

# OPERATIONALIZATION AND INTER-RATER RELIABILITY OF A SET OF RELEVANT ICF CATEGORIES FOR ADULT PATIENTS TREATED FOR CANCER AT HOSPITAL DISCHARGE

L.A. Lorca Parraguez<sup>1</sup>, C. Sacomori<sup>2</sup>, P. Benavente<sup>1</sup>, M. Mallea<sup>1</sup>, Plasser J.<sup>1,3</sup>

<sup>1</sup> Hospital Del Salvador, Santiago, Chile.

<sup>2</sup> Universidad Bernardo O'Higgins, Escuela de Kinesiología, Santiago, Chile.

<sup>3</sup> Instituto Oncológico Fundación Arturo López Pérez, Santiago, Chile



## Introduction

The biopsychosocial model of the ICF comprises more than 1400 categories. These categories need to be operationalized, to guarantee clinical applicability, through the development of instruments that describe the functioning and disability of patients in different contexts or health conditions.

**Aim:** To describe the process of operationalization and subsequent verification of the inter-rater reliability of a set of ICF categories for adult patients treated for cancer at hospital discharge.

## Methods

Corresponds to an observational validation study. A previous process of systematic review and expert consensus selected 24 ICF categories, which were operationalized in a formal decision-making consulting different experts in the subject - health professionals with experience in the clinical management of patients with cancer. Subsequently, these operationalized categories were exposed to verification of inter-rater reliability by two trained raters in a sample of 31 patients with different types of cancer in two public Hospitals in Santiago, Chile. This study was approved by the Ethics Committee.

## Results

24 CIF categories were operationalized using a scale of 0 to 4 corresponding to the CIF scale. The average age of the participants was 54.2 (of = 19) years. In relation to inter-rater reliability, the only item that did not present a correlation between both evaluations was **d240** regarding stress management. In this way, this item was excluded from the instrument because it was very ambiguous. The other items obtained significant correlations that varied from  $r = .916$  to  $r = 1.0$  (perfect correlation).

**Table 4.** Correlation between the two evaluators (n=31)

Item	Rho to Spearman
Score to functioning	.985*
<b>b126</b> – Temperament and personality functions	.945*
<b>b130</b> – Energy and drive functions	.946*
<b>b134</b> – Sleep functions	.950*
<b>b152</b> – Emotional functions	.923*
<b>b280</b> – Sensation of pain	.900*
<b>b455</b> – Exercise tolerance functions	1.0*
<b>b510</b> – Ingestion functions	1.0*
<b>b525</b> – Defecation functions	.979*
<b>b530</b> – Weight maintenance functions	1.0*
<b>b620</b> – Urinary functions	.976*
<b>d240</b> – Handling stress and other psychological demands	-.113
<b>d410</b> – Changing basic body position	1.0*
<b>d450</b> – Walking	.958*
<b>d510</b> – Washing oneself	1.0*
<b>d520</b> – Caring for body parts	.959*
<b>d530</b> – Toileting	.959*
<b>d540</b> – Dressing	.938*
<b>d550</b> – Eating	1.0*
<b>d560</b> – Drinking	1.0*
<b>d570</b> – Looking after one's health	.969*
<b>d770</b> – Intimate relationships	.982*
<b>e310</b> – Immediate family	.916*
<b>e320</b> – Friends	.984*
<b>e450</b> – Individual attitudes of health professionals	.959*

\* Significant correlation for  $p < 0.001$ . \*\* Obtained from the addition of all the items of the Code set.

## Conclusions

This process resulted in the operationalization of **23 ICF categories** relevant to the context of patients hospitalized for cancer, which obtained good inter-rater reliability. More research is suggested investigating other psychometric properties of this set of operationalized categories.

## References

1. Jiro Okochi, Sakiko Utsunomiya and Tai Takahashi. (2005) Health measurement using the ICF: Test-retest reliability study of ICF codes and qualifiers in geriatric care. Health and Quality of Life Outcomes. 2005, 3:46 doi:10.1186/1477-7525-3-46.
2. Eva Grill, DrPH, PhD, Thomas Gloor-Juzi, MScPT, Erika Omega Huber, MAS FH and Gerold Stucki, MD, MS6 (2011) Operationalization and reliability testing of ICF categories relevant for physiotherapists' interventions in the acute hospital J Rehabil Med .2011; 43: 162–173.