



## Original article

## YFHS-WHO+ Questionnaire: Validation of a Measure of Youth-Friendly Primary Care Services

Dagmar M. Haller, M.D., Ph.D.<sup>a,b,c,\*</sup>, Anne Meynard, M.D.<sup>a</sup>, Daliborka Pejic, M.D.<sup>d</sup>, Ana Sredic<sup>d</sup>, Senad Huseinagic, M.D.<sup>e</sup>, Delphine S. Courvoisier, M.Sc, Ph.D.<sup>f</sup>, Nicolas Perone, M.D.<sup>g</sup>, Lena A. Sancic, MBBS, Ph.D.<sup>c</sup>, and Françoise Narring, M.D., M.Sc.<sup>a</sup>

<sup>a</sup> Adolescent and Young Adult Program, Department of Community Medicine and Primary Care and Department of Pediatrics, Geneva University Hospitals, Geneva, Switzerland

<sup>b</sup> Primary Care Research and Teaching Unit, Department of Health and Community Medicine, University of Geneva, Geneva, Switzerland

<sup>c</sup> Department of General Practice, The University of Melbourne, Melbourne, Australia

<sup>d</sup> Fondacija fami, Bosnia and Herzegovina

<sup>e</sup> Public Health Institute of Zenica-Doboj canton, Zenica, Bosnia and Herzegovina

<sup>f</sup> Division of Clinical Epidemiology, Geneva University Hospitals and University of Geneva, Geneva Switzerland

<sup>g</sup> Division of International and Humanitarian Medicine, Department of Community Medicine and Primary Care, Geneva University Hospitals, Geneva, Switzerland

**Article history:** Received May 18, 2011; Accepted January 25, 2012

**Keywords:** Family practice; Adolescent health services; Questionnaire; Quality of healthcare; Validation

## A B S T R A C T

**Purpose:** To develop and validate a research tool to measure the youth friendliness of primary care services from a client's perspective.

**Methods:** The questionnaire was initially developed in English, but as it was to be used in Bosnia and Herzegovina (BiH), it was validated in the language of this country. Items were adapted from two sources: a reproductive health services quality improvement questionnaire from the World Health Organization, and an Australian survey used to assess youth-friendly primary care services. An English-speaking international panel reviewed the list of items for face validity. After translation–back translation, the questionnaire was pretested with adolescent patients from a family practice in BiH. The stability and construct validation were then conducted with 60 young people from six different health services in BiH. Items for the final questionnaire were selected using item response theory.

**Results:** The validation and item response analysis led to a 49-item tool. Test–retest stability at 1 week was excellent (mean  $\kappa$ : .93). Construct validation was supported by the fact that services with the highest and the lowest scores on the questionnaire were also those that had many and few, respectively, youth-friendly characteristics, as assessed by experts, on a predefined evaluation grid. Services seeing a higher proportion of adolescents also had higher scores on the questionnaire.

**Conclusions:** This study supports the validity of the YFHS-WHO+ questionnaire for assessing the level of youth friendliness of family medicine services for research purposes. Further validations in English and French will allow wider use of this tool in the future.

© 2012 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND  
CONTRIBUTION

This article presents the validation of a research tool to measure the youth friendliness of PC services from a patient's perspective. This questionnaire will be useful in studies assessing the extent to which youth-friendly PC services can address key barriers to care and better respond to the needs of young people.

Most young people visit a primary care (PC) doctor at least once a year [1–5]. Hence, PC doctors are ideally placed to respond to the common psychosocial burdens of youth [6,7]. Research efforts have provided a precise view of the services young people

require in this unique developmental stage of transition into adulthood [6,8]. The World Health Organization (WHO) has summarized it under the concept “youth-friendly health services” (YFHS) [9]. The key areas that have informed this concept include

\* Address correspondence to: Dagmar Haller, MD, PhD, Department of Community Medicine and Primary Care & Department of Pediatrics, University of Geneva, Consultation Sante Jeunes, Geneva University Hospitals and Primary Care Research and Teaching Unit, 87 bvd de la Cluse, 1205 Geneva, Switzerland.

E-mail address: [dagmar.haller-hester@hcuge.ch](mailto:dagmar.haller-hester@hcuge.ch) (D.M. Haller).

This article was presented at the Annual Meeting of the Society for Adolescent Health and Medicine in 2010, Toronto, Canada, and at the Swiss Family Docs Conference in 2011, Basel, Switzerland.

research on young people's barriers to seeking care and patterns of help-seeking behavior, young people's major causes of death and disability, and health care providers' knowledge, skills, and confidence in managing young people's health problems [6]. Because they do not present for these problems and providers often do not screen for them, young people have missed opportunities for preventive care and early intervention for the mental health and health-compromising behaviors that affect them [8,10–12]. The potential of YFHS is to increase young people's awareness of their health needs, and their ability and willingness to access services and return for their sensitive health issues.

YFHS should address barriers to help-seeking, such as confidentiality concerns, cost, convenience of access, and communication barriers with health care providers and clinic staff. YFHS should also ensure providers feel confident to engage young people in health care, detect health risks, and intervene appropriately. These concepts are embodied in the WHO definition of YFHS: services that are available, accessible, acceptable, appropriate, equitable for young people [9,13]. These concepts also underpin other similar quality frameworks for youth-friendly services, such as the United Kingdom's "You're Welcome" program [14]. As compared with quality frameworks for adult services, YFHS frameworks place an emphasis on equity, availability, and specific aspects such as confidentiality, preventive care, community and/or parental support, and willingness to return for psychosocial issues, which are particularly pertinent to young people [15,16]. Although a recent review found much activity in the area of creating YFHS, there was little quality research evidence on the efficiency and effectiveness of these services in bettering health outcomes for young people [6].

To ensure practice and policy in this field is informed by a sound evidence base, future research must include accurate description of the youth-friendly elements of a health service intervention and robust measurement of its performance against YFHS criteria. Notable gaps in the research literature on youth-friendly care include validated instruments to capture perception of youth friendliness according to young people themselves. There is a need for validated tools that can be used for research purposes.

This study presents the validation of such a tool as the first step to a randomized trial of a YFHS intervention for family practices in Bosnia and Herzegovina (BiH).

#### *The FaMI Project for the Development of Youth-Friendly PC Services in BiH*

Foundation fami, which is supported by the Swiss Agency for Cooperation and Development, has a mission to help rebuild PC in postwar BiH. The first phases, developed in collaboration with Geneva University Hospitals, focused on training clinicians and establishing family medicine (FM) clinics in BiH. Now the emphasis is on integrating health and social services into a coherent and cost-effective provision of services to the community, and in particular to vulnerable populations, including young people. Building on WHO's YFHS principles, Foundation fami and its Swiss partners have designed a project to develop youth-friendly FM services in the canton of Zenica in BiH.

This project provided the context in which to develop and validate a tool to measure the youth friendliness of PC services from a client's perspective.

**Table 1**

Five steps of the validation process

1. *Item selection:* Adapting questions and defining new ones (in English) for primary care based on other existing questionnaires.
2. *Face and content validation* of these items in collaboration with an international panel.
3. *Translation and back translation* from English to the language of Bosnia and Herzegovina.
4. *Pretests* with adolescents to ensure the questions are well understood by young people.
5. *Construct validation and test–retest reliability study* in different health care settings in Bosnia and Herzegovina.

## Methods

The validation process involved five steps, which are summarized in Table 1.

### *Item selection*

Items were adapted from two sources: a quality improvement tool developed at WHO, and a survey developed in Austria to assess youth-friendly PC services [17].

The WHO instrument focuses on reproductive health services and is not as such a research tool. It has several modules aimed at different informants (adolescent users, health professionals, community) to assess services and define areas for further improvements. For the present study, we used the "adolescent user" module. New items were created, informed by the Austrian questionnaire, to incorporate the larger range of services provided in PC. Items for the questionnaire were derived from processes that should be implemented by services to be youth friendly (e.g., services are explicitly confidential: "How convinced are you that the doctors will not talk about your problem to other adults even your parents, unless you agree to it?"). In addition, the response format was changed to a Likert scale. In recognition of the link between our instrument and the WHO tool, we named our questionnaire YFHS-WHO+ questionnaire.

### *Face and content validation*

The aim was to ensure that the questionnaire correctly assesses the theoretically defined YFHS dimensions in PC. The instruments from which items were adapted had already been used in various settings internationally and, therefore, had good face validity [15,17–20].

An English-speaking international panel with expertise in YFHS and PC services reviewed items for face and content validity. Panelists were asked to rate each item, indicating the extent to which they thought the item should be part of a measure of YFHS. Items with the highest ratings were retained. New items could be proposed. Panelists also indicated which dimension of youth friendliness is measured with each question (accessibility, appropriateness. . .). By summarizing their answers, we checked that all dimensions were represented within the questionnaire.

### *Translation and back translation*

The tool was developed in English, and was translated into the language of BiH for further validation [21]. This translation had to be culturally and literally relevant [22].

Download English Version:

<https://daneshyari.com/en/article/1078660>

Download Persian Version:

<https://daneshyari.com/article/1078660>

[Daneshyari.com](https://daneshyari.com)