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Cross-cultural Adaptation of an Instrument Measuring Primary Health Care Users' Perceptions on Competencies of their Family Physicians in Albania

Arben Alla[1], Katarzyna Czabanowska[2], Zalika Klemenc-Ketis[3], Enver Roshi[1], Genc Burazeri[1,2]
Faculty of Medicine, Tirana University, Tirana, Albania[1]
Department of International Health, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands[2]
Department of Family Medicine, Medical School, University of Maribor, Maribor, Slovenia and Department of Family Medicine, Medical School, University of Ljubljana, Ljubljana, Slovenia[3]

Aim: The objective of this study was to validate an international instrument addressing family physicians' competency level from the primary health care users' perspective in Albania, a post-communist country in Southeast Europe. **Methods:** This validation study, conducted in March-April 2012, included a sample of 114 primary health care users in Tirana municipality aged 18+ years (49 males and 65 females; mean age: 60±15 years). All participants were asked to self-assess the level of abilities, skills and competencies of their respective family physicians regarding different domains of quality of health care. Overall, the questionnaire included 37 items organized into 6 subscales/domains. Answers for each item of the tool ranged from 1 ("novice" physicians) to 5 ("expert" physicians). An overall summary score (including 37 items; range: 37-185) and a subscale summary score for each domain were calculated for male and female participants. Socioeconomic data were also collected. Cronbach's alpha was used to assess the internal consistency, and Mann-Whitney U test was used to compare mean scores for the overall scale and each subscale between men and women. **Results:** Overall, internal consistency of the whole scale (37 items) was Cronbach's alpha=0.89; it was higher in women than in men (0.91 vs. 0.82, respectively). The overall summary score for the 37 items of the instrument was 89.3±9.1; it was slightly higher in women than in men (89.7±10.6 vs. 88.8±6.7, respectively, P=0.218). There were no statistically significant differences in the subscale summary scores between men and women. Overall, there was no correlation of the whole summary score or subscale scores with age. Conversely, there was evidence of a weak positive correlation with educational level. **Conclusions:** In the Albanian context, we provide evidence on the process of cross-cultural adaptation of a simple instrument measuring patients' self-perceived level of abilities and competencies of their family physicians regarding different domains of the quality of primary health care services **Key words:**

Corresponding author: Arben Alla, MD. Rr. "Dibres", No. 371, Tirana, Albania, allaarben@yahoo.com

1. INTRODUCTION

It is widely recognized that competencies in quality improvement are crucial for family physicians in order to promote patient care. Thus, for medical doctors, specific roles, abilities, skills and competences have been defined at all training levels including also continuing medical education (1). As already reported, these roles and competences are classified in frameworks such as the CanMEDS (Canadian Medical Education Directives for Specialists) Roles Framework (1,2), the six core competences identified and described by the Accreditation Council for Graduate Medical Education (ACGME competencies) (3) and Tomorrow Doctor's at the UK (4). Competency models can also serve as a useful self-evaluation tool for primary care physicians committed to practice-based learning (5,6) who want to improve their care practices, analyze their clinical experience, plan a change for improvement, make a change effort, and finally determine if it was an improvement or not by incor-

porating improvement knowledge into the daily practice routine.

However, it is equally important to develop measuring tools which would assess patients' perceptions regarding abilities, skills and competencies of their family physicians and general practitioners.

In this context, our aim was to validate a fairly recent tool (developed with the support of the European Community Lifelong Learning Program) addressing family physicians' competency level from the primary health care users' perspective in Albania, a transitional country in the Western Balkans.

2. METHODS

A representative sample of 114 primary health care users in Tirana city aged 18+ years was interviewed in March-April 2012 (49 males and 65 females; mean age: 60.0±15.0 years). All participants were asked to assess, from their viewpoint, the level of competency of their respective family physicians about the following domains:

- Patient care and safety (8 items);
- Effectiveness and efficiency (7 items);
- Equity and ethical practice (8 items);
- Methods and tools (5 items);
- Leadership and management (4 items), and;
- Continuing professional development (5 items).

Answers for each item of each subscale ranged from 1 ("novice"= physicians have little or no knowledge/ability, or no previous experience of the competency described and need close supervision or instruction) to 5 ("expert"=physicians are the primary sources of knowledge and information in the medical field).

An overall summary score (including 37 items; range: 37-185) and a subscale summary score for each domain were calculated for all participants. Socioeconomic data (educational level, employment status and income level) were also collected. In addition, participants were asked about attendance and their overall satisfaction with the quality of primary health care services. Cronbach's alpha was used to assess the internal consistency of the full scale (37

items) and each of the 6 subscales, separately in men and in women. Mann-Whitney U test was used to compare mean scores for the overall scale and each subscale between men and women.

3. RESULTS

In this validation sample, mean age was similar in men and women (60.4±16.4 years and 59.7±14.0 years, respectively) [Table 1]. Similarly, educational attainment was comparable in men and women (mean years of education: 11.6±3.2 vs. 11.3±3.1, respectively). About 22% of men and women reported a low income level. Unemployment rate was higher in women than in men (44.6% vs. 30.6%, respectively). Overall, 45% of individuals had not attended primary health care services, whereas about 20% reported at least 3 health visits in the past 12 months. Overall, 41% of individuals were unsat-

isfied with the quality of primary health care services, whereas 23% rated such services as "good/very good".

Overall, internal consistency of the whole scale (37 items) was Cronbach's alpha=0.89 (95%CI=0.86-0.92); it was higher in women than in men (0.91 vs. 0.82, respectively) [Table 2]. Overall, Cronbach's alpha ranged from 0.84 for the "methods and tools" domain to 0.92 for the "patient care and safety" subscale. In men, the "leadership and management" subscale displayed the lowest internal consistency (0.63), whereas "equity and ethical practice" exhibited the highest (0.89). Conversely, in women, the lowest internal consistency was evident for the "equity and ethical practice" subscale (0.83), whereas the highest was exhibited for "patient care and safety" domain (0.95).

The overall summary score for the 37 items of the instrument was 89.3±9.1;

Variable	Men (N=49)	Women (N=65)	Overall (N=114)
Age (years)	60.4±16.4*	59.7±14.0	60.0±15.0
Educational level (years)	11.6±3.2	11.3±3.1	11.4±3.1
Income level: Low Middle High	11 (22.4)† 32 (65.3) 6 (12.2)	14 (21.5) 44 (67.7) 7 (10.8)	25 (21.9) 76 (66.7) 13 (11.4)
Employment status: Unemployed Employed/students/retired	15 (30.6) 34 (69.4)	29 (44.6) 36 (55.4)	44 (38.6) 70 (61.4)
No. health visits in the past 12 months: 0 1-2 ≥3	23 (46.9) 14 (28.6) 12 (24.4)	28 (43.1) 26 (40.0) 11 (16.9)	51 (44.7) 40 (35.1) 23 (20.2)
Overall satisfaction with health services: Very poor/poor Average Good/very good	19 (38.8) 17 (34.7) 13 (26.5)	28 (43.1) 24 (36.9) 13 (20.0)	47 (41.2) 41 (36.0) 26 (22.8)

Table 1. Distribution of socioeconomic characteristics and satisfaction with health care services in a sample of primary health care users (N=114) in Tirana, Albania, 2012* Mean values ± standard deviations. † Numbers and column percentages (in parentheses).

Domain (subscale)	Men (N=49)	Women (N=65)	Overall (N=114)
Overall scale (37 items)	0.82 (0.74-0.89)*	0.91 (0.88-0.94)	0.89 (0.86-0.92)
Patient care and safety (8 items)	0.81 (0.71-0.88)	0.95 (0.93-0.97)	0.92 (0.90-0.94)
Effectiveness and efficiency (7 items)	0.87 (0.81-0.92)	0.91 (0.87-0.94)	0.90 (0.86-0.92)
Equity and ethical practice (8 items)	0.89 (0.84-0.93)	0.83 (0.76-0.89)	0.86 (0.82-0.90)
Methods and tools (5 items)	0.83 (0.75-0.90)	0.85 (0.79-0.90)	0.84 (0.79-0.88)
Leadership and management (4 items)	0.63 (0.43-0.78)	0.91 (0.87-0.94)	0.85 (0.80-0.89)
Continuing professional development (5 items)	0.78 (0.66-0.86)	0.93 (0.90-0.96)	0.89 (0.86-0.92)

Table 2. Internal consistency of each domain (subscale) of the instrument by sex * Cronbach's alpha and their respective 95% confidence intervals (in parentheses).

Domain (subscale)	Overall (N=114)	Sex-specific		
		Men (N=49)	Women (N=65)	P†
Overall scale (score range: 37-185)	89.3±9.1*	88.8±6.7	89.7±10.6	0.218
Patient care and safety (score range: 8-40)	23.1±3.9	23.1±2.6	23.0±4.7	0.313
Effectiveness and efficiency (score range: 7-35)	14.3±2.8	13.8±2.5	14.7±2.9	0.073
Equity and ethical practice (score range: 8-40)	16.3±2.3	16.0±2.5	16.5±2.2	0.130
Methods and tools (score range: 5-25)	10.3±1.9	10.2±1.9	10.3±1.9	0.631
Leadership and management (score range: 4-20)	11.3±2.2	11.2±1.5	11.3±2.6	0.517
Continuing professional development (score range: 5-25)	14.1±2.7	14.4±2.1	13.9±3.1	0.749

Table 3. Summary score of each domain (subscale) of the instrument by sex * Mean values ± standard deviations. † P-values from Mann-Whitney U test.

it was slightly higher in women than in men (89.7±10.6 vs. 88.8±6.7, respectively, P=0.218) [Table 3]. There were no statistically significant differences in the subscale summary scores between men and women.

Overall, there was no correlation of the whole summary score with age. Conversely, there was evidence of a weak positive correlation with educational level (not shown in tables).

4. DISCUSSION

Overall, this newly developed instrument exhibited a satisfactory internal consistency in this sample of Albanian primary health care users. Particularly in women, the instrument showed high internal consistency (Cronbach's alpha ≥0.85) for almost all of the subscales. In men, however, the internal consistency was lower than in women for almost all domains of the questionnaire. This apparent sex difference should be carefully addressed in future studies in Albania which will employ this proposed measuring instrument.

This instrument assessing patients' perceptions about the level of competency and abilities of their family physicians was designed in line with the Quality Improvement Competency Framework (QICF) which has been developed in the course of a systematic consensus study carried out among European primary care experts interested or specializing in quality improvement (7). The QICF is organised into six domains in line with the instrument which we report in this paper for assessment of patient's perceptions about the competencies of their general practitioners: Patient Care & Safety, Effectiveness & Efficiency, Equity & Ethical Practice, Methods & Tools, Leadership & Management, and Continuing Professional Education (7). Each of the domains reflects an important care area which constitutes everyday primary care practice and requires reflexion and assessment in order to be improved. The domains include a number of specific competencies which constitute individual standards.

In our study, we performed a cross-cultural adaptation of the questionnaire for self-assessment of physicians' competency level from primary health care users' viewpoint (7, 8).

In conclusion, we validated a simple tool in the Albanian population, measuring patients self-perceived level of competency of their family physicians regarding different domains of health care services. After the validation exercise reported in this article, this instrument is currently being administered to a large representative sample of primary health care users in different districts of Albania.

Source of support

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