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Psychometric properties and validation of the Reasons for Living Inventory in an outpatient clinical population in Malaysia

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Abstract

The Reasons For Living Inventory has been shown to have good psychometric properties in Western populations for the past three decades. The present study examined the psychometric properties and factor structure of English and Malay version of the Reasons For Living (RFL) Inventory in a sample of clinical outpatients in Malaysia. The RFL is designed to assess an individual's various reasons for not committing suicide. A total of 483 participants (283 with psychiatric illnesses and 200 with non-psychiatric medical illnesses) completed the RFL and other self-report instruments. Results of the EFA (exploratory factor analysis) and CFA (confirmatory factor analysis) supported the fit for the six-factor oblique model as the best-fitting model. The internal consistency of the RFL was $\alpha = .94$ and it was found to be high with good concurrent, criterion and discriminative validities. Thus, the RFL is a reliable and valid instrument to measure the various reasons for not committing suicide among psychiatry and medical outpatients in Malaysia.
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1. Introduction

Suicide is a major public health problem worldwide and is recognized as one of the three leading causes of death among those aged 15–44 years in some countries [1]. In Malaysia, suicidal behavior is a growing cause for concern since suicide rates have increased up to 60% in the past 45 years [2]. It was reported by the Malaysian Psychiatric Association [2] that approximately seven people commit suicide daily in this country. Meanwhile, admissions and death in government hospitals in Malaysia due to suicide attempts were reported to be at constant rise from the year 1999 to 2007. The report by the National Suicide Registry [3], showed that the cases of completed suicide from July to December, 2007 were 113, with 73 men and 31 women. The majority were the Chinese (43%) followed by Indians (29%) and Malays (11%).

Much research effort has focused on identifying suicide risk factors, which increase the chances of an individual engaging in self-destructive behavior. Consistent with this growing interest, several self-report measures have been developed and validated for identifying these factors such as the Suicide Probability Scale [4]. However, less attention has been given by researchers to the role of buffering or protective factors against suicidal behavior. In view of this concern, Linehan and colleagues [5] developed the Reasons for Living Inventory (RFL), which has 48 items with specific reasons for an individual for not committing suicide. The RFL was developed based on a cognitive–behavioral model to examine the cognitive factors, which act as a buffer against suicidal behavior. A total of six subscales were selected based on four separate factor analyses which were carried out on two samples of normal adult subjects: suicidal and coping belief (SCB), responsibility to family (RF), child-related concerns (CC), fear of suicide (FS), fear of social disapproval (FSD) and moral objections (MO). Each item of this inventory is rated at six levels of importance ranging from 1 (not at all important) to 6 (extremely important).

Studies investigating the psychometric properties of the RFL inventory have been conducted in different populations. Cole [6] reported initial normative data using a modified version of the RFL on 285 high school and 79 delinquent adolescents. Osman et al. [7] reported the internal consistency for the RFL, which was satisfactory based on a sample of 110 undergraduates. Factor analytic studies [8,9] among

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college students and adult psychiatric inpatients identified five and six factors respectively. However, only exploratory factor analysis was performed in both these studies. In a sample of 205 long-term care psychiatric inpatients using confirmatory factor analysis, six original factors with high coefficient alphas (.93) were identified by Linehan et al. [5].

According to Malaysian Psychiatric Association (2004), approximately 7% to 10% of depressed patients are expected to be at risk of suicide in the next 10 to 15 years. So it is important to validate RFL in Malaysia especially among this population in order to conduct reliable studies on suicide behavior in Malaysia. Questionnaires originally developed in one cultural setting cannot automatically be applied in another culture. They have to be tested and validated for their psychometric properties. To date, there is only a single study on suicide risk in this population in Malaysia [10]. However RFL was not used and the scales to measure suicidal ideation and depression were not validated in this study. A validated scale in a specific population and diversified culture like Malaysia will be very useful as a reliable measure to be used in this specific population in future. Thus, the main aims of the present study were to (a) examine the factor structure and psychometric properties of RFL in a sample of clinical patients in Malaysia, (b) examine the relation between the RFL with other measures of suicide behavior and general psychopathology, and (c) provide evidence of the psychometric properties of this scale so that it may be used with confidence in a Malaysian clinical population.

2. Method

2.1. Participants

The data for this study are part of a research program looking at risk and protective factors among anxiety and mood disorder patients in Malaysia. Participants were recruited from Universiti Kebangsaan Malaysia Medical Centre (UKMMC) and a total of 483 psychiatric and medical outpatients participated in this study. UKMMC is a semi-government hospital, which is located in Cheras, Kuala Lumpur and it is also the teaching hospital for the Universiti Kebangsaan Malaysia and a national tertiary hospital. UKMMC receives referral cases from district hospital, government primary health clinic and private clinic from all over Malaysia. Participants included in this study aged between 18 and 76 years with the diagnosis of depressive disorders, anxiety disorders or co-morbid anxiety and mood disorders as defined by the DSM-IV and who gave written consent. Patients, who were too psychotic or ill to be interviewed, did not give written consent or could not comprehend in Bahasa Malaysia or English were excluded from the study.

The 283 psychiatric patients consisted of 203 (42.0%) patients diagnosed with some form of mood disorders, 65 (13.4%) with anxiety disorders, 15 (3.1%) co-morbid anxiety and mood disorders. The remaining 200 medical patients were outpatients coming to hospital for medical illnesses.

2.2. Measures

Participants were asked to complete a brief demographic questionnaire, the Reasons For Living Inventory and seven other self-report instruments; The Depression Anxiety Stress Scale-21, Satisfaction With Life Scale, Beck Hopelessness Scale, Rosenberg Self-Esteem Scale, Positive and Negative Suicide Ideation Inventory, Provision of Social Relations and The Adult Trait Hope Scale.

2.3. Procedure

2.3.1. Psychiatry and medical patient samples

For the psychiatry sample, all outpatients with any diagnosis of mood disorders and/or anxiety disorders whom were either follow-up, new or emergency cases within the study period were invited to take part in this study. Meanwhile medical patients were recruited from those attending any of the following clinics: medical, ear, nose and throat (ENT), ophthalmology and orthopedic outpatients. The patients were explained about the study and informed consent was obtained from those who agreed to participate. Then, they would proceed to answering the questionnaires described above which took approximately 45 minutes to complete.

For both psychiatry and medical samples, the first author administered The Mini International Neuropsychiatric interview (MINI) [11] for every 10 patients recruited which aimed to ascertain the diagnosis given by their psychiatrist for the former and exclude the psychiatric diagnosis in the latter. The percentage of agreement was 81.9% for patients with mood disorders and 100% for both patients with anxiety disorders and patients with the diagnosis of co-morbid mood and anxiety disorders groups with a kappa value of 0.784.

2.3.2. Translating and back-translating procedure

Two bilingual psychiatry registrars and two clinical psychologists with a master's degree translated the English version of all the instruments using the back-translating procedures. Subsequently, the questionnaires were proofread by a professional language interpreter to identify and reconcile any language discrepancy derived from the translation procedure.

2.4. Ethical approval

The study received ethical approval from the research ethic committees of Universiti Kebangsaan Malaysia Medical Centre (Project Code: FF-251-2010) and Behavioral & Social Sciences Ethical Review Committee of University of Queensland (Project No: 2010001093). Every patient gave his/her informed consent for this study.

2.5. Data analysis

The data were analyzed using the Statistical Program Social Sciences version 15.0 and AMOS version 20.0 software. Data were first screened using the descriptive statistics, followed by the analyses as below:

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