

Sensibility of five at-work productivity measures was endorsed by patients with osteoarthritis or rheumatoid arthritis

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Abstract

Objective: To examine and compare the sensibility attributes (face/content validity and feasibility) of five at-work productivity measures from the perspective of patients with osteoarthritis (OA) or rheumatoid arthritis (RA).

Study Design and Setting: Workers with OA or RA ($n = 250$) completed a survey that includes five at-work productivity (presenteeism) measures and questions asking about their *comprehensiveness, understandability, length, and suitability of response options*. A final question asked respondents which single measure was considered “best” overall. Measures compared included the *Workplace Activity Limitations Scale (WALS)*, *Stanford Presenteeism Scale*, *Endicott Work Productivity Scale*, *Work Instability Scale for Rheumatoid Arthritis (RA-WIS)*, and *Work Limitations Questionnaire (WLQ-25)*. Sensibility performance was assessed quantitatively (% respondent endorsement) and qualitatively via written feedback.

Results: The WLQ-25 was considered most *comprehensive* (endorsed by 92.8%), the WALS performed best in terms of *understandability* (97.6%) and *suitability of response options* (97.9%), and the RA-WIS was favored in terms of *length* (91.6%). Consistent sensibility performance between OA and RA was found. The WALS (32.6%) and WLQ-25 (30.0%) were moderately preferred in the final overall appraisal.

Conclusion: Sensibility criteria were generally met by all five at-work productivity measures. Variable endorsement levels across specific sensibility attributes were also revealed across the measures compared. © 2013 Elsevier Inc. All rights reserved.

Keywords: Outcome measure; Face and content validity; Feasibility; Work productivity; Presenteeism; Arthritis

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1. Introduction

The impact of arthritis on a person's ability to meet work demands is an important concern [1–4], although the ideal measure(s) to capture the extent of this impact remains unclear. In addition to the traditional indicators of work absenteeism (e.g., days off work), recent studies have emphasized the importance of examining “on-the-job” problems (at-work productivity loss or presenteeism) experienced by workers with arthritis [5–7]. As more and more individuals with arthritis are able to continue to work given recent advancements in therapies, the need for accurate and precise evaluations of presenteeism has gained importance and research attention. In fact, compared with absenteeism, presenteeism has shown to contribute to an even greater proportion of the indirect economic costs of arthritis [8,9], giving this concept clear economic relevance. The measures of presenteeism measures are also increasingly used as study outcomes in rheumatology clinical trials [10–12] as there is an increasing recognition that work issues and potential cost benefits of therapeutic interventions are important to different stakeholders, including patients/workers, employers, industry, and policy makers.

The number of self-report presenteeism measures is on the rise [5,13–15], many of which have potential applicability in clinical trials or employment-related research. Some could also be applied to estimate costs associated with health-related productivity loss. For example, the Work Limitations Questionnaire (WLQ-25) [16] assesses the proportion of time workers have difficulty over various work domains. The Workplace Activity Limitations Scale (WALS) [17] takes a different approach as it is aimed at quantifying the degree of difficulty a worker experiences while performing various job-related tasks. Yet, another example is the Work Instability Scale for Rheumatoid Arthritis (RA-WIS) [18], which is designed as a prognostic indicator of future work loss and has potential applicability to help inform vocational decision making (e.g., the need for workplace interventions).

To quantify patient experiences (e.g., symptoms, work, and health-related quality of life), choosing the ideal outcome measure(s) in a given situation may involve not only psychometric considerations but also “sensibility” considerations. Sensibility is a term originally coined by Feinstein [19] to describe the importance for instruments to demonstrate fundamental attributes such as face/content validity and feasibility. Recently, others have also emphasized the need to directly appraise these qualitative attributes (also referred to as *clinical utility*, *practicality*, or *applicability*) from the perspectives of both end users (e.g., researchers/clinicians) and respondents (e.g., patients) [20–22]. In today's patient-oriented approach to health care, engaging patients in the development/testing of outcome measures are increasingly relevant in rheumatology [23,24] and also mandated by regulatory agencies, such as the US Food

and Drug Administration [25]. When assessing the value of a health intervention, it is important to be able to demonstrate efficacy on outcomes that capture concepts deemed meaningful (i.e., *what matters*) to the target patient population. Irrespective of its psychometric robustness, if an outcome measure fails to meet conceptual needs, or if it is impractical to apply, it may not be the optimal choice for a given circumstance.

Sensibility appraisals of work outcome measures are relevant for several additional reasons: (1) there is substantial diversity in available perspectives and approaches to quantify the impact of health on work, but specific work concepts (e.g., ability vs. productivity) that resonate most with patients/workers remain unclear [5,13]; (2) job context can vary considerably among workers; thus, there is a need to examine whether specific work measures are similarly relevant across different occupational sectors; and (3) the evolving nature of the employment and labor market (e.g., change in job demands over time because of technological advancements) entails a need for periodic (re)appraisals of available outcome measures to ensure that they remain optimal for capturing what matters to the present-day worker.

Research that examines the direct comparability of measures in a controlled sample is useful for gaining insights on the measures' relative strengths and limitations [5,7,13,26,27]. To date, however, most head-to-head studies on work measures have mainly focused on psychometrics [27–34] as comparisons of sensibility attributes have been rarely evaluated. This study examined and compared the sensibility attributes (*comprehensiveness*, *understandability*, *length*, and *suitability of response options*) of five at-work productivity measures from the perspective of patients with osteoarthritis (OA) or rheumatoid arthritis (RA).

2. Methods

2.1. Participants

Study participants were workers with arthritis ($n = 250$) recruited by convenience sampling from three sites: two tertiary-level rheumatology clinics in urban teaching hospitals ($n = 142$) in Toronto, Ontario, Canada, and an outpatient arthritis treatment program providing multi-disciplinary services ($n = 108$) in Vancouver, British Columbia, Canada. Inclusion criteria were (1) attendance at an outpatient rheumatology clinic with a rheumatologist diagnosis of either OA or RA (Toronto) or attendance at an arthritis treatment program within the past 2 years, with OA or RA recorded as the reason for referral by the referring physician (Vancouver); (2) participating in paid or unpaid work (e.g., homemaking) within 1 month before recruitment; and (3) providing informed written consent. Respondents were excluded if they did not speak English,

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