

DEFINITION AND MEASUREMENT OF PLANNING FOR LONG-TERM CARE

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Purpose: An instrument to measure long-term care planning (LTCP) was developed and differences in readiness to plan were explored for Hispanics, African American/black and non-Hispanic white residents of Miami/Dade, Florida. LTCP signifies the actions of preparation for a future time when help with ADL may be needed.

Method: The planning framework drew from open systems theory and the idea of McGrew and Friedemann that balance between control and acceptance response styles is key to distinguishing ethnic orientation and understanding the planning process. The research team operationalized the proposed constructs and response styles as statements in a questionnaire. The items expressed acceptance and control in three types of planning: financial, wellness/functional ability, and social/environmental. Two focus groups provided feedback about the relevance of items and the overall construct of LTCP. A telephone survey involved 150 randomly-selected individuals age 55 to 69. Responses underwent exploratory and confirmatory factor analyses and reliability testing.

Findings: Results indicated that the long-term care planning instrument of 23 items had five reliable ($\alpha < .70$) sub scales (social/environmental, wellness, and financial control, acceptance in terms of readiness to accept help in all types of LTCP, and unwillingness to do so). The comparative fit index (CFI) was .987 and RMSEA .050. The concept of control was found congruent with the planning process. Acceptance seemed to address an attitude or willingness to accept help when needed and was related equally to all three areas of planning.

Discussion: Planning was found to imply being in control and taking action. An accepting attitude in anticipation of future needs appeared essential for planning. There were no differences in planning between males and females. Hispanic respondents reported greatest readiness to use family help and non-White respondents were most likely to have planned for future living arrangements, mostly with family members and relatives. This study presented a first step toward the development of educational interventions that can be carried out by nurse practitioners in primary prevention or wellness care settings. The LTCP instrument is useful as a diagnostic inventory, alone or in combination with personalized educational interventions aimed at increasing awareness of planning for the time when long-term care is needed. Nurses can use it at the baseline, for monitoring changes in planning behaviors and for providing constructive feedback and advice to people who are learning to plan relative to their specific situation and available resources.