Identifying trigger items from the Patient Roles and Responsibilities Scale
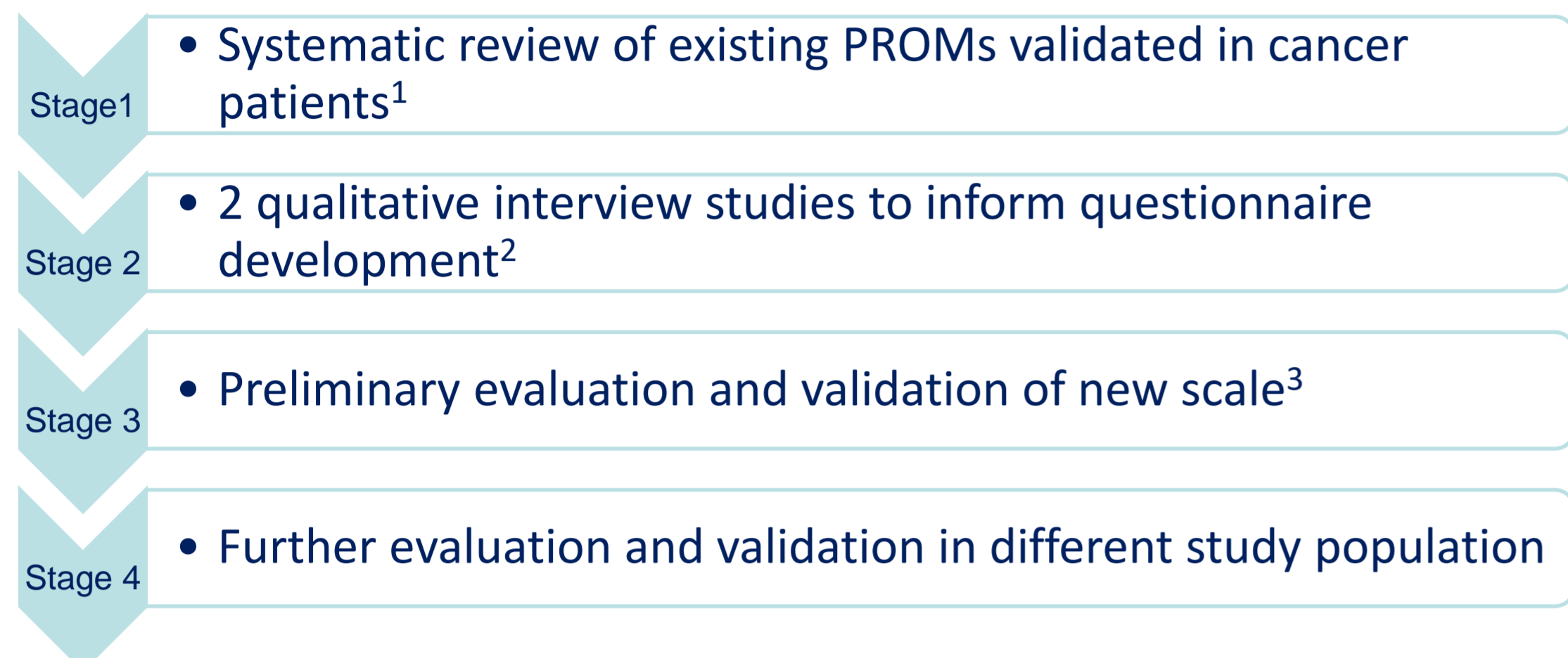
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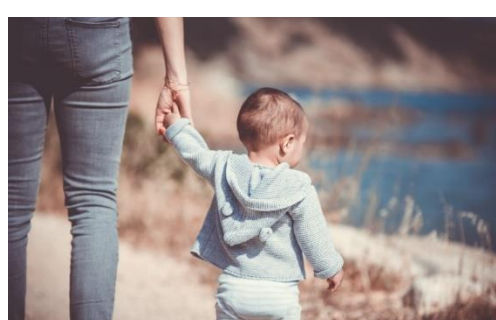
Background and Scale Overview

The Patient Roles and Responsibilities Scale (PRRS) was developed to enable a broader evaluation of the impact of cancer and its treatment, measuring 'real world' concerns such as caring for others, finances and employment.

The PRRS Scale was developed and evaluated in 4 stages and is part of the FACIT measurement system (www.facit.org).

Stage 1
• Systematic review of existing PROMs validated in cancer patients[1]

Stage 2
• 2 qualitative interview studies to inform questionnaire development[2]

Stage 3
• Preliminary evaluation and validation of new scale[3]

Stage 4
• Further evaluation and validation in different study population

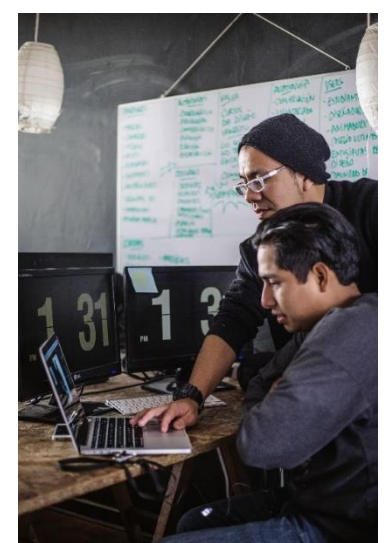It can be used alongside generic Health Related Quality of Life measures such as the FACT-G and EORTC QLQ-C30.

The PRRS comprises 16 items in 3 core subscales, identified with Principal Components Analysis in Stage 3[3].

These core subscales are:

Responsibilities and Social Life (α=0.84)
Family Wellbeing (α=0.87)
Financial Wellbeing (α=0.79)

The scale includes items such as:

I am less able to fulfil my caregiving responsibilities (e.g. looking after children, grandchildren, another adult, pets)

A standalone subscale, Jobs and Career, is completed only by patients in current employment (including long term sick-leave).

Aims and objectives

The PRRS is psychometrically robust[3], however, while the value of such measures in clinical care is recognised, some find their routine use can be challenging and time consuming.

To facilitate use in clinical discussions, we identified trigger items that could help identify patients who might benefit from a more detailed assessment of issues affecting their quality of life, and possible referral to support services.

Methods

• Data from Stages 3 and 4 were combined giving responses from 305 patients with varied cancer types

• Participants completed the PRRS, FACT-G, SDI and WHOQOL-BREF

• The item with the strongest Corrected Item Total Correlation (CITC) was identified as the trigger item for each PRRS subscale

• Items have been tested for usability and acceptability during the development of the full scale

Results

Overall:

• Correlations between the PRRS total score and other validation measures were strong and in the predicted direction (r=0.70 [WHOQOL-BREF], 0.71 [FACT-G], -0.78 [SDI])

• Internal consistency of the subscales ranged from α=0.78-0.88

Trigger items:

• CITCs for the trigger items ranged from 0.65 -0.76

• Trigger items strongly correlated with the PRRS total score (r=0.62-0.71)

• Item correlations with validation measures ranged from:

  • Responsibilities and Social Life item r=|0.58-0.69|

  • Family Wellbeing item r=|0.36-0.47|

  • Financial Wellbeing item r=|0.39-0.51|

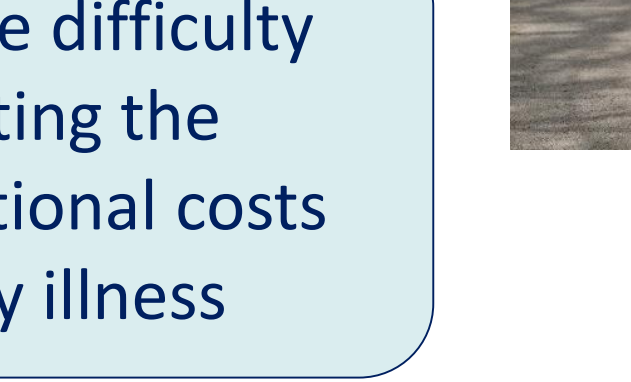 • Jobs and Career item r=|0.57-0.63|

The PRRS trigger items

I worry about the impact of my illness on my children and/or other family members

My illness interferes with performing my responsibilities at home (e.g. cooking, cleaning, gardening, DIY)

I worry that my illness will impact my employment in the future (including return to work)

I have difficulty meeting the additional costs of my illness

Summary and Conclusions

• Trigger items correlated well with total PRRS scores and validation measures, and may provide clinicians with a useful discussion tool

• Endorsement of any trigger item might indicate that more detailed evaluation of wellbeing would be of benefit

• Further research needed to evidence the value to patient outcomes of using the PRRS in this way, and in a clinical not research context

• Implementation of PROs into clinical context poses significant challenges including maximising value while minimising burden to both parties

• Trigger items have similarly been identified from our caregivers wellbeing measure, the CRRS. Implementing PROs for caregivers into clinical practice would be arguably even more challenging

Acknowledgements

1. Catt et al doi:10.1007/s11764-016-0580-1   2. Shilling et al doi: 10.1007/s11764-017-0628-x   3. Shilling et al doi:10.1007/s11136-018-1940-2

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