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The Malay version of the brief questionnaire on smoking urge: Translation and psychometric properties of the questionnaire

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Abstract This study aimed to evaluate the psychometric properties of Malay translated version of the brief questionnaire of smoking urges (QSU-Brief). The translation procedure was done following the standard guidelines. The reliability and validity of the Malaysian version scale were evaluated based on the data collected from 133 Malaysian smokers. The internal consistency was calculated to assess the reliability. Factor analysis and construct validity were performed to validate psychometric properties of the scale. Total Cronbach's alpha of the scale was 0.806. The exploratory factor analysis revealed two factors that accounted for 66.15% of the explained total variance. The first component consisted of items 1, 3, 6, 7, and 10, while the second component included the rest. The QSU-Brief total score had a significant positive relationship with exhaled CO level ($r = 0.24$; $P = 0.005$), number of cigarettes smoked per day ($r = 0.30$; $P < 0.001$) and other clinical factors. Items 2 and 5 loaded strongly on factor 2, whereas both items loaded ambivalently on two factors in the previous studies. This discrepancy might

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be clarified by language differences. The Malaysian QSU-Brief is a good candidate for evaluating urge to smoke in both clinical practice and clinical trials.

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1. Introduction

Craving is often described as an important concept in smoking dependence and the most noticeable and bothersome symptom experienced during the quitting attempt [1]. According to an expert group meeting organized by the United Nations International Drug Control Programme (UNDCP) and WHO, craving is defined as “the desire to experience the effect(s) of a previously experienced psychoactive substance [2]”.

Several studies have concluded that craving hinders successful smoking cessation and that it correlates with relapse after periods of abstinence [3–6]. Moreover, the effects of positive outcome expectations of smoking on relapse appear to be completely mediated by craving [7]. Accordingly, the assessment of withdrawal symptoms with the urge to smoke form an integral part of assessing health and quality of life in smokers in order to predict relapse, understand the nature of nicotine dependence and improve cessation treatment [8,9].

The decision to translate the brief questionnaire on smoking urge (QSU-Brief) was made because there was no translated scale to evaluate craving to smoke in Malay language for research and clinical practice. The current study aimed to subject the QSU-Brief to translation and validation processes for future use by clinicians and researchers.

2. Material and methods

2.1. Study design and setting

A cross-sectional study design was adopted to conduct the study. It was carried out at the Quit Smoking Clinic in the Pulau Pinang Hospital, Penang State, Malaysia. The Pulau Pinang Hospital is the largest public tertiary hospital in the State of Penang.

2.2. Participants

Smokers who attended the Quit Smoking Clinic were included in the study subjects and were either referred from the outpatient clinics of the hospital or outside clinics and/or walk-in smokers. Furthermore, all outpatient clinics of the Pulau Pinang Hospital were contacted to refer any smo-

ker patient willing to quit to the Quit Smoking Clinic. Adult smokers (male or female) aged more than 18 years, who were able to read/understand and complete the Malay language measurement tool independently were included.

The subject was excluded if he/she had a past or present history of mental illness, used concomitant antidepressant, antianxiety medication or sedatives, suffer from alcohol or drug abuse or were subjects who, in the researchers' opinion, would be unlikely to commit to the study.

2.3. Sample size

In general, it is highly recommended to use at least 10 subjects for each item of a questionnaire or an instrument scale for the validity evaluation [10,11]. However, a target sample size of 100 patients was estimated to give a better precision to the reliability and validity of the study [12]. Others suggest that five subjects for each item are adequate in most cases [13].

In this study, it was decided to depend on the recommendation of at least 10 subjects for each item of a questionnaire or an instrument scale for the validity evaluation [11]. The QSU-Brief consisted of 10 items, and it was estimated that 100 smokers were needed for the purpose of validation. An additional 30% of drop outs were considered to be necessary for the study to overcome the erroneous results and to increase the reliability of the conclusion. A convenience sample of (total = 133) smokers who attended the Quit Smoking Clinic was collected. In addition, only 75 subjects agreed to participate in a test–retest reliability analysis. There is no evidence available to aid in the selection of the time interval between questionnaire administrations for a study of test–retest reliability of health status instruments, and an interval ranging from 10 min to 1 month was selected. Therefore, a month interval was chosen for the purpose of subjects' feasibility.

2.4. Ethical approval

This study was conducted after it was approved by the Ethics Committee of the Institute of Public Health (IPH), the National Institutes of Health (NIH) and the Medical Research and Ethics Commit-

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