MHNs (RMHN) that is easy to use, reliable and valid

Objective 1: To develop and validate a tool to measure TE from both the perspective of MHNs and SUs in acute inpatient mental health settings

Objective 2:

To articulate the contribution of TE to SU outcomes and the overall business of healthcare organisations

# The Development Process: Methodology

- Literature review
- Outcome data from the Lived Experience of 'Detained Patients' project - interviews with 19 detained service users. Data were analysed using the approach outlined by Downe-Wamboldt (1992)
- Therapeutic engagement workshop (n=70)  
*(SUs, clinical MHNs and nurse academics)*



# The Development Process: Methodology Continued

- On combining these data two, 25-item questionnaires were developed; one version for SUs and one for RMHNs
- Each statement was measured on a 5-point Likert scale (strongly agree to strongly disagree), and scored in relation to both the unit environment, ( to understand the overall therapeutic milieu), and therapeutic 1:1 sessions
- The questionnaire was split into 5 sections (themes) which each encompassed 5 items each

# The Development Process: Methodology continued

- 5 themes were evident from the analyses – *Compassion, Communication, Courage, Commitment, Collaboration*. These themes appeared to mirror 4 of the '6Cs' of nursing (DoH, 2012) which are care, compassion, courage, communication, competence and commitment part of a vision & strategy for nursing to make a difference.
- Review by expert panel (*1 service user, 1 psychologist, 3 nurse academics*), instrument reduced to 20 items and response choices to 4. The five sections/themes remained with 4 items a piece. The items in the questionnaires were also personalised e.g. the word '*I*' was incorporated in the items

# Pilot test – Stage 1



- The questionnaires were pilot-tested with a sample of SUs (n=12) and RMHNS (n=10) from 1Mental Health Trust
- Both groups asked to answer each item on the questionnaire & give feedback on:
  - overall clarity of the statements
  - use of language – instructions
  - clinical appropriateness (RMHNS only)
  - scoring method
  - ease of completion, presentation/layout
  - anything that could be improved, changed/added

# Findings – nurses' views



Respondents were asked to work systematically through the questionnaire addressing what was requested

## Feedback:

- Context of completing the questionnaire should be explained for SUs
  - Generally considered good idea to have a tool; some ambivalence
- Instructions could be clearer
- Larger typeface
- Don't ask specific age but rather age categories

## Findings – SUs views (1)



Respondents were asked to work systematically through the questionnaire addressing what was requested

### Feedback:

- Considered a good idea to have such a tool
- Pages crowded; look too time-consuming at first glance
- Helpful to have the 1 - 4 key on *every* page for quick reference
- Print too small to read
- Liked use of 'I' in statements it made them feel individualised and invited to 'take ownership' of what they were reading
- Confusion as to which nurse the statements referred to; agreed meant service users own named nurse

## Findings – SUs views (2)



### Feedback:

- Commented that all statements are positively phrased; mixed views
- Some considered the statement about the future emotive; might upset patients (this question still appears as it is linked to advanced directives and recovery)
- Some considered if unwell might not feel up to filling it in, would need encouragement; would depend on how it was 'sold' or whoever gave it
- Some self-conscious about rating a nurse

## Findings: a summary



- Items met with general approval, changes suggested regarding instructions, layout & wording some alternatives offered.
- Findings from both groups were similar:
  - pleased that statements were personalised
  - some statements were ambiguous
  - language too complex & required modification for some statements
  - context for completing the questionnaires needed better explanation.
  - some SUs felt self-conscious about completing the questionnaire; reluctant as they felt to be judging individual nurses

## Stage 2 Item Reduction - Factor Analysis

- The 20-item revised tool formed a larger study - 4 Mental Health NHS Trusts with wide geographical spread
- Number of MHN and SU participants across the study sites.

	A	B	C	D
Site				
MHN (N=68)	20	12	24	12
SU (N=86)	36	17	24	9

- The data collected underwent a Factor Analysis (FA), Principle Component Analysis (PCA) (varimax rotation)



## Findings - Mental Health Nurse version of the TEQ continued

- Questions formed 2 groups/factors – care interactions and care delivery
- Sub-scales not clear for this version
- Cronbach  $\alpha$ 
  - 1:1; 0.96
  - general clinical environment and atmosphere; 0.97

## Findings – Service User version of the TEQ

- Questions formed 2 groups/factors – care interactions and care delivery
- Clear sub-scales
- Cronbach  $\alpha$ 
  - 1:1; 0.98
  - general clinical environment and atmosphere; 0.97

# Summary of Findings: Item Reduction -Factor Analyses

- The TEQ behaves well as an assessment scale
- No reason to drop items based on statistical analyses. Dropping statements would make no difference to the Cronbach  $\alpha$
- Profile scores (sub-scale scores) not an overall score would have limited value
- 3 questions in the MHN version maybe similar/redundant; 1 question may take the place of 3 questions. Validation phase the decider

# Stage 3 Validation

- Participants requested to complete the revised version of the questionnaires & 2 established questionnaires - the Scale To Assess the Therapeutic Relationship (STAR) and the Helping Alliance Scale (HAS). to 'authenticate' and validate the TE tool
- Validity tested using Pearson's product-moment correlation coefficient



# Validation Phase

## Site split for item reduction and initial validation phases

Site	A		B		C		D	
Participant group	MHN	SU	MHN	SU	MHN	SU	MHN	SU
Item reduction phase*	20	36	12	17	24	24	19	11
Initial validation phase**	22	28	10	6	16	15	35	31

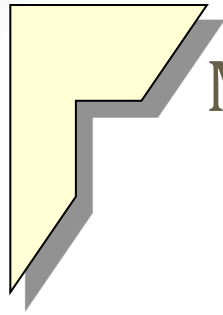
\*Range 12-24 MHN; 11-36 SU

\*\*Range 10-35 MHN; 6-31 SU

# Summary of the findings from Validation Phase



- The final questionnaires have 20 items and 2 factors -care interactions and care delivery
- The loadings for the items retained were all good (above 0.40)
- The inter-scale correlations were high (Pearsons)
- Good sub-scale overall internal consistency ( $> 0.85$ )



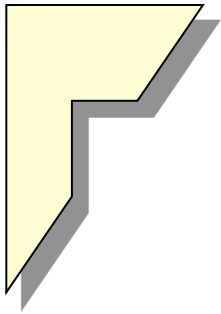
# Examples of Questions

## Mental Health Nurse version of the TEQ

*Question 5: I accept that SUs should have control over their care package (Communication theme/sub-section)*

*Question 11: I give SUs the confidence to create practical and realistic care plans that help them to achieve their goals (Courage theme/sub-section)*

*Question 19: I work with SUs to plan their care in advance of them being unwell (Collaboration theme/sub-section)*



# Examples of Questions

## Service User version of the TEQ

*Question 5: Nurses allow me to have control over my care package  
(Communication theme/sub-section)*

*Question 11: Nurses give me the confidence to create practical and realistic care plans that help me achieve my goals (Courage theme/  
sub-section)*

*Question 19: Nurses work with me to plan my care in advance of me  
being unwell (Collaboration theme/sub-section)*



Thank You