

Reliability and Validity of the Chinese Version of the Revised American Pain Society Patient Outcome Questionnaire in Postoperative Patients

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■ ABSTRACT:

The American Pain Society Patient Outcome Questionnaire and the subsequent revised version are the most frequently reported measures of the quality of pain management. However, the reliability and validity of the revised questionnaire have not been reported in Chinese patients. This study sought to evaluate the psychometric properties of the Chinese version of the revised questionnaire in postoperative patients in China. The study was a descriptive, cross-sectional psychometric study. The revised questionnaire was translated into Chinese according to international guidelines and then administered to participants. The patients' present, average, and worst pain intensity were evaluated in face-to-face interviews. The Pain Management Index was calculated according to the worst pain intensity and the classification of analgesic drugs used by the patients. The continuous items in the revised questionnaire demonstrated excellent construct validity and acceptable internal consistency reliability (0.732). Cronbach's alpha coefficients for the following subscales were acceptable: pain severity and sleep interference (0.773), activity interference (0.812), affective (0.824), and adverse effects (0.636); the exception was for the perception of pain care subscale (0.492). Patients with different anticipated pain management outcomes were differentiated as expected. Satisfaction could be predicted (31.3% of the variance) using subscales and items in the questionnaire. Although our evidence supports the psychometric properties of the Chinese version of the revised questionnaire when tested with postoperative patients, further study is needed, especially on the subscale perception of pain care.

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Inadequate postoperative pain management is a pervasive international problem (Shen, Sherwood, McNeill, & Li, 2008; Sherwood, McNeill, Palos, & Starck, 2003; Taylor & Stanbury, 2009). Unnecessary suffering after surgery contributes to adverse events, such as decreased mobilization, deep venous thrombosis, prolonged healing, delayed discharge, and psychosocial complications (Nworah, 2012; Sherwood et al., 2003). Improving the quality of pain management has been a concern for more than two decades in many countries (Berry & Dahl, 2000; Mularski et al., 2006; Nworah, 2012) but has remained a low priority in clinical care in China, where inadequate pain management continues to be reported (Shen et al., 2008; Yin, Tse, & Wong, 2012).

To better understand the current disparity in pain management between different countries, a key step is to identify shared measures that benchmark performance in pain management across countries (Botti et al., 2015). Furthermore, reliable and continuous measurement is essential for quality evaluation and improvement in pain management (Clark, Gironda, & Young, 2003; Gordon et al., 2010; Gunningberg & Idvall, 2007).

With improvements in pain management science, the definition of quality in pain management has changed (Gordon et al., 2005) along with its measurement (Gordon et al., 2010). High-quality pain management has been defined by the American Pain Society (APS) as having several characteristics: appropriate assessment, interdisciplinary and collaborative care planning, appropriate treatment, and access to specialty care (Gordon et al., 2005). To accommodate these new concepts, an APS expert panel composed an evidence-based questionnaire to measure the quality of pain management services; this questionnaire is termed the American Pain Society Patient Outcome Questionnaire-Revised (APS-POQ-R) (Gordon et al., 2010).

The newly updated questionnaire has been verified in Western populations, where, as expected, it has been reported to have excellent reliability and stable validity. However, several studies have shown that its psychometric properties in other countries with different cultures vary greatly. In particular, no similar study has been conducted using this questionnaire in Chinese culture, which is quite different from Western culture. Thus, the purpose of the present study was to examine the psychometric characteristics of the Chinese version of the APS-POQ-R in Chinese postoperative patients.

LITERATURE REVIEW

The first Patient Outcome Questionnaire published by the American Pain Society (APS-POQ) in 1995

(American Pain Society Quality Of Care Committee, 1995; McNeill, Sherwood, Starck, & Thompson, 1998; Sherwood et al., 2003) is the most frequently reported measure of patient outcomes regarding pain management, and subsequent modifications were made by McNeil et al. (1998). The APS-POQ and the APS-POQ-Modified were developed to measure the quality of both acute and chronic pain management and have been widely used in various populations of hospitalized patients (Ferrari, Novello, Catania, & Visentin, 2010; McNeill et al., 1998), especially patients with cancer-related pain (Panteli & Patistea, 2007) and acute pain after surgery (Dihle, Helseth, Kongsgaard, Paul, & Miaskowski, 2006; Lorentzen, Hermansen, & Botti, 2012).

The Houston Patient Outcome Instrument, a questionnaire designed for postoperative patients, has a similar structure, including dimensions of pain intensity, interference with pain, and patient satisfaction (Dihle et al., 2006; Sherwood et al., 2003). Patient satisfaction is often the primary outcome measure of pain management quality, although patients are likely to report a high degree of satisfaction even in severe pain, making it difficult to interpret the results (Dihle, Helseth, & Christophersen, 2008; McNeill et al., 1998; McNeill, Sherwood, Starck, & Nieto, 2001; Shen et al., 2008). The APS recommended addressing other aspects of pain management to be consistent with the core goals of health care quality: to be safe, efficacious, patient-centered, timely, efficient, and equitable (Gordon et al., 2005). The APS-POQ was revised in 2010 as the APS-POQ-R to match evidence-based recommendations by the APS (Gordon et al., 2010).

The APS-POQ-R can be used for both medical and surgical patients with various pain experiences, and this scale was verified to have excellent psychometric properties in American hospitalized patients during the preliminary psychometric evaluation (Gordon et al., 2010). The structure of this questionnaire has been reported to be stable in both American postoperative patients (Wang, Sherwood, Gong, & Liu, 2013) and in a cross-cultural study in Danish and Australian patients (Botti et al., 2015). However, the structure components were not verified in the Icelandic language version (Zoëga, Ward, & Gunnarsdottir, 2014), perhaps because of the small sample ($n = 143$) of patients. As expected, few studies have reported the discriminating abilities of the questionnaire in patients with different patient outcomes. In particular, more evidence is needed to establish the psychometric properties of the scale, especially in cross-culturally adapted versions.

The purpose of the present study was to examine the psychometric properties of the Chinese version of

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