

**Brief Methodological Report**

# The Adaptation of the Sheffield Profile for Assessment and Referral for Care (SPARC) to the Polish Clinical Setting for Needs Assessment of Advanced Cancer Patients

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**Abstract**

**Context.** Assessment of the needs of advanced cancer patients is a very important issue in palliative care.

**Objectives.** The aim of the study was to adapt the Sheffield Profile for Assessment and Referral for Care (SPARC) to the Polish environment and evaluate its usefulness in needs assessment of patients with advanced cancer.

**Methods.** A forward-back translation of the SPARC to Polish was done. The SPARC was used once in 58 consecutive patients with advanced cancer during follow-up. The patients were enrolled from a palliative care unit (25 patients), home care (18 patients), and a day care center (15 patients). The reliability was evaluated by establishing the internal consistency using Cronbach's alpha coefficients. Content validity was analyzed in accordance with the theories of needs by Murray and Maslow as a nonstatistical method of validity assessment. Factor analysis with principal components extraction and varimax rotation of raw data was used to reduce the set of data and assess the construct validity.

**Results.** There were differences regarding religious and spiritual issues and independence and activity between patients in the palliative care unit (worse results) and those at the day care center (better scores). Communication and need for more information items were associated with psychological, social, spiritual, and treatment issues. Cronbach's alpha coefficients and factor analysis demonstrated, respectively, satisfactory reliability and construct validity of the tool.

**Conclusion.** The study demonstrated that the Polish version of the SPARC is a valid and reliable tool recommended for the needs assessment and symptom evaluation of patients with advanced cancer. *J Pain Symptom Manage* 2012;44:916–922. © 2012 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

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## Key Words

*Advanced cancer, patient needs, quality of life, reliability, validity*

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## Introduction

Improvement of patients' quality of life (QoL) is the ultimate goal of palliative care,<sup>1</sup> with several tools developed to this end, such as the Edmonton Symptom Assessment System,<sup>2,3</sup> the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30,<sup>4</sup> and the shortened form for palliative care patients, the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 15-Palliative Care.<sup>5,6</sup> However, these QoL questionnaires do not include a needs assessment, which is very important in palliative care.<sup>7-10</sup> One of the tools developed for such an assessment is the Sheffield Profile for Assessment and Referral for Care (SPARC).<sup>11</sup> The aim of this study was to adapt the SPARC to the Polish clinical setting and use it for the evaluation of the needs of advanced cancer patients at a day care center, in home care, and in a palliative care unit.

## Methods

Fifty-eight consecutive patients with advanced cancer diagnoses who required palliative care were enrolled in the study. Patients were recruited from a day care center (15 patients), home care (18 patients), and a palliative care unit (25 patients) of the Department of Palliative Medicine, Poznan University of Medical Sciences, Poznan, during the period from January to March 2011. Patients who were unable to communicate effectively with the physician or nurse who conducted the survey were excluded. All the patients provided written informed consent, and the study protocol was approved by the Bioethics Committee at the Poznan University of Medical Sciences. There was one measurement performed during follow-up in all patients.

## Questionnaire

The SPARC questionnaire comprises 45 items that include communication and information

issues (Items 1a-1g), physical symptoms (2-22), psychological issues (23-31), religious and spiritual issues (32 and 33), independence and activity (34-36), family and social issues (37-40), treatment issues (41 and 42), and personal issues (43, 44, and 45a-45f). At the end of the questionnaire, the patient is asked, "Are there any other concerns that you would like us to know about?" and there is space provided for three questions that the patient may ask of doctors or other professionals. Items 1a-1g, 43, 44, and 45a-45f are yes/no questions. Other items are scored on a four-point Likert scale with the following options: not at all, a little bit, quite a bit, and very much.

The questionnaire was adapted using the forward-back translation procedure according to the European Organization for Research and Treatment of Cancer recommendations.<sup>12</sup> A pilot test was performed to check patients' understanding of all the questions. The feedback received was used to make necessary corrections and proceed with the final version of the translation.

## Statistical Analysis

The quantitative data are expressed as arithmetic means and SDs. Because there was a comparison of more than two (three) patient groups, one-way analysis of variance (ANOVA) was used. In cases where significant differences were found, the least significant differences post hoc test was applied. The results also were analyzed using Pearson correlation coefficients between different SPARC scales.

The reliability was evaluated by establishing the internal consistency using Cronbach's alpha coefficients. The validity was analyzed using two methods. The first method was based on the theories of needs by Murray<sup>13</sup> and Maslow,<sup>14</sup> and the content validity was used as a nonstatistical method of validity assessment. The questionnaire items were analyzed with respect to the important patient needs in accordance with the two needs theories in psychology.<sup>15</sup> Second, the factor analysis with principal components extraction and varimax

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