Author's response to reviews

Title: Psychometric evaluation of the German Version of the Patient Activation Measure (PAM13)

Authors:

Jördis M Zill (j.zill@uke.de)
Sarah Dwinger (s.dwinger@uke.de)
Levente Kriston (l.kriston@uke.uni-hamburg.de)
Anja Rohenkohl (a.rohenkohl@uke.de)
Martin Härter (m.haerter@uke.uni-hamburg.de)
Jörg Dirmaier (dirmaier@uke.uni-hamburg.de)

Version: 2 Date: 16 October 2013

Author's response to reviews: see over
Manuscript Revision

Dear Mr. Proel Vargas,

Thank you very much for considering our article “Psychometric evaluation of the German Version of the Patient Activation Measure (PAM13)” for publication in BMC Public Health.

On the following pages we will provide detailed answers to the reviewers’ comments and explain the changes we have made in our revised manuscript.

Please do not hesitate to contact me if you have any questions. We are looking forward to your response.

Sincerely,

Jördis M. Zill
(on behalf of all authors)
Responses to the reviewers’ comments:

Thank you for the thorough and constructive review of our manuscript. We appreciate your valuable comments and suggestions and acknowledged them in the revised manuscript.

REVIEWER #1:

Minor essential revisions:

Page 2:
Abstract: Definition Patient Activation Measure: .... regarding one’s health concerns? I have never read this version before. Please use the term used by Hibbard et al.

- We changed our sentence into the term used by Hibbard et al.

Page 3:
‘A more active involvement…. [5,6]’ There is a difference between the concepts patient involvement and self-management. In the introduction, they are used loosely intertwined, as if they are synonyms (or involvement as pre-requisite for self-management). They represent different aspects of an increased role for patients in the health care process. Patient involvement is not defined at this point (it can be either broad or narrowly defined), whereas a definition of self-management follows later in the introduction.

- We understand your point of critic and we checked preciously when patient activation, involvement or self-management is the right term. Of course we are aware that these terms are not the same in content. We did shorten the introduction in terms of the patient involvement part, as we thought it may lead to the reader’s confusion.

Page 5:
The English version is also translated in Norwegian:
Steinsbekk A: Måling av effect av pasientoploering [Norwegian version of Patient Activation Measure (PAM)]. Tidsskr Nor Legeforen 2008, 128: 2316-8. This should also be noted in the discussion and conclusions.
Furthermore, according to Judith Hibbard there is also a Spanish version (for Hispanics) but there is no journal article about that.

- We are very sorry about missing out on the Norwegian version of the PAM. We did add this reference in the introduction section (p. 4), discussion (p. 12) and conclusion (p. 14). Since this validation study is not available in English we could not compare our results to it.
- We could not find any information about the Spanish version though.

Page 6, under Measures:
Authors do not have to add that a specific item was in German. Since it is a translated questionnaire, it goes without saying.
- You are right, we took this information out.

The fact that the N/A option was left out with 12 items (because it was better understandable?) make the data derived from it less comparable to the other versions of the PAM, which is a pity. This should be described in the discussion section and considered a limitation of this study and of the future instrument for international research.
• You are right on this point. When translating the original into the German Version we had a long discussion about whether including the N/A answer or not. You are right that it limits the comparability of our results. In our opinion, all statements besides item 4 should be applicable and the response option “not applicable” might cause the loose of information. Nevertheless, this should be reconsidered in further validation studies.
  When translating the PAM13 we did send our backtranslation of the German version to Judith Hibbard and they accepted our translation as it seemed to fit better for our sample.
  This should definitely be discussed and we add this point to the limitation of our study (p. 13).

Page 8:
Response rate was low (brutto response 47.5%). How do authors explain this (how were the data acquired: online or by paper and pencil questionnaire)?
  • The questionnaire was send out as a paper-pencil version we added this information to the description of the participants (p.5)

Is there information about the non-responders? Why is this not mentioned as a limitation of the study (because especially non-responders could be the ones’ with lower PAM scores).
  • You are right with your remark on the non-responders, we only know their age and sex. The non-responders were slightly younger (mean age 65.5 years) than our responders (mean age 67 years). There were slightly more women with the non-responders but this might due to the fact, that slightly more women than men were included into the study in the first place. We can only suppose that the PAM level of the non-responders might have been lower, especially since our sample scored very high on the PAM.
  • The original publication von Judith Hibbard achieved also a response rate from 48% we think it is not high, but still acceptable since we have a really big sample.
  • We add this to our limitation section (p. 13).

Discussion
1st sentence ‘older’ with respect to what? Relatively old?
  • That is a valuable hint – it was “old” in the perspective of the authors, it does not give any notable information therefore we took it out.

Page 12/13:
‘When testing for DIF….negligible’. This paragraph is very much in detail and discusses differences on item level. If they are relevant: please describe them in the results section and discuss the differences here on a more general level.
  • We do agree on this, we did describe these results already in the result section (p. 10) and shortened this part in the discussion section (p.12).

Page 13:
Comparing subgroups… Here differences with respect to diagnosis subgroups are introduced, and patients with depression and anxiety are mentioned. These differences have not been described in the text of the results section. Please do.
  • We totally agree and we added this information to the result section on page 8/9.

Page 14:
Implications: the reference to the work interventions (reference 32) is out of
context in this article which focuses on older people with multi-morbidity and their competences for self-management. Later in the same paragraph, the reference to other samples makes more sense.

- We can understand your point and rather than causing confusion we did delete the reference regarding the work interventions.

The sentence ‘Therefore, the PAM can be a useful instrument’ should be: ‘To that end, the PAM…’.

- We did change this to your suggestion.

I do not know what authors mean by ‘Studies testing the responsiveness of the PAM 13…’. Do they mean intervention studies? That would be correct. But other studies testing the instrument, its concurrent validity with e.g. health literacy and correlations with different outcome measures are being done and ongoing in the Netherlands (see references).

- Yes we did refer to intervention studies. We are now mentioning your work in the section “Implications for further research” (p.14). We were very interested in reading your recently published article and we are looking forward to the results of your ongoing research. Unfortunately your recently published article was not available when we first submitted our manuscript.

Page 15:
Acknowledgements. Did the authors have a license to use the PAM 13 in this study? Should they not mention the license holder (Indsignia Health) in the acknowledgements?
- Thank you very much; we are ashamed of missing this out. We did add our thanks to Indsignia Health and Judith Hibbard in the acknowledgements. Indsignia Health and Judith Hibbard are informed about our project and gave us the permission to translate the PAM13 into German and to use it in our project.

REVIEWER #2

Thank you for the thorough and constructive review of our manuscript. We appreciate your valuable comments and suggestions and tried our best to acknowledge them in the revised manuscript.

Reviewer’s report:

This is a very thorough validation study. All in all I find it both interesting and of good quality, and have only a few comments.

My main comment is the changes to the response options and how the response options were handled: It is stated that only item 4 had the fifth response option, thus meaning that the other items did not have the response option “Not applicable” as in the original version and the other translated versions.

- You are right on this point. When translating the original into the German Version we had a long discussion about whether including the N/A answer or not. You are right that it limits the comparability of our results. In our opinion it that all statements besides item 4 should be applicable and the response option “not applicable” might cause the loose of information. Nevertheless, this should be reconsidered in further validation studies.
When translating the PAM13 we did send our backtranslation of the German version to Judith Hibbard and they accepted our translation as it seemed to fit better for our sample.

- It is definitely a point to discuss and we add this point to the limitation of the study (p. 13).

Furthermore, it is stated (only in) the Result section first paragraph under Rasch analysis, that the answering categories "strongly disagree" and "disagree" is lumped together. Both of these choices should be clearly discussed and argued for, both what it has to say in the current study and more importantly how this affects the comparison with studies using and reporting on the original version.

- You are right; we should discuss this point in more detail. We decide to combine the response categories "strongly disagree" and "disagree" into one response category for the analysis, because adequate functioning of rating scale categories requires that the category frequencies are fairly similarly distributed across items. That was not the case in our study. We still did the calculation on the data with four response options and provided these results in the appendix (table A1).
- We added this point to the limitation section (p. 13).

The comment that item 4 had 14.8% missing should be commented more /discussed as it is the odd one out.

- The reason for the outstanding item 14 with 14.8% missings, we can only presume. Since this item is the only one which clearly refers to medication, it is possible that some participants are not firm on their medication and did not feel comfortable to respond to this item.
- Nevertheless you are right that this deviation should be noted and we did add it to the strengths & limitation section (p.13).

It would be good to have some comparison with the larger sample (response analysis) if possible. E.g. was those responding younger / healthier?

- You are right with your remark on the non-responders, we only know their age and sex. The non-responders were slightly younger (mean age 65.5 years) than our responders (mean age 67 years). There were slightly more women with the non-responders but this might due to the fact, that slightly more women than men were included into the study in the first place. We can only suppose that the PAM level of the non-responders might have been lower, especially since our sample scored very high on the PAM.
- We add this to our limitation section (p. 13).

Table 3. should include a column for missing. This can be done by removing the Median column (can be put in as a footnote).

- We did include a column for the missings as suggested and put the results of the Median out as there are mentioned in the paragraph about the results (p. 9).

There is published a Norwegian translation of PAM by Steinsbekk in 2008.

- We are very sorry about missing out on the Norwegian version of the PAM. We did add this reference in the introduction section (p. 4), discussion (p.12) and conclusion (p. 14). Since this validation study is not available in English to our knowledge we could not compare our results to it.