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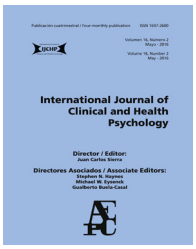

ORIGINAL ARTICLE

The relationship between perceived own health state and health assessments of anchoring vignettes

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Abstract *Background/Objective*: Self-reported health depends on the internal frame of reference and on response styles. One way of studying this dependency is using anchoring vignettes. Response shift effects are assumed to induce a negative correlation between self-reported health and the health assessments attributed to the vignettes. *Method*: A representative sample of the German adult population ($N = 2{,}409$) was selected. Participants were asked to rate their health state and the health states of two rather complex vignettes representing patients with several health complaints on a 0-100 scale. *Results*: The mean score of self-assessed health was $M = 76.20$ ($SD = 20.6$). There was a very small positive correlation between the assessment of the vignettes and the self-assessed health state ($r = .12$). After controlling for a proxy of objective health, measured in terms of chronic conditions, the relationship remained slightly positive. Chronic conditions were only marginally associated with the assessments of the vignettes (0 conditions: $M = 44.8$; ≥ 2 conditions: $M = 42.2$). *Conclusions*: The lack of the postulated association between self-reported health and vignettes' ratings means that we cannot derive tools to correct the subjective ratings for differential use of frames of reference.

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PALABRAS CLAVE
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estudio descriptivo mediante encuestas

Relación entre el estado de salud autopercibido y la evaluación de la salud por medio de viñetas

Resumen *Antecedentes/Objetivo*: El autoinforme acerca de la salud depende del marco de referencia interno y de los estilos de respuesta. Una manera de estudiar esta dependencia es usando viñetas de anclaje. *Método*: Se seleccionó una muestra representativa de la población alemana ($N = 2.409$). Se pidió a los participantes que evaluasen (en una escala de 0 a 100) su propia salud y la de los estados de salud de dos viñetas relativamente complejas, las cuales representaban pacientes con distintos problemas de salud. *Resultados*: La puntuación promedio en evaluación autoinformada fue de $M = 76,20$ ($DT = 20,60$). Se encontró una pequeña correlación positiva entre la evaluación de la salud propia y la evaluación de las viñetas ($r = 0,12$). Después de controlar por un proxy de salud objetiva, medido en términos de condiciones crónicas, la relación continuó siendo ligeramente positiva. Las condiciones crónicas solo se relacionaron marginalmente con la evaluación de las viñetas (0 condiciones: $M = 44,80$; ≥ 2 condiciones: $M = 42,20$). *Conclusiones*: La ausencia de la relación propuesta entre el autoinforme de la salud propia y la evaluación de las viñetas significa que no podemos derivar herramientas para la corrección de las puntuaciones subjetivas del uso diferencial de marcos de referencia.

Health-related quality of life has become an important outcome criterion in medical research over the last decades. However, self-assessments of health are subjective in nature. They are related to internal frames of reference and they depend on response styles. If it was possible to quantify differences in the use of frames of reference, these scores could be used to correct subjective health ratings in order to get a better approximation of objective health. One approach to examine effects of differential use of frames of reference (response heterogeneity) is the use of anchoring vignettes. Vignettes are short descriptions of persons (cases). The task of the respondents is to evaluate these vignettes with regard to a certain criterion, e. g., health (Grol-Prokopczyk, Freese, & Hauser, 2011; Salomon, Tandon, & Murray, 2004) or job satisfaction (Kristensen & Johansson, 2008). Vignettes can also be applied to study decision-making processes, including clinical judgments of health professionals (Evans et al., 2015).

Several vignette studies demonstrated that different groups of people judge health related variables in different ways, depending on their own position of the continuum: physical capacity (Salomon et al., 2004), sadness and depression (Guindon & Boyle, 2012), alcohol consumption (van Soest, Delaney, Harmon, Kapteyn, & Smith, 2011), or symptoms of urinary, bowel and erectile dysfunction that are typical for prostate cancer patients (Korfage, de Koning, & Essink-Bot, 2007). These examples show that people can evaluate vignettes differently, depending on their own value of the variable being assessed. One possible explanation of this effect is response shift (Sprangers & Schwartz, 1999). The central component of response shift is recalibration, the adaptation of the frame of reference to changed circumstances. Clinicians are faced with processes of successful and failing adaptation in their daily practice. Several techniques have been developed to assess response shift (Barclay-Goddard, Epstein & Mayo, 2009; Dabakuyo et al., 2013; Sprangers & Schwartz, 1999). The vignettes approach, however, has gained only little use in quality of life research (Korfage et al., 2007). According to the response shift concept, a deterioration of health will result in the tendency to evaluate health states in a more positive way compared with the way of evaluating before the deterioration. Therefore, response shift phenomena should result in a negative correlation between health and the assessments of vignettes. Subjectively rated health can be considered a proxy of objective health; therefore, we expect a negative correlation between self-rated health and the vignettes' assessments. If this theoretically postulated effect could be empirically proven and quantitatively evaluated, the responses to the vignettes could be utilized to correct the self-rated health assessments for this different use of the underlying scales and to derive better estimations of objective health.

However, another kind of association between self-rated health and assessments of vignettes is possible as well. There are individual differences in the tendency to give positive or optimistic vs. negative or pessimistic judgments. ''Health-optimistic'' people (Grol-Prokopczyk et al., 2011) tend to use positive ratings (excellent, very good) more often than ''health-pessimistic'' people. Under the assumption of ''response consistency'' (equal frame of reference for self-ratings and assessments of other people) this dispositional factor yields to a positive correlation between self-ratings and the health assessments of the subjects attributed to the vignettes.

When the objective health state is taken into consideration in the evaluation of the relationship between health self report and vignettes ratings, a deeper insight in the relationship is possible. This can be done in several ways. First, the positional effect (response shift) should result in a negative association between objective health and assessments of the vignettes. Second, the dispositional