

CROSS-CULTURAL ADAPTATION AND VALIDATION OF COMMUNICATION OUTCOME AFTER STROKE (Ca-COAST) SCALE INTO BANGLA FOR ASSESSING THE PATIENTS WITH POST STROKE

By

Nahar Afrin

4th Year, B.Sc. in Speech & Language Therapy Department

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Supervised by

Md. Shohidul Islam Mridha

Assistant Professor

Department of Speech and Language Therapy

BHPI, CRP, Chapain, Savar, Dhaka-1343

Title: "cross-cultural adaptation and validation of communication outcome after stroke (ca-coast) scale into bangla for assessing the patients with post stroke"

Aim of the study: Linguistic validation and Cross cultural adaptation of "Caregiver perceived -Communication Outcome After Stroke" (Ca-COAST) scale into Bangladeshi context.

Methodology: This is a cross-sectional types of adaptation study where 2 forward translators, 2 back translators, 3 expert committee members and 37 patients caregiver were assigned purposively from Centre for the Rehabilitation of the Paralysed, CRP-Savar and CRP-Mirpur. This tool was applied to post stroke patients with aphasia and dysarthria. Data was analyzed by using descriptive statistical analysis (SPSS= Statistical Package for the Social Sciences) method.

Result: Ca-COAST showed excellent reliability by Chronbach's alpha ($\alpha = 0.92$) score within two times for 1 to 2 week interval. Pearson's Correlation Coefficient (r) and ICC (Interclass Correlation Coefficient) were applied to analyze the correlation between the items and found significant correlation (r = 0.94 and ICC = 0.97) scores. Ca-COAST was well acceptable and understandable to all the participant of this study.

Conclusion: Carer-COAST is a widely used scale to assess communication status of poststroke patients. This study provides Bangla translated version of Carer-COAST scale for assessing patients who are Bengali. This study showed a brief overview of Ca-COAST-BD which is suitable for the patients with post-stroke in Bangladeshi context. The investigator of this study applied IOC Index scoring system for measuring the content validity of this tool. Not only that but also applied Cronbach's alpha, Pearson's correlation coefficient and ICC test for this scale, and found excellent internal consistency and good test-retest reliability scores for this tool. These scores proved that this tool is scientifically proved and culturally appropriate.

Limitation

Ca-COAST scale is not yet been adapted and linguistically validate in Bangladesh which can be used by Speech & Language Therapist. So, there were some situational limitations and barriers while considering the results of the study in different aspects. Those are as follows:

- COAST Scale has two parts, one part is for patient's rating scale (as: COAST) and another part is for patient's career rating scale (Ca-COAST). In this study, investigator only translate Ca-COAST scale due to limited time for research conduction but tried to make it comparatively standard like other established tools in Bangladesh.
- It was difficult for the investigator to find all the stroke patients within this limited period of time and resources were limited that have a great deal of impact of the study.
- This is a new adaptation study for this tools in Bangladeshi context. So literatures were found in limited number.
- The adaptation procedure took longer period of time, as the experts were not always available and it needs longer time for better study. For this study, time period was limited.

Recommendation

- This is highly recommended for item number twenty, clinician can use short interpretation/ synonymous word for (Quality of life – his/her personal satisfaction in which he/ she is living within this cultural condition).
- Further study can be possible to measure the effectiveness of this scale in the context of Bangladesh.

- Another study can be done on Patients COAST adaptation and validation in the context of Bangladesh.
- Another study can be done by covering all the sub-branches of CRP, as this will help to cover whole Bangladesh not an individual city.

References:

- Ahmed, S. M., Alam, B. B., Anwar, I., Begum, T., Huque, R., Khan, J. A. and Osman, F. A. (2015). Bangladesh Health System Review. *Health Systems in Transition*,5(3),96-97. Retrived from http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_bangla desh/en/
- Alshenqeeti, H. (2014). Interviewing as a Data Collection Method: A Critical Review. *English Linguistics Research*, 3(1), 39-45. doi: 10.5430/elr.v3n1p39
- Arnao, V., Acciarresi, M., Cittadini, E. and Caso, V. (2016). Stroke incidence, prevalence and mortality in women worldwide. *International Journal of Stroke*, 11(3), 287-301. doi.10.1177/1747493016632245
- Bambini, V., Arcara, G., Aiachini, B., Cattani, B., Dichiarante, M., Moro, A., Cappa, S. and Pistarini, C. (2016). Assessing functional communication: validation of the Italian versions of the Communication Outcome after Stroke (COAST) scales for speakers and caregivers. *Aphasiology*, 31(3), 332-358.DOI: 10.1080/02687038.2016.1225275

Bailey, M. D. (1997). Research for the Health Professional. Philadelphia: F. A. Davis.

- Beaton, D., Bombardier, C., Guillemin, F., &Ferraz, M. (2000). Guidelines for the Process of Cross-Cultural Adaptation of Self-Report Measures. *Spine*, 25(24), 3186-3191. doi: 10.1097/00007632-200012150-00014
- Bhasin, H. (2019). Five Types of Communication Types of Communication. [online] Marketing91. Retrived July 28,2019, from: https://www.marketing91.com/five-typesof-communication/
- Bolarinwa, O. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Nigerian Postgraduate Medical Journal*, 22(4),195. DOI: 10.4103/1117-1936.173959

- Bowen, P., Hesketh, D., Long, P., & Patchwood, D. (2014). COAST (Communication Outcomes after Stroke Scale) - Click2go. Retrieved October 25, 2018 from De Vet, H., Mokkink, L., Mosmuller, D. and Terwee, C. (2017). Spearman–Brown prophecy formula and Cronch's alpha: different faces of reliability and opportunities for new applications. Journal of Clinical Epidemiology, 85, 45-49.doi.10.1016/j.jclinepi.2017.01.013
- Dhippayom, J., Trevittaya, P., & Cheng, A. (2018). Cross-Cultural Adaptation, Validity, and Reliability of the Patient-Rated Michigan Hand Outcomes Questionnaire for Thai Patients. Occupational Therapy International, 2018, 1-6. doi: 10.1155/2018/8319875
- Gorecki, C., Brown, J., Cano, S., Lamping, D., Briggs, M., & Coleman, S.,...Nixon, J. (2013). Development and validation of a new patient-reported outcome measure for patients with pressure ulcers: the PU-QOL instrument. *Health And Quality Of Life Outcomes*, 11(1), 95. doi: 10.1186/1477-7525-11-95
- Habib, R., Hosen, I., Islam, R., & Bhowmik, N. (2018). Risk Factors and Etiologies of Ischemic Stroke in Young Adults: A Hospital-based Study in Bangladesh. *BIRDEM Medical Journal*, 8(2), 138-144. doi: 10.3329/birdem.v8i2.36645
- Islam, A., & Biswas, T. (2014). Health System in Bangladesh: Challenges and Opportunities. *ResearchGate*, 2(6), 366-374.doi: 10.11648/j.ajhr.20140206.18
- Islam, M., Moniruzzaman, M., Khalil, M., Basri, R., Alam, M., Loo, K. and Gan, S. (2012). Burden of Stroke in Bangladesh. *International Journal of Stroke*, 8(3), 211-213.doi.10.1111/j.1747-4949.2012.00885.x
- Jesus, L. M. T., & Valente, A. R. (2016). Cross-cultural adaptation of health assessment instruments. Retrieved December 17, 2019, from http://sweet.ua.pt/lmtj/lmtj/JesusValente2016.pdf
- Koo, T. and Li, M. (2016). A Guideline of Selecting and Reporting Intraclass Correlation Coefficients for Reliability Research. *Journal of Chiropractic Medicine*, 15(2),155-163. DOI: 10.1016/j.jcm.2016.02.012
- Kovacic, D. (2017). Using the Content Validity Index to Determine Content Validity of an Instrument Assessing Health Care Providers' General Knowledge of Human Trafficking. *Journal of Human Trafficking*, 4(4), 327-335doi.10.1080/23322705.2017.1364905

- Kristensen, H. K., Tistad, M., Koch, L. v., & Ytterberg, C. (2016). The Importance of Patient Involvement in Stroke Rehabilitation. *NCBI*, 11(6).doi: 10.1371/journal.pone.0157149.
- Long, A., Hesketh, A., & Bowen, A. (2009). Communication outcome after stroke: a new measure of the carer's perspective. *Clinical Rehabilitation*, 23(9), 846-856.doi. 10.1177/0269215509336055
- Marquardt, L., Krämer, A., Fischer, F., & Prüfer-Krämer, L. (2015). Health status and disease burden of unaccompanied asylum-seeking adolescents in Bielefeld, Germany: crosssectional pilot study. *Tropical Medicine & International Health*, 21(2), 210-218. doi: 10.1111/tmi.12649
- Velor, D. (2018). The Importance of Stroke Awareness and Prevention. Retrieved May 30,2018, from: https://kutopeka.com/news/importance-stroke-awareness-andprevention.
- Venketasubramanian, N., Yoon, B., Pandian, J. and Navarro, J. (2017). Stroke Epidemiology in South, East, and South-East Asia: A Review. *Journal of Stroke*, 19(3), 286-294.doi: 10.5853/jos.2017.00234
- Walker, M. F., Sunnerhagen, K. S., & Fisher, R. J. (2013). Evidence-based community stroke rehabilitation. *Stroke*, 44(1), 293-297.doi.10.1161/STROKEAHA.111.639914
- Wray, F., & Clarke, D. (2017). Longer-term needs of stroke survivors with communication difficulties living in the community: a systematic review and thematic synthesis of qualitative studies. *NCBI*, 7(10), e017944.doi: 10.1136/bmjopen-2017-017944
- Zamanzadeh, V., Ghahramanian, A., Rassouli, M., Abbaszadeh, A., Alavi-Majd, H. and Nikanfar, A. (2015). Design and Implementation Content Validity Study: Development of an instrument for measuring Patient-Centered Communication. *Journal of Caring Sciences*, 4(2),165-178. doi: 10.15171/jcs.2015.017

[N.B. For better understanding of the study, please see hard copy & for any further information please contact: nahar.afrin95@gmail.com