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ORIGINAL ARTICLE

Design and Validation of a Questionnaire for Measuring Perceived Risk of Skin Cancer[☆]



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Received 3 June 2013; accepted 19 October 2013 Available online 21 March 2014

KEYWORDS

Risk perception; Skin cancer; Validation

Abstract

Introduction: A perceived risk of cancer encourages preventive behavior while the lack of such a perception is a barrier to risk reduction. There are no instruments in Spanish to measure this perceived risk and thus quantify response to interventions for preventing this disease at a population level. The aim of this study was to design and validate a self-administered questionnaire for measuring the perceived risk of skin cancer.

Material and methods: A self-administered questionnaire with a visual Likert-type scale was designed based on the results of the analysis of the content of a survey performed in 100 patients in the Dr. Ladislao de la Pascua Skin Clinic, Distrito Federal México, Mexico. Subsequently, the questionnaire was administered to a sample of 359 adult patients who attended the clinic for the first time. As no gold standard exists for measuring the perceived risk of skin cancer, the construct was validated through factor analysis.

Results: The final questionnaire had 18 items. The internal consistency measured with Cronbach α was 0.824 overall. In the factor analysis, 4 factors (denoted as affective, behavioral, severity, and susceptibility) and an indicator of risk accounted for 65.133% of the variance.

Conclusions: The psychometric properties of the scale were appropriate for measuring the perception of risk in adult patients (aged 18 years or more) who attended the dermatology clinic.

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^{*} Please cite this article as: Morales-Sánchez M, Peralta-Pedrero M, Domínguez-Gómez M. Diseño y validación de un cuestionario para medir percepción de riesgo de cáncer de piel. Actas Dermosifiliogr. 2014. 105:276–285.

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PALABRAS CLAVE

Percepción de riesgo; Cáncer de piel; Validación

Diseño y validación de un cuestionario para medir percepción de riesgo de cáncer de piel

Resumen

Introducción: El riesgo percibido en cáncer predice un comportamiento preventivo, y la falta de este es una barrera para la reducción del riesgo. No existe un instrumento en idioma español que mida la percepción de riesgo de cáncer de piel que sirva como medida de respuesta en intervenciones para prevenir esta enfermedad a nivel poblacional. El objetivo de este trabajo fue elaborar y validar un cuestionario autoadministrado para medir percepción de riesgo de cáncer de piel.

Material y métodos: Se elaboró un cuestionario autoadministrado con escala de respuesta tipo Likert pictórico en función de los resultados del análisis de contenido de una encuesta realizada a 100 pacientes del Centro Dermatológico Dr. Ladislao de la Pascua. Posteriormente se aplicó el cuestionario a una muestra de 359 pacientes adultos que acudían por primera vez a dicho centro dermatológico. Al no existir un estándar de oro para medir percepción de riesgo de cáncer de piel se realizó la validación de constructo mediante análisis factorial.

Resultados: El cuestionario final tiene 18 ítems, su consistencia interna medida por el alfa de Cronbach fue de 0,824 global. El análisis factorial mostró 4 factores que explicaron el 65,133% de la varianza, los cuales se denominaron: afectivo, conductual, gravedad, susceptibilidad y un indicador de probabilidad.

Conclusiones: Las propiedades psicométricas de la escala son adecuadas para medir la percepción de riesgo en personas adultas con una edad igual o mayor a 18 años usuarias de los servicios de salud en el área de dermatología.

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Introduction

The incidence of skin cancer is increasing throughout the world, making this disease the most common malignant neoplasm in Mexico.¹ Basal cell carcinoma is the most frequent type (74%), followed by squamous cell carcinoma (14%), and melanoma (3%).² The risk factors for skin cancer are chronic or intermittent sun exposure,³ history of sunburn,⁴ use of tanning beds,⁵ >15 melanocytic nevi,⁶ family and personal history of skin cancer, phototype (light-colored eyes and fair skin and hair),² previous radiotherapy⁵ and phototherapy,⁰ immunosuppression associated with organ transplantation,¹⁰ and exposure to carcinogens such as arsenic (contaminated water).¹¹

Skin cancer can be prevented by means of behavioral measures, such as avoiding sun exposure and using sunscreen, which are associated with an individual's perception of the risk of skin cancer. A perceived risk of cancer encourages preventive behavior, while the lack of such a perception is a barrier to risk reduction. It is well known that information cannot produce an expected effect on behavioral change, and that an individual's motivation to change his/her behavior is affected by social and psychological variables. The model developed by Jackson and Aiken to investigate the intention to protect oneself from the sun and to sunbathe brings together the theory of planned behavior, 12 the health belief model, 13 and the protection motivation theory. 14,15 In the model, behavior associated with sun exposure is the result of 4 psychological variables: health beliefs, self-efficacy with respect to sun protection, attitudes toward sunbathing, and norms for protection and sunbathing. The intention of protecting oneself from the sun arises from an individual's perception of the risk of skin cancer, that is, those who feel threatened by or believe themselves prone to skin cancer will have the intention to protect themselves from the sun and avoid exposure to it.

According to Brewer et al,¹⁶ the perception of risk is a construct comprising 3 dimensions associated with the damage caused if measures are not taken to prevent it. The 3 dimensions are probability of damage, constitutional susceptibility or vulnerability, and severity or degree of damage. The perception of the risk of skin cancer is the impression or sensation of threat we feel based on individual severity, probability, and susceptibility, which are the product of the attitudes and beliefs towards the intention to protect oneself from and/or expose oneself to sunlight.¹⁷

Several methods have been applied to measure the perceived risk of melanoma and nonmelanoma skin cancer (basal cell and squamous cell carcinoma). The most common method involves measuring risk absolutely and comparatively, that is, by asking individuals to estimate their personal risk and their risk compared with the population in general, respectively. The absolute forms include those associated with and not associated with preventive behavior. They also include cognitive and affective-type measures of perceived risk; the former reflect the probability of having skin cancer based on the objective risk (norms), the latter reflect the purely cognitive component (beliefs). In summary, the dimensions of the construct for perceived risk of skin cancer are as follows: probability, susceptibility, severity, affective dimension, and behavioral dimension. ¹⁵

No Spanish-language instruments have been developed to measure perceived risk of melanoma and nonmelanoma skin cancer. Some instruments evaluate behavior, attitudes, and knowledge associated with sun exposure. However, it is necessary to develop an instrument to measure perception

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