Original Article

Use of the Palliative Outcome Scale in Argentina: A Cross-Cultural Adaptation and Validation Study

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Abstract

Although measuring outcomes is essential to ensuring palliative care effectiveness, there is an absence of properly validated measures in many countries. We undertook a cross-cultural adaptation and validation of the Palliative Outcome Scale (POS) into a Spanish (Argentina) language and cultural context. The methodology used a sequence of phases: 1) verification of conceptual equivalence (literature review, professional interviews, and patient focus groups); 2) multiple translations; 3) committee review; and 4) field testing. Psychometric analysis entailed evaluation of quantitative content validity, construct validity, staff and patients' ratings comparison, internal consistency, test-retest reliability, and responsiveness to change. Conceptual equivalence was achieved. Multiple changes were introduced after the translations and field testing in 65 patients and 20 professionals. Content validity was high for all but one item. Construct validity against a validated quality-of-life measure (European Organization for Research and Treatment of Cancer Quality of Life C-30) was confirmed (rho = 0.74, $P < 0.0005$*). There was acceptable agreement between staff and patients (Cohen's weighted kappa >0.3) for 5/10, 8/10, and 6/9 items at each of three time-point evaluations and good correlation for all but one item (Spearman coefficient >0.7). Internal consistency was acceptable (Cronbach's alpha = 0.68–0.69 and 0.66–0.73) for patient and staff ratings, respectively, and test-retest reliability showed very high agreement for every item (>0.80). The Argentine POS showed adequate responsiveness to change, although significant difference was reached for only 3 out of 10 items for patients and staff, respectively. Completion of the POS did not take more than 12 and 6 minutes for patients and staff, respectively. This study indicates that the Argentine POS is a valid and reliable measure of palliative care outcomes with advanced*

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Palliative care, outcome measures, Spanish, cross-cultural, validation, quality of life

Introduction

A central goal of palliative care is to ensure the best possible quality of life until the end of life is reached.[1,2] This requires high quality of care, and clinical audit, understood as the systematic assessment of the quality of care delivered,[3] is recognized as the means to measure this. Audit enables improvement in clinical assistance, education, and training for team members and effective allocation of resources.[4–6]

Unfortunately, clinical audit in palliative care is not a common practice in many parts of the world.[7] That is the case in Argentina, where there is a lack of adequate validated tools to assess palliative care outcomes. As most of the outcome measurement tools used worldwide have been developed in English, the evaluation of outcomes in non-English speaking populations requires either the development of new measurement tools or cross-cultural adaptation (CCA) and validation of original measures into the target language and culture. Although the former approach can be necessary when there is no conceptual overlap between population cultures,[8] the latter has the additional advantage of supporting multicenter research and comparison of results between countries.[9]

In measuring subjective outcomes in palliative care, there is a daunting array of available instruments,[10] which in some ways reflects the lack of a gold standard measure.[11] Through a systematic review, Hearn and Higginson identified 12 multidimensional outcome measures (more than one domain) that could be used in patients with all cancer types;[12] we identified three additional tools published later.[13–15] Other measures, like the Functional Assessment of Chronic Illness Therapy-Palliative Care (FACIT-PAL), the McGill Quality-of-Life Questionnaire, and the Edmonton Symptom Assessment Scale[16–18] are also widely used. Furthermore, a shortened version of the European Organization for Research and Treatment of Cancer Quality of Life C-30 [EORTC QLQ-C30]), the QLQ-C15 PAL, recently has been developed to be used specifically for palliative care research.[19]

Outcome measures in palliative care require constructs able to reflect the specific aims of this discipline,[12] like improving quality of life and quality of dying, family support, satisfaction, and patients' perceptions of transcendence and meaning of life.[20] This study aimed to undertake a CCA and validation of the Palliative Outcome Scale (POS)[1] into the Spanish (Argentine) language (Appendix). The POS was selected from among a number of available outcome measures as this instrument was judged to be able to properly reflect palliative care outcomes and deemed by the team members to be acceptable for the local population. Further, it has undergone similar adaptation and development into diverse languages and cultural settings.[21,22] It has also been proven to have good construct validity and internal consistency, sensitivity to change, and acceptability among multiprofessional teams.

Methods

The Measure

The POS is based on reliable and valid questions chosen from a review of other outcome measures in the palliative care population.[12] It is composed of 10 questions plus a space to list "main problems" to be answered by patients and staff members. The answers for the 10 questions are scored using Likert scales from 0 to 4, with numerical and descriptive labels; its overall score ranges from 0 to 40 (maximum impairment). The POS covers physical, psychosocial, and spiritual aspects considered important to palliative care patients. It captures the views of both patients and professionals and has been extensively used and validated in multiple specialized and non-specialized palliative care settings.[1,21–26] Hence, the POS allows for the collection of data from patients across the whole period of care.