

Development of the Arabic Version of the Performance Assessment of Self-Care Skills**

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Abstract

Objective: The lack of standardized valid and reliable functional assessment tools in the Arab region is intensely alarming. This shortage urges healthcare professionals in the rehabilitation field, namely occupational therapists, to develop adapt or translate robust instruments to ensure the best patient care. The purpose of this study was to describe the development process of the Arabic version of the Performance Assessment of Self-Care Skills.

Methods: The development process took place in three steps. The first step involved excluding items that were not culturally relevant to the Arab culture. The second step involved translating the original version of the assessment tool from English to Arabic using the World Health Organization forward-backward translation protocol. The last step involved adding culturally-relevant functional activities commonly performed by patients in the Jordanian/Arab community.

Results: Five items were excluded from the original tool before translating the tool to Arabic. Also, five items that were culturally-relevant were added to the Arabic version of the tool.

Conclusion: The Arabic version of the Performance Assessment of Self-Care Skills is the first Arabic performance-based instrument measuring functional independence for a wide majority of patients. We expect the tool to have a broad clinical utility not only in Jordan or Arabic countries but also for immigrants and citizens of Arab origins worldwide.

Keywords: Occupational Therapy, Functional Independence, Rehabilitation, Arabs.

(*J Med J 2012; Vol. 46 (3):221- 228*)

Received

Accepted

September 13, 2011

February 14, 2012

Introduction

The World Health Organization launched the International Classification of Functioning, Disability, and Health (ICF) in 2001¹ which came to emphasize the multidirectional interaction among health-related domains. Consequently, rehabilitation practitioners

worldwide have given greater attention on research conducted on health and disability in relation to the ICF.^{2,3} Specifically, utmost attention has been given to the quality and comprehensiveness of the assessments conducted for patients regardless of their diagnoses where quality implies using standardized valid and reliable assessment tools, and comprehensiveness

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** This research study was sponsored by a grant provided by the Deanship for Academic Research at the University of Jordan.

entails assessing impairments at the body level and functional status at the person level.^{4,5} This noticeable focus on assessments is based on the fact that accurate assessments form the base for appropriate intervention planning and implementation.⁶ Moreover, given the accelerating drive towards evidence-based practice,⁷ healthcare practitioners in the rehabilitation field are encouraged to seek assessment tools that can be a good infrastructure for their practice.⁸

In that sense, assessment is a key role in the practice of occupational therapy (OT), a discipline of rehabilitation that uses a holistic approach in patient care by promoting independence in daily functioning.^{9,10} Occupational therapists (OTs) therefore are constantly adopting valid and reliable assessment tools that comprehensively measure outcomes of health and disability. According to the World Federation for Occupational Therapists, there are thousands of OTs practicing this profession worldwide.¹¹ However, in the Middle East, Jordan is the only Arabic-speaking country providing educational programs in OT starting from 1999 to present¹² which means that an increasing number of OTs is graduating every year to the Arabic region. Unfortunately, the greatest majority of these Jordanian OTs are complaining about the paralyzing shortage of Arabic, culturally-relevant assessment tools that can be used in their practice.¹² Therefore, OTs in the Middle East have a challenging mission in establishing a repertoire of assessment tools that are standardized, valid, reliable, culturally-relevant and written in Arabic.

One of the commonly used standardized assessment tools by OTs is the Performance Assessment of Self-Care Skills (PASS). The PASS is a criterion-referenced, performance-based functional assessment that consists of 26 core tasks classified into four domains: Functional Mobility [FM] (n = 5), Personal Care [PC] (n = 3), and Instrumental Activities of Daily Living [IADL] (n = 18) (Table 1). Based on the patient's performance, the tool assesses independence in the 26 activities based on the level of assistance given to the patient (varies

from verbal cues to full physical assistance) using a 4-point ordinal scale where (0) = unable/total dependence and (3) = total independence. In addition to independence, the PASS also assesses the performance adequacy and safety for each activity. Scores on all three criteria (independence, adequacy, and safety) can be obtained at three levels: activity, domain, and the overall levels.

The PASS was found valid and reliable in several clinical studies.¹³⁻¹⁵ Moreover, the PASS has been used with several clinical groups including depression,¹⁶ stroke,¹⁷ heart failure,¹⁸ knee osteoarthritis and community-dwelling older adults^{14,15}. Finally, the PASS can be administered at a familiar environment (e.g., patient's home) using the home version, or at an ideal standardized environment (e.g., the clinic) using the clinic version. In fact, considering the testing environment in the administration makes the PASS one of the few assessment tools that emphasize the interaction between the person and his/her environment which is a basic principle in occupational therapy.¹⁹⁻²¹

Hence, given the comprehensiveness of the PASS, the good psychometric properties, and the flexibility in the administration for several clinical groups and environments, translating the PASS into Arabic (A-PASS) and then adapting it to be used by occupational therapists from Arabic origins will enrich the rehabilitation process in terms of outcomes and evidence-based practice. Therefore, the purpose of this study was to describe the process of translating the tool into Arabic and then adapting it to be culturally relevant for a more adequate use in the Jordanian (or Arab) culture.

Methods

The development process of the PASS was conducted in three steps: 1) Item exclusion, 2) Translation, and 3) Item generation and selection (Figure 1).

1-Item Exclusion: This process involved excluding five items that were not culturally relevant to Arabs in general and Jordanians in particular.

2-Translation: This step involved translating the original tool from English to Arabic to create the Arabic version of the PASS (A-PASS). The translation process was conducted according to the WHO forward/backward translation guidelines for translating assessment tools. The forward translation started by forming an expert panel of three members: two original translators and two team members and PhD holders in rehabilitation sciences (one is bilingual in English, and one is a native English speaker who is an expert in instrument development). The original translators are bilingual in Arabic and English and holding baccalaureate and PhD degrees in rehabilitation sciences. The two translators translated the entire assessment tool from English to Arabic. Upon completion, the original translator and the bilingual team member discussed the Arabic translation and identified inadequate expressions or wordings. Problematic items were modified by panel members who then reached a consensus on the final wording. Then, the expert member (who is also one of the authors of the original PASS) consulted with the panel on the structure and soundness of the content.

Afterwards, the Arabic draft was sent to a bilingual translator whose native language is English, to translate the tool from Arabic back to English. The backward translator had knowledge of the instrument or rehabilitation sciences (as required by WHO). Upon completion, the backward translated version was sent again to the panel who identified problematic items in the backward translation. Those were mostly due to variations in Arabic text; literal rather than conceptual translations; and homonyms, or an inaccurate forward translation. The panel then modified the problematic items as needed until consensus was reached on the final Arabic version.

3- Item Generation and Selection: Following the original authors' guidelines for item development,²² culturally-relevant items were added to the new Arabic version. The items were selected from a group of 88 items promoted in a previous study²³ to be the most common activities in the Arab culture and people from

Arabic origins worldwide. The expert panel then reconvened to agree on the classification of the five items within the PASS domain. The selected items were then analyzed in a systematic way that allows an assessor (using the A-PASS) to observe criterion actions and behaviors that are crucial to an independent, adequate, and safe performance of that activity.

It is noteworthy that the items selected were only those that were functional or most common and can be assessed in a systematic way using the A-PASS criteria. That is, although other activities were as functional and common as these five, they were not included for various reasons such as being gender-based (e.g., making special Middle Eastern foods [mostly a female-activity]), too broad (e.g., meeting family needs), conducted in various contexts (e.g., barbecuing and grooming), or immeasurable or unobservable (e.g., fasting). Moreover, a few modifications were made on some of the items in the original PASS to accommodate for cultural differences.

Results

The development process resulted in an Arabic version of the PASS (A-PASS). Five items were excluded in the A-PASS because they were not culturally-relevant. The five items were: *Paying Bills by Check* (since most people pay their bills by cash money or electronically), *Checkbook Balancing* (most people check their balance by visiting the bank or electronically), *Mailing* (regular or snail mail is not used frequently), *Small Repairs* (given the trend among Arabs to ask for help from their neighbours, a repairman or the building guard when they need help repairing items, and *Playing Bingo* (an unfamiliar game in the Arab world).

Also, five culturally-relevant items were added to the A-PASS. The five items [with their domains] were: *Praying* [FM], *Ablution* [PC], *Wearing the Scarf* (women) or *Traditional Head Cap* (men)[PC], *Changing the Gas Tube* [IADL], and *Fixing the Hookah* [IADL-Leisure]. Modifications were also added on a few activities. For example, *Using the Toilet* was modified to include an extra step for washing

oneself with water since it is essential in the religion and culture of most Arabs. Also, *Meal Preparation-Stovetop Use* was modified to include making Turkish coffee—a common beverage in the Arab culture.

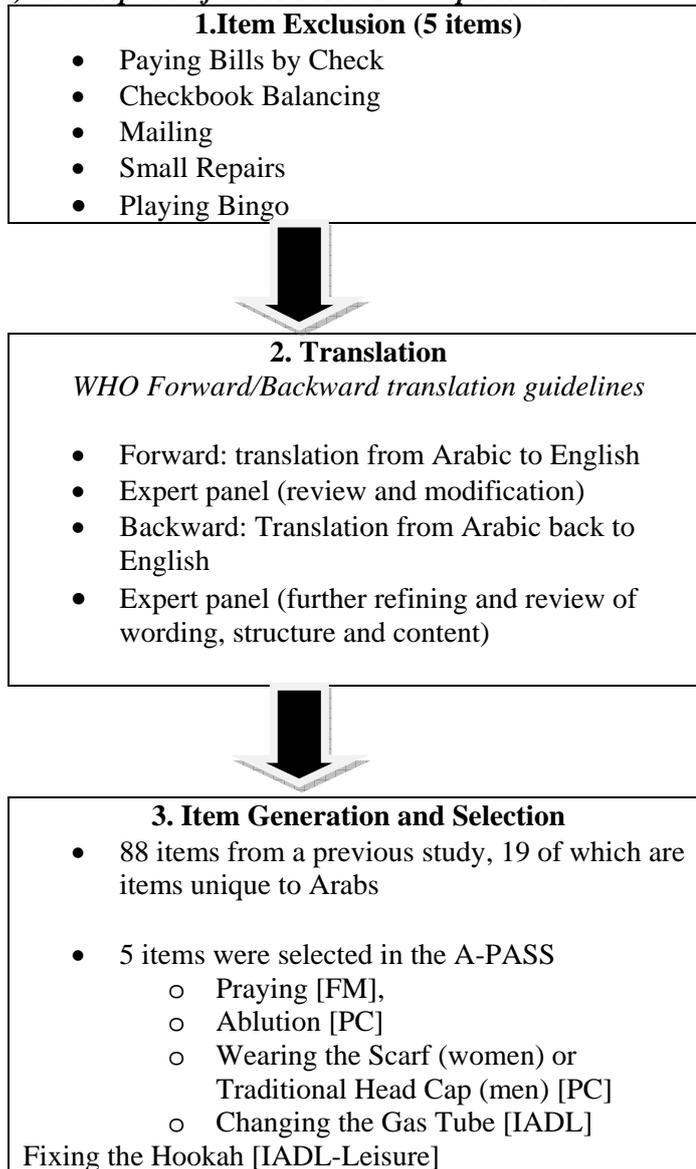
All in all, the A-PASS consisted of 26 items (similar to the original) classified as FM (n = 5), PC (n = 5) IADL (n = 16) with 5 items being exclusive to the Arab culture (specifically Jordanian). The administration instructions and scoring criteria of the A-PASS are the same as used in the original. Table 1 lists the A-PASS items and shows the deletions/modifications on the original version.

Table (1): The Arabic Version of the Performance Assessment of Self-Care Skills (A-PASS).

Item #	Item (activity)
1.	Functional Mobility: Bed transfers
2.	Functional Mobility: Stair Use
3.	Functional Mobility: Toilet Transfers (washing oneself with water)**
4.	Personal Self-care: Oral Hygiene
5.	Functional Mobility: Bathtub and Shower Transfers
6.	Functional Mobility: Prayers*
7.	Personal Self-care: Trimming Toenails
8.	Personal Self-care: Dressing
9.	Personal Self-care: Ablution*
10.	Personal Self-care: Wearing the Scarf (women)/Head Cap (men)*
11.	IADL: (Money Management): Shopping
12.	IADL: (Heavy Housework) : Bending, Lifting, Carrying
13.	IADL: Telephone Use
14.	IADL: Medication Management
15.	IADL: (Heavy Housework) Changing Bed Linens
16.	IADL: (Current Events) Obtaining Critical Information from the Media (Auditory)
17.	IADL: (Current Events) Obtaining Critical Information from the Media (Visual)
18.	IADL: (Home Maintenance): Changing the Gas Tube*
19.	IADL: (Home Maintenance) Sweeping
20.	Functional Mobility: Indoor Walking
21.	IADL: (Environmental Awareness) Home Safety
22.	IADL: (Leisure) Fixing the Hookah*
23.	IADL: (Meal Preparation) Oven Use (-Basboosa—local treat)**
24.	IADL: (Meal Preparation) Stovetop Use (making Turkish coffee)**
25.	IADL: (Meal Preparation) Use of Sharp Utensils (cutting cucumbers)**
26.	IADL: (Light Housework) Cleanup after Meal Preparation
-	IADL: (Money Management) : Bill Paying by Check***
-	IADL: (Money Management) : Checkbook Balancing***
-	IADL: (Money Management) : Mailing***
-	IADL: (Home Maintenance) Small Repairs***
-	IADL: (Leisure) Playing Bingo***

Note. *=new culturally-relevant items; **=modified content; ***=deleted

Figure (1): Description of the A-PASS Development Process.



Discussion

This study described the development process of the PASS to the Arab culture. The process involved translating the tool into Arabic and adapting its items to be culturally -relevant and applicable to Arab patients. The need for this study appeared because of the alarming shortage of valid and reliable assessment tools that can be used by Arab OTs in their clinical practice.

The A-PASS developed in this study is the first Arabic performance-based assessment tool

adapted for use in Arab cultures. This fact has several implications. First, Arab occupational therapists and even other Arab nursing and rehabilitation practitioners can use the A-PASS in assessing patient's functional independence, adequacy, and safety in performing basic daily activities. Moreover, therapists can monitor the progress of patients' performance in these daily activities over time to assess natural recovery or the effectiveness of a specific intervention or treatment plan. This will actually enhance the communication between therapists and physicians in terms of using the same client-

centered outcomes for their patients when deciding the best treatment options.

Furthermore, given that it is a standardized instrument, the A-PASS has an important educational use when training OT students on basic assessment principles that are crucial to their future practice. It also can be a good example in highlighting the role of environment on patients' performance (a usually abstract concept for students) by applying different versions of the A-PASS.

Additionally, the A-PASS can be a great research tool when comparing disability outcomes among clinical samples which then helps in determining the best treatment and discharge plans prior to the actual application of these plans. In the long run, this may have great financial implications in the healthcare system in saving time and cost in unnecessary treatment options.

Hence, given the A-PASS clinical, educational, and research applications, it can be used by all OTs from Arabic origins in the Middle East and North Africa and even by those residing in foreign countries and treating patients from Arabic origins.

The limitation of this study is that the sample used to promote activities common in Arab cultures was recruited exclusively from Jordan. Although Jordan is a good representative of Arab cultures in the region and that it is the only Arabic-speaking country that provides OT education, Jordanian OTs are vastly distributed among other Arab countries and usually treat patients with traditions other than those adopted in Jordan. Therefore, future studies are needed to include more items to the A-PASS that are common in other Arab cultures in the region. Also, although the original PASS was found valid and reliable in several studies, future studies are needed to examine the psychometric properties of the A-PASS after excluding, modifying and adding items to the Arabic version.

In conclusion, the A-PASS is the first performance-based assessment tool adapted for use in Arab culture. It has several uses and implications which are expected to support the OT practice not only in Jordan but in all Arab countries providing OT services.

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تطوير نسخة عربية من أداة التقييم " تقييم الأدائي لمهارات الاعتناء بالذات "

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الملخص

الهدف: ان قلة وجود ادوات محكمة ومعتمدة لتقييم الأداء الوظيفي من قبل أخصائيي التأهيل في المنطقة العربية هو أمر مقلق. هذا النقص يدفع بأخصائيي الصحة والتأهيل الطبي وخاصة المعالجين الوظيفيين لتطوير أو تبني أو ترجمة ادوات محكمة عالمية لرفع مستوى الخدمة الطبية. الهدف من هذه الدراسة هو وصف عملية تطوير وتبني أداة التقييم العالمية المعروفة بـ

"تقييم الأدائي لمهارات الاعتناء بالذات (PASS) Performance Assessment of Self-Care-Skills (PASS)"

منهجية البحث: عملية التطوير تمت من خلال ثلاث مراحل. المرحلة الأولى شملت استثناء البنود والنشاطات التي لا تناسب الثقافة العربية. المرحلة الثانية شملت ترجمة الاداة للغة العربية بناءً على معايير منظمة الصحة العالمية. أما المرحلة الأخيرة فشملت اضافة نشاطات شائعة في المجتمع الأردني بالتحديد وعند العرب بشكل عام.

النتائج: تم استثناء (٥) نشاطات من الاداة الاصلية قبل ترجمة الاداة للعربية، بينما تمت إضافة (٥) نشاطات أخرى شائعة في المجتمع الأردني/العربي.

الاستنتاجات: النسخة العربية من اداة التقييم " تقييم الأدائي لمهارات الاعتناء بالذات " هي أول اداة تقييم لتحديد استقلالية الأداء الوظيفي عند المرضى من شتى الشخيصات الطبية.

نتوقع استعمال واسع النطاق للأداة من قبل المعالجين وأخصائيي التأهيل في المجتمع الأردني والعربي وحتى من قبل المعالجين والمرضى العرب المقيمين في دول أجنبية.

الكلمات الدالة: العلاج الوظيفي، الاستقلال الوظيفي، التأهيل، العرب.