



Assessment

Psychometric properties of the Patient Activation Measure-13 among out-patients waiting for mental health treatment: A validation study in Norway



Inger Elise O. Moljord^{a,b,h,1,*}, Mariela L. Lara-Cabrera^{a,c,h,1}, Lilisbeth Perestelo-Pérez^{d,e,f}, Amado Rivero-Santana^{e,f,g}, Lasse Eriksen^{b,h}, Olav M. Linaker^{a,h}

^a Department of Research and Development, Division of Psychiatry, St. Olavs University Hospital, Trondheim, Norway

^b Nidaros Community Mental Health Center, Division of Psychiatry, St. Olavs University Hospital, Trondheim, Norway

^c Tiller Community Mental Health Center, Division of Psychiatry, St. Olavs University Hospital, Trondheim, Norway

^d Evaluation Unit of the Canary Islands Health Service (SESCS), Tenerife, Spain

^e Red de Investigación en Servicios de Salud en Enfermedades Crónicas (REDISSEC), Tenerife, Spain

^f Center for Biomedical Research of the Canary Islands (CIBICAN), Tenerife, Spain

^g Canarian Foundation of Health Research (FUNCANIS), Tenerife, Spain

^h Norwegian University of Science and Technology, Faculty of Medicine, Department of Neuroscience, Trondheim, Norway

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ABSTRACT

Objective: The Patient Activation Measure-13 (PAM-13) has been found useful for assessing patient knowledge, skills and confidence in management of chronic conditions, but the empirical evidence from mental health is sparse. The psychometric properties of PAM in out-patients waiting for treatment in community mental health centers (CMHC) have therefore been examined.

Methods: A total of 290 adults from two CMHC completed PAM. An exploratory factor analysis was conducted with 273 patients. Data at baseline and after 4 weeks were used to analyze test-retest reliability ($n = 60$) and to analyze the sensitivity to change ($n = 51$).

Results: The exploratory factor analysis revealed a fit for a two-factor model (Cronbach's α was 0.86 and 0.67), and was assessed for a one-factor model ($\alpha = 0.87$). The test-retest intraclass correlation coefficient was 0.76. Sensitivity to change was good with a statistically significant activation improvement ($p < 0.001$) on patients receiving a peer co-led-educational intervention (Cohen's d was 0.85).

Conclusion: PAM has appropriate and acceptable psychometric properties in mental health settings.

Practice implications: Assessing activation before treatment might be useful for scheduling the delivery of mental health services as well as evaluating educational interventions aimed at improving patient engagement in mental health.

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1. Introduction

In recent years, the Patient Activation Measure-13 (PAM-13) has come to play a major role in assessing a person's ability to engage with his or her health behaviour. Patient activation specifies the level of patients' engagement [1,2] and may contribute to better self-management [3], higher engagement in

treatment [2,3], and greater patient satisfaction [4,5]. Patient activation is in addition associated with better health outcomes [2]. The Patient Activation Measure-13 (PAM-13), developed by Hibbard et al. [4] from the 22-item version [1], ascertains health engagement and thereby self-reported knowledge, skills, behaviours and confidence for self-management of health and chronic diseases. Previous research has mostly examined patient activation among adults with chronic conditions and in primary care settings [6–14]. There are a few empirical studies addressing patient activation among mental health populations [15–22], revealing that patients with depression scored low on patient activation [15,16,22] and quality of life [16]. Patient activation has also been positively related to chronic self-management among patients with psychotic disorders [19,20]. Patients with a high

* Corresponding author at: Department of Research and Development, Division of Psychiatry, St. Olavs University Hospital, P O Box 3008 Lade, NO-7441, Trondheim, Norway.

E-mail addresses: inger.elise.opheim.moljord@stolav.no (I.E.O. Moljord), mariela.lara@stolav.no (M.L. Lara-Cabrera).

¹ Shared first authorship.

activation score were associated with fewer mental health symptoms, greater recovery attitudes and medication adherence [18]. Although serious chronic mental health conditions share similarities with other mental health diseases, patient activation among persons with less serious mental illness has not been specifically explored. Additional research has therefore been suggested [18]. Reliable, sensitive and valid measures are thus needed in mental health services when patient activation and engagement in treatment is investigated.

The validation of PAM-13 has been examined across adults with chronic conditions [6–8], among multimorbid older adults [12], in a surgery setting [10], in neurological populations [11,23], among a diabetes population [9], on patients with osteoarthritis [14], in a primary care setting [13] and for chronic disease in rural settings [24]. PAM has in the early stage been validated via Rasch psychometric methods, and a unidimensional probabilistic Guttman-like scale was constructed [25] with a demonstrated validity and reliability [1,6,9,11]. PAM has also been more recently validated with use of an explorative principal component factor analysis, which reported a unidimensional model [13], while a confirmatory analysis reported a three-factor model [10].

Remarkably, previous research has only examined the test-retest reliability with Rasch models [9] and with test-retesting on patients with chronic conditions [8,26]. Green et al. [18] found a robust test-retest reliability on an adapted PAM. Thus, to our knowledge, the test-retest reliability of the original PAM is still a relatively unstudied area in mental health, and the evidence of

PAM's responsiveness is sparse. The responsiveness is, however, reported on a modified PAM version with limited data from people with chronic mental health conditions ($n = 30$) [18]. Consequently, the present study evaluated the factor structure, inter-item reliability, test-retest reliability and the sensitivity to change of PAM. The research was done in a clinical mental health outpatient population with a wide spectrum of mental health problems.

2. Methods

2.1. Study design and participants

The present study was conducted at two Community Mental Health Centers (CMHC) in mid-Norway with data collected from three clinical trials and one implementation study aiming to improve patient participation in mental health services. Inclusion criteria were the participants were in need of treatment at the CMHC and were on the waiting list for out-patient or in-patient treatment. Participants were also required to be at least 18 years old and have a fluent understanding of the Norwegian language. Of 626 patients eligible participant, 460 patients were reached and invited to participate (63%) (See Fig. 1).

A total of 290 patients between 18 and 70 years old (mean age of 36.77, 61.4% women) consented to participate and completed the baseline questionnaires. The population comprise patients with less serious mental illness waiting for out-patient treatment from five general out-patients unit ($n = 237$, 82.0%), and patients

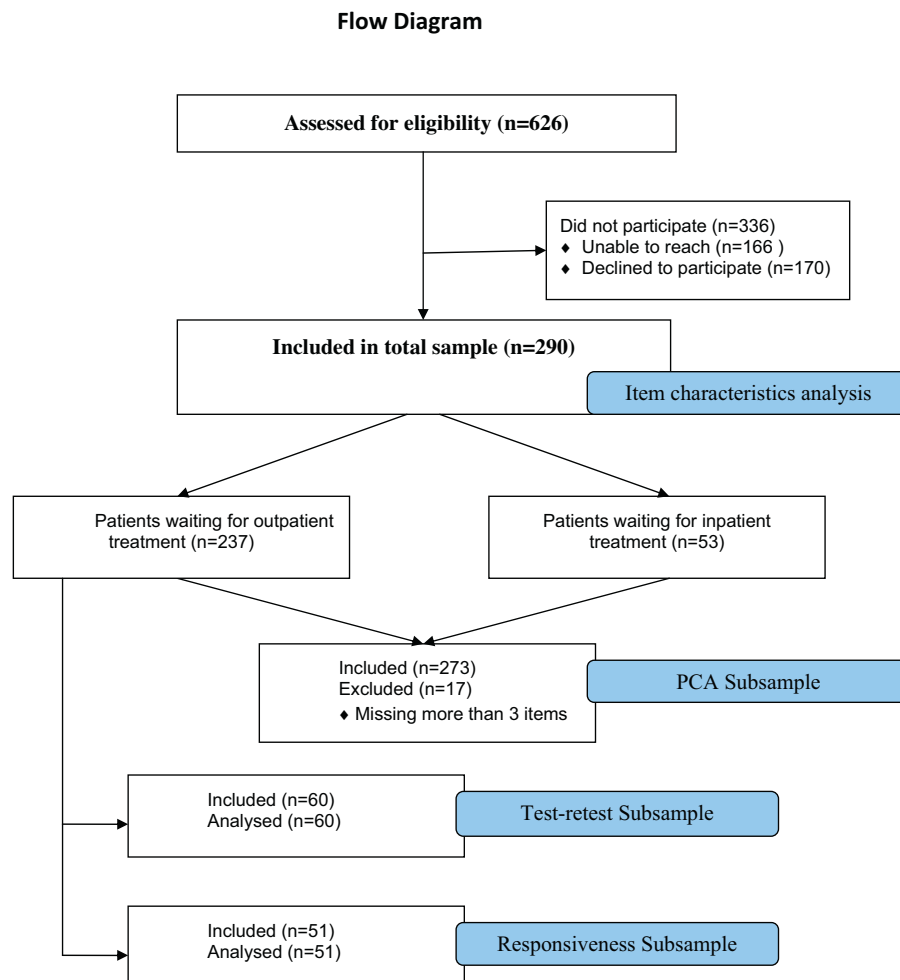


Fig. 1. Study design.

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