



# Cross Cultural Adaptation of the 'Palliative Outcome Scale'(POS) into Spanish/Argentina

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# Measuring outcomes in Argentina [and Latin America]

In our region there is an urgent need  
of validated tools to measure  
patient-reported outcomes

# Primary objective

Cross-cultural adaptation of an outcome measure (POS) in a population of advanced cancer patients assisted by a Palliative Care Team in Argentina

# Secondary objectives

Develop a tool to be subjected to validation testing

## Metaobjective

Spread of the validated tool in Spanish speaking countries (LA)

Promote the practice of Clinical Audit in Palliative Care in the region

# Theoretical Framework

- Ethnocentric model
- Universalist model
  - The tool measures the same theoretical construct between diverse cultures
  - Relevant domains could not be the same in a different culture

Herdman M.

*Qual Life Res, 1997*

# Universalist Model

## Equivalence

Conceptual

Item

Semantic

Operational

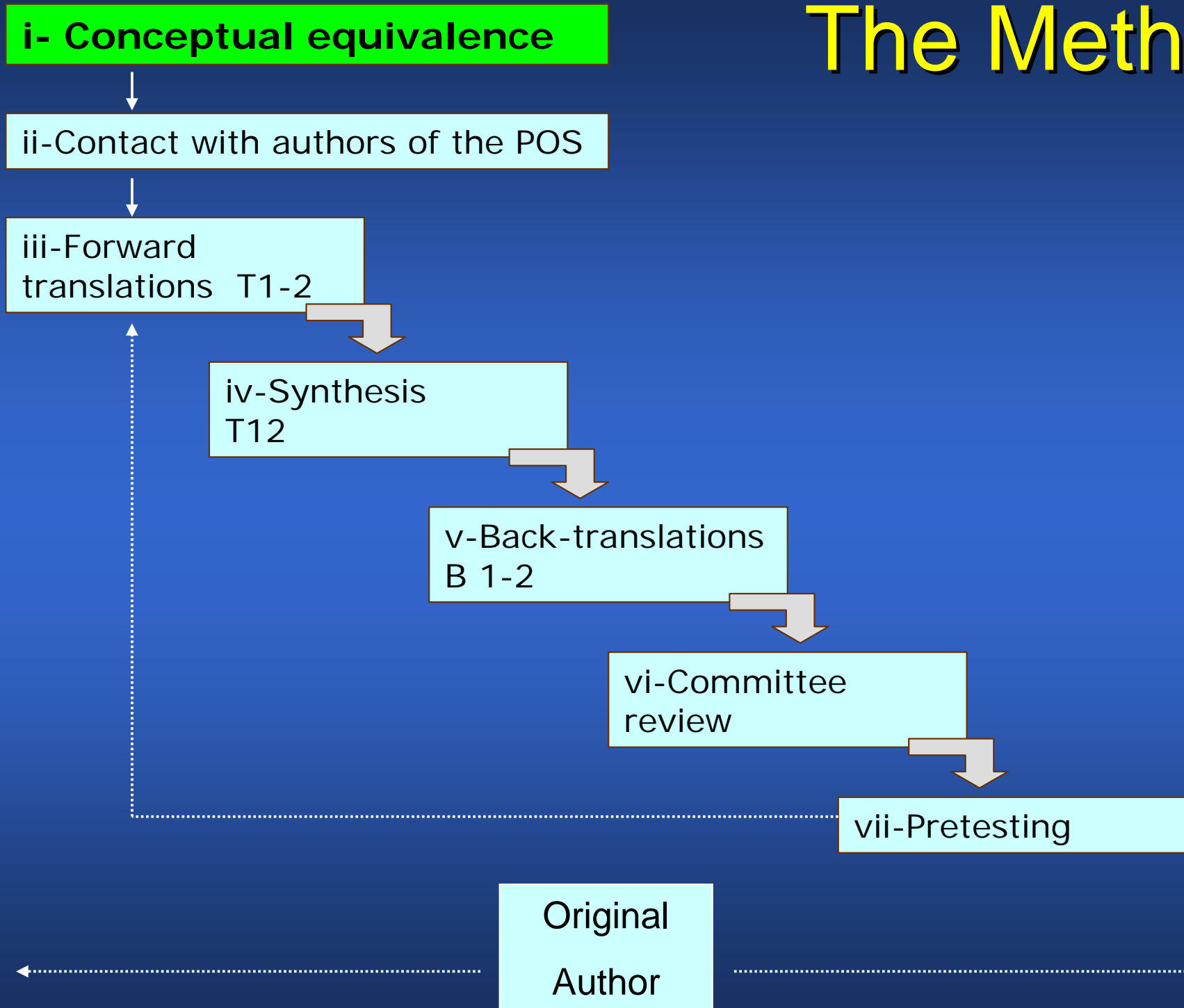
Measurement

Functional

Bowden & Fox-Rushby

*Soc Sci Med, 2003*

# The Method



# i- Conceptual Equivalence

## Objective:

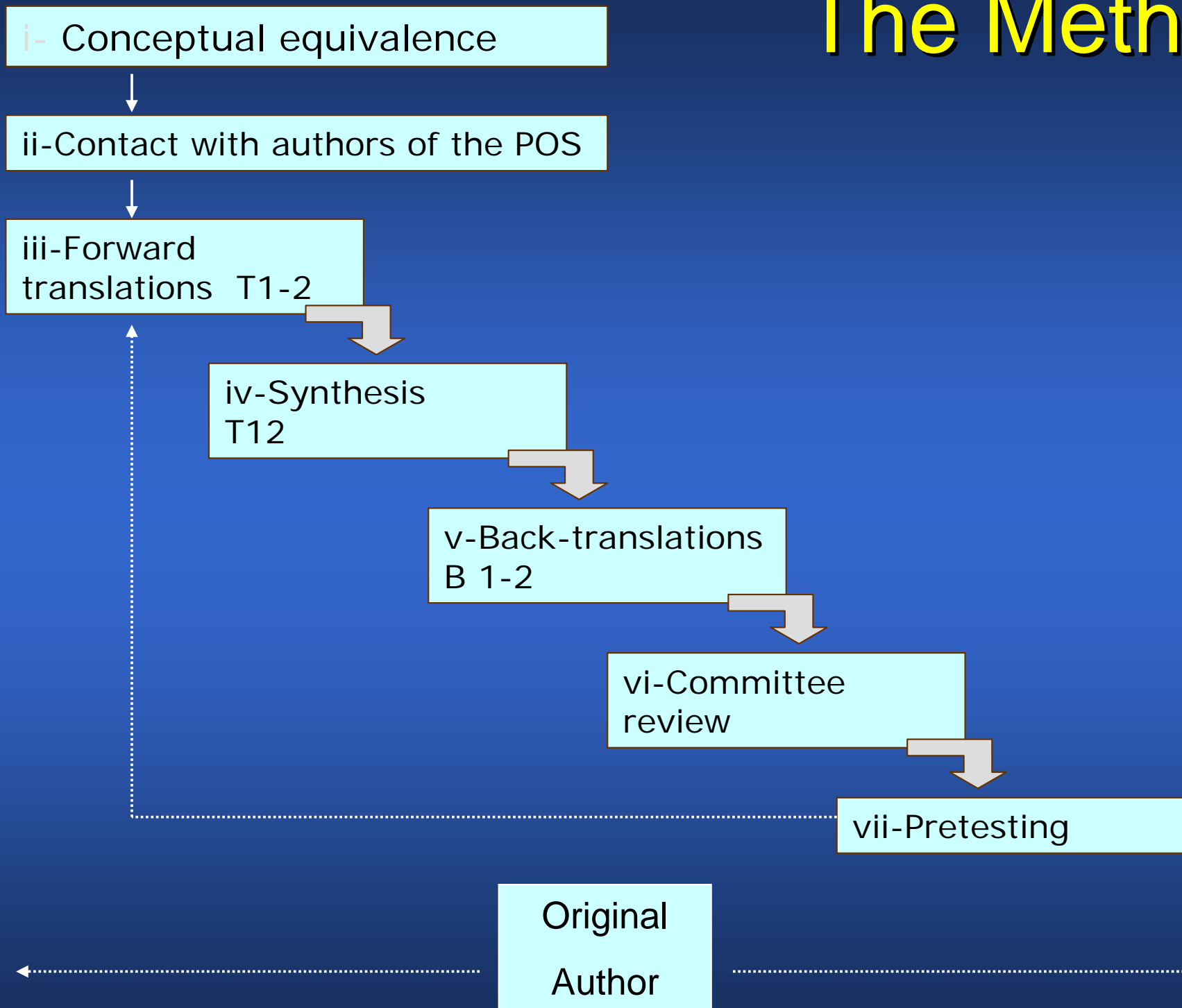
- determine if domains addressed by the POS are relevant to the local culture

## Mechanism:

- a. - literature review [concerning HRQL in advanced chronic illness in Argentina]
- a. - interviews with experts (n 12)
- b. - opinions from the study population (2 focus groups)



# The Method



# Results

## Conceptual Equivalence

- Few data on literature review
- Professionals rate the POS as a relevant measure (n 12)
- Focus groups

(Day Centre; Oncology clinics)

# Opinions from the study population

“What do you think should be provided by a Palliative Care team?”

*Focus group (2; n 16)*

- Intrinsic issues
- Extrinsic issues
- Empowerment

# Results

## Forward Translation/Synthesis

- Grammatical differences  
(verbal tenses, time, adverbs)
- Cultural differences (anxious vs. worried)
- Cultural experience (wasted time)

*Twelve divergences between translators*

# Results

## Review by Expert Committee

- Comprehensibility: 1 item (personal affairs) changed. Different examples of personal affairs given.
- Acceptability: Two items (8 and 9) would be cautiously monitored during field test (distressful for patients?)
- Relevance: High for every item. One option response added.
- Completeness: the back-translated questionnaire was additionally adapted (suggestions from the authors were most important here)

# Results

## Field testing

(65 patients; 20 PC experts)

- Content validity
- Face validity
- Identification of “difficult” questions

# Field Testing

## Interview

- Overall comprehension/ Identification of difficulties
- Determining *why there are* such difficulties
- Proposed solutions
- Vocabulary comprehension
- “Say it in your own words”
- Presence / Absence of other important issues
- Fit questionnaire to patients’ problems
- Length of the questionnaire

# Field Testing

## Some results

Q1- Response options too long

Q2- No specific symptoms

*...nausea, dyspnoea or constipation?*

Q5- Response option added

*...did not want to ask (no interest in asking)*

Q9- Connotative variation

*...wasted time...in your health*



# Test of Equivalence

Item: relevant and acceptable in both cultures

Semantic: adherence to the CCA process

Operational: no changes in format, instructions or mode of administration

Measurement: to be explored during the validation phase

Functional: degree of accomplishment of the previous equivalences

# Overall Results

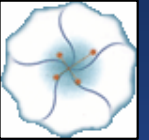
- Six substantial changes (out of 12 questions)
- Two new questions
  - 1 appeared in the focus group (pendant to be tested)
  - 1 artificially introduced to test correlation

Agree on the Cross-cultural adaptation  
from the author of the original tool

# Conclusions

In order to start any validation study it is essential to undertake cross cultural adaptation in agreement with strict parameters of good practice

The various changes introduced after doing the best possible translation validate the above statement.



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