

Cross-cultural adaptation of an instrument measuring older people's health needs and priorities in Albania and Kosovo

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Abstract

Aim: The objective of this study was to validate the EASY-Care tool, an international instrument addressing older people's health needs and current priorities in Albanian settings.

Methods: This validation study, conducted in August-September 2010, included a sample of 38 older people who were users of primary health care services in Pristina (N=20) and in Tirana (N=18). All participants were administered the finalized version of EASY-Care Standard 2010 which was agreed by the EASY-Care International Research Network and already validated in many countries worldwide. The EASY-Care assessment instrument consists of two sections: i) basic information (personal data, biography, medical history), and; ii) assessment of needs and current priorities (visibility, hearing and communication, self-care, movements, security, accommodation and financial circumstances, physical health, mental health and well-being).

Results: Overall, there were 18 men (47.4%) and 20 women (52.6%) included in this validation sample. Median age was 68.5 years (interquartile range: 65.0-76.0 years). Overall, 71% of participants could use telephone without help; 89% could look after their personal appearance; 87% could dress on their own; 92% were able to use toilet and shower; 66% could do household tasks; 79% could cook their own meals; 97% could feed themselves, and; 87% could use medicines on their own. Overall, 79% of older people had not had falls in the last 12 months; 42% of individuals perceived their health status as good; 60% had suffered any body pain in the last month; 58% had been worried by the feeling of desperation, depression or hopelessness in the last month; 74% had been worried due to lack of interest or pleasure to do something in the last month, and; 63% of study participants were worried in relation to loss of their memory.

Conclusions: In Albanian settings, we provide evidence on the process of cross-cultural adaptation of a useful instrument employed internationally assessing older people's health and social needs and their current priorities.

Keywords: Albania, EASY-Care, Kosovo, older people.

Introduction

The EASY-Care program has a legacy of continuous research and development, since the need and conceptual basis for an assessment instrument for holistic, preventive care for use in primary care was identified during a Public Health Research Fellowship undertaken by Professor Ian Philp with Professor Robert Kane at the University of Minnesota in 1989 (1).

Prior to developing and validating the EASY-Care instrument, there has been little experience with use of standardized assessment instruments for older people in primary health care settings and community care settings (2). A proper assessment practice involves both health and social needs of older people in a balanced way supporting decision making with evidence based screening tools. From this point of view, EASY-Care provides a simple, valid and reliable assessment for early identification of a range of health care needs (1).

The EASY-Care assessment is derived from a collection of well-established instruments where these are available for the EASY-Care domains. Source instruments have been modified where necessary to ensure consistency in format and flow (1). The items and domains of the assessment were agreed and refined in validation studies undertaken in several European studies in the 1990s (1-7).

From 2000-2008 Professor Ian Philp, the EASY-Care Program Director, was appointed National Tsar for Older People at the Department of Health in the UK, where he led the development and implementation of the National Service Framework for Older People. During this period, the EASY-Care program of research continued, but it was following a successful re-launch in 2008 that the scope of use of EASY-Care instruments has been broadened from mainly European to global use, with work on cross-cultural translation and validation undertaken in more than 30 countries from the developed and developing world in all six WHO regions (1).

Research and user feedback has indicated that the EASY-Care instrument is particularly useful for obtaining a rounded assessment of need and personal response in at-risk older people and living in the community. A number of studies have been undertaken by researchers around the world and

have demonstrated: i) good reliability and validity in psychometric studies (3-7); ii) high levels of cost-effectiveness in improving functional outcomes and reducing hospital admissions with an increase in community service provision (8,9); iii) population studies in several countries using EASY-Care data have shown the value of the instrument in identifying the prevalence of population health and care needs of older people (1,10).

In this context, our aim was to validate the EASY-Care tool, an internationally validated instrument employed for assessment of older people's health needs and current priorities in Albania and Kosovo, two transitional countries in the Western Balkans.

Methods

A sample of 38 older people who attended primary health care services in Pristina (capital city of Kosovo) and Tirana (capital city of Albania) were included in the EASY-Care validation procedures in August-September 2010.

All participants were administered the finalized version of EASY-Care Standard 2010 which was agreed by the EASY-Care International Research Network and already validated in many countries worldwide. The EASY-Care Standard 2010 instrument ensures a record of needs and priorities about the health and care for older people who can fill the assessment form themselves or under the guidance of health professional or social care professional. In addition, older people may prefer that a member of their family or friend be involved in filling the assessment form. The EASY-Care assessment instrument consists of the following two sections:

- *Basic information*: personal data, biography, medical history;
 - *Assessment of needs and current priorities*: visibility, hearing and communication, self-care, movements, security, accommodation and financial circumstances, physical health, mental health and well-being.
- The EASY-Care Standard 2010 instrument was translated from English into Albanian and subsequently back-translated from Albanian into English following the standard methods of translation and cross-cultural adaptation of the questionnaires (11). The aim of the cross-cultural adaptation was to provide a version of the instrument that was

conceptually as close as possible to the original questionnaire, considering nevertheless Albania and Kosovo older people's perspective and understanding (11).

Results

In this validation sample of older people in Albania (N=18, or 47.4% of the overall sample) and Kosovo (N=20, 52.6%), median age was 68.5 years (interquartile range: 65.0-76.0 years) [Table 1]. Overall, median educational attainment was 8.0 years (interquartile range: 4.0-12.0 years). Overall, there were 18 men (47.4%) and 20 women (52.6%). About 79% of participants resided in urban areas compared with 21% of rural residents. About 66% of individuals were currently married, whereas 34% were either single or widowed. About 32% of participants reported that their finances were not sufficient to meet the end of the month, whereas a similar proportion of older people reported that they could save some money at the end of the month. About 40% of older people reported living in a nuclear type of family, compared with 60% of those who reported an extended family type. Finally, about 16% of the sample participants were currently employed vs. 84% who were retired.

Table 2 presents the distribution of the items related to the sense of autonomy in the EASY-Care validation sample in Albania and Kosovo. Overall, 71% of participants could use telephone without help; 89% could look after their personal appearance; 87% could dress on their own; 92% were able to use toilet and shower; 66% could do household tasks; 79% could cook their own meals; 97% could feed themselves, and; 87% could use medicines on their own.

Table 3 presents the distribution of the items related to health and well-being among study participants. Overall, 79% of older people had not had falls in the last 12 months; 42% of individuals perceived their health status as good; 60% had suffered any body pain in the last month; 58% had been worried by the feeling of desperation, depression or hopelessness in the last month; 74% had been worried due to lack of interest or pleasure to do something in the last month, and; 63% of study participants were worried in relation to loss of their memory.

On the whole, about 84% of participants reported that the duration of the evaluation process had the right amount; 60% reported that the evaluation was entirely clear; 50% believed that the evaluation was useful, and; about 58% reported that they would be willing to recommend the current evaluation procedure to their peers (Table 4).

Discussion

Our study provides evidence on the process of cross-cultural adaptation in Albanian settings of the EASY-Care tool, an internationally validated instrument assessing health needs and priorities of older people (1-10). Findings from this pilot study revealed a satisfactory duration of the evaluation process as reported by the majority of older people both in Albania and Kosovo. Furthermore, half of respondents in this validation study considered the evaluation useful and the majority of study participants found the assessment form rather clear, which reflects a great potential for a wider use of the EASY-Care tool in population-based studies in Albanian speaking countries.

Our study adds to the current body of international literature indicating the worldwide usefulness of EASY-Care assessment as a reliable and valid instrument (3-7), a tool with high levels of cost-effectiveness in improving functional outcomes and reducing hospital admissions with an increase in community service provision (8,9), and a valuable instrument in identifying the prevalence of population health and care needs of older people (1,10).

Potential limitations of our study include the small sample size and differential reporting of older people based on their demographic and socioeconomic characteristics. Nevertheless, on the face of it, there is no plausible reason for older people's categories differing in their socio-demographic and socioeconomic characteristics to have reported differently on the EASY-Care domains included in the evaluation form.

In conclusion, in Albanian settings, we provide evidence on the process of cross-cultural adaptation of a useful instrument employed internationally assessing older people's health and social needs and their current priorities. Future studies in Albania and Kosovo should involve large population-based

samples of older people in order to assess their health and social needs and current priorities as evidenced by the already validated EASY-Care instrument.

Table 1. Distribution of demographic and socioeconomic characteristics in the EASY-Care validation sample of older people in Albania and Kosovo (N=38) in 2010

Variable	Median (IQR) / N (%)
Age (years)	68.5 (65.0-76.0)*
Educational level (years)	8.0 (4.0-12.0)*
Country:	
Albania	18 (47.4)†
Kosovo	20 (52.6)
Sex:	
Men	18 (47.4)†
Women	20 (52.6)
Place of residence	
Urban area	30 (78.9)†
Rural area	8 (21.1)
Marital status:	
Married	25 (65.8)†
Widowed/single	13 (34.2)
Finances at the end of month:	
Not enough	12 (31.6)†
Enough	14 (36.8)
Could save some money	12 (31.6)
Type of family:	
Nuclear	15 (39.5)†
Extended	23 (60.5)
Profession:	
Employed	6 (15.8)†
Pension	32 (84.2)

* Median values and interquartile ranges (in parentheses).

† Numbers and column percentages (in parentheses).

Table 2. Distribution of the *autonomy* items in the EASY-Care validation sample of older people in Albania and Kosovo (N=38) in 2010

Variable	Numbers (column percentages)
Can you use telephone?	
Without help	27 (71.1)
With help	11 (28.9)
Can you look after your personal appearance?	
Without help	34 (89.5)
With help	4 (10.5)
Can you dress on your own?	
Without help	33 (86.8)
With help/unable	5 (13.2)
Are you able to use toilet and shower?	
Without help	35 (92.1)
With help/unable	3 (7.9)
Can you do household tasks?	
Without help	25 (65.8)
With help/unable	13 (34.2)
Can you cook your own meals?	
Without help	30 (78.9)
With help/unable	8 (21.1)
Can you feed yourself?	
Without help	37 (97.4)
With help	1 (2.6)
Can you use medicines on your own?	
Without help	33 (86.8)
With help/unable	5 (13.2)

Table 3. Distribution of the items related to *health and well-being* in the EASY-Care validation sample of older people in Albania and Kosovo (N=38) in 2010

Variable	Numbers (column percentages)
Have you had falls in the last 12 months?	
No	30 (78.9)
Yes	8 (21.1)
General health status	
Good	16 (42.1)
Poor	22 (57.9)
Have you suffered any body pain in the last month?	
No	23 (60.5)
Yes	15 (39.5)
During the last month, have you often been worried by the feeling of desperation, depression or hopelessness?	
No	22 (57.9)
Yes	16 (42.1)
During the last month, have you often been worried due to lack of interest or pleasure to do something?	
No	28 (73.7)
Yes	10 (26.3)
Are you worried in relation to loss of memory?	
No	24 (63.2)
Yes	14 (36.8)

Table 4. Evaluation opinions of older people included the EASY-Care validation sample in Albania and Kosovo (N=38) in 2010

Variable	Numbers (column percentages)
Evaluation duration	
About the right amount	32 (84.2)
A little less or a little more than needed	8 (15.8)
Was the evaluation clear?	
Everything clear	23 (60.5)
Partly clear	15 (39.5)
Was the evaluation useful?	
Very useful	19 (50.0)
Somehow/little useful	19 (50.0)
Would you recommend this evaluation to your peers?	
Definitely	26 (68.4)
Maybe yes, maybe not	16 (31.6)

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