



Assessment of respondent acceptability for preference measures in stuttering

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ABSTRACT

Purpose: To assess the feasibility of using one or more of four standard economic preference measures to assess health-related quality of life in stuttering, by assessing respondents' views of the acceptability of those measures.

Method and results: A graphic positioning scale approach was used with 80 adults to assess four variables previously defined as reflecting the construct of respondent acceptability (difficulty of decision making, clarity of text, reasonableness for decision making, and comfort in decision making) for four types of preference measurement approaches (rating scale, standard gamble, time trade-off, and willingness to pay). A multivariate repeated measures analysis of variance ($p < .001$) and follow-up univariate repeated measures analyses of variance (all $p < .01$) were all significant, indicating that respondents perceived differences among the preference measurement methods on all four acceptability variables.

Conclusion: The rating scale was perceived as the easiest, clearest, most reasonable, and most comfortable tool, but it is not a measure of utility (an economic term for desirability or worth). If utility is the objective, such as for cost-utility analyses in stuttering, then the present results suggest the use of standard gamble (rather than time trade-off). These results also support the use of willingness to pay assessments for cost-benefit analyses in stuttering. These findings supplement results previously obtained for other chronic conditions.

Learning outcomes: The reader will be able to: (1) describe how four standard economic preference measures [rating scale (RS), time trade-off (TTO), standard gamble (SG), and willingness to pay (WTP)] can be used in economic analyses; (2) describe how RS, TTO, SG and WTP can be measured; and (3) describe how respondents perceive the use of RS, TTO, SG and WTP in measuring changes in stuttering.

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1. Introduction

Stuttering is often described in terms of two groups or types of variables. The first is speech parameters, such as speech rate or observable stuttering events. The second is nonspeech parameters, such as emotions, social abilities, and educational or vocational performance. There are differences of opinion as to the relative importance of the two types of variables, and as to the presence or direction of any causal relationship between them (compare, for example, the assessment and management recommendations provided by Costello and Ingham (1984), Hill (1999), Manning (1999), and Onslow,

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Packman, and Harrison (2003)). Nevertheless, most authors agree that both types are relevant to some greater or lesser degree, and most assessment protocols address attitudinal or emotional variables in addition to speech variables (e.g., Guitart, 2005; Shipley & McAfee, 2008). Treatment recommendations are then built on the combination of speech parameters and nonspeech parameters, with different elements weighted in ways that reflect the client's and the clinician's (or researcher's) views as to their relative importance or causal relationship.

One problem facing clients, clinicians, and researchers in stuttering, however, is that none of the instruments that have been developed to measure nonspeech variables [e.g., Andrews and Cutler's (1974) S-24, or Brutton and colleagues' Communication Attitude Test (Brutton & Dunham, 1989; De Nil & Brutton, 1990, 1991)] meets more than approximately half of a set of very basic psychometric standards for use either with individual clients or with groups of research participants (see Franic & Bothe, 2008, for detailed descriptions and analyses). Evidence that they result in reliable and valid measures of a well-defined construct is not available for most of these instruments, nor is evidence that they can be administered or interpreted as intended by their developers. In fact, in some cases, clear evidence to the contrary is available [see Franic and Bothe's (2008) Table 2, Appendices A and B; see also Ingham, 2012; Ulliana & Ingham, 1984]. This lack of focused, dependable, and defensible measurement instruments related to the nonspeech parameters in stuttering has important implications for theory, assessment, and management for this disorder.

In response to this problem, some researchers have recently begun to explore how to measure the constructs of *quality of life* and *health-related quality of life* in stuttering (Bothe, Ingham, & Franic, 2010; Bramlett, Bothe, & Franic, 2006; Craig, Blumgart, & Tran, 2009; Franic & Bothe, 2008; Franic, Bothe, & Bramlett, 2012; Koedoot, Bouwmans, Franken, & Stolk, 2011; Yaruss & Quesal, 2006). Of the two, health-related quality of life (HRQL) is more directly relevant to stuttering; it is a summary outcome variable designed to measure clients' overall perceptions about their lives with respect to domains often described as physical, social, role, and emotional functioning (McHorney & Tarlov, 1995). The similarities between these domains and the traditional speech and nonspeech categories used to measure stuttering provide clear links between HRQL methods and questions of longstanding interest and demonstrated clinical relevance in stuttering. In addition, HRQL measures have the advantage of having been extensively studied, well validated, and widely used and recommended in the health outcomes literature and in health-related policy development. HRQL measures are known to reliably and validly capture the combined results of multiple variables in a way that can be responsive to health-care interventions and that can serve as a common metric for describing and comparing the overall impact of clients' abilities, disabilities, or limitations in functioning. In short, HRQL measurement methods have several advantages over existing nonspeech measures used in stuttering, and they could help to address several measurement and management problems facing clients, clinicians, and researchers in stuttering.

1.1. Selecting among HRQL measurement methods

Despite these advantages, several complexities arise as attempts are made to measure HRQL or related variables (known as *preferences* or *economic utility*, and referring generally to the value placed by a person on a good, service, state, or condition) for stuttering. Among the first is that HRQL can be measured in many ways, including the rating scale (RS), standard gamble (SG), time trade-off (TTO), and willingness to pay (WTP) methods (all are described in Appendix A for interested readers). All four have their advocates, and all four are strongly recommended for use in certain circumstances, but there are multiple competing and even contradictory reasons to select any one or another of these methods. Their underlying theoretical assumptions differ, for example, as do the specific purposes of the analyses conducted. Cost and time for administration also vary across the methods (Gold et al., 1996; Torrance, 1987). The RS method is generally accepted to be cognitively less challenging, faster, easier for respondents to complete, and less demanding for interviewers to administer, but it results in scores that cannot be used in certain ways (i.e., it does not produce *utilities*; see Gold et al., 1996; Torrance, Feeny, & Furlong, 2001). Similarly, the TTO method was developed in part because the SG method was viewed as too difficult for some respondents to manage, but whether TTO procedures are actually easier remains open to some debate (Gold et al., 1996). Patrick, Starks, and Cain (1994) reported contradictory findings: Their respondents found the SG task easier to understand, less frustrating, and more accurately reflecting their preferences than TTO. Interestingly, the developer of the TTO method also favors the use of SG over TTO in utility elicitation (Torrance et al., 2001).

In addition to these many and conflicting general considerations, it is also important to consider both the actual and the perceived goodness of fit between the methods and the specific health conditions being assessed, or what has been referred to as the *feasibility* of any particular method for use in any particular application. Some investigators have addressed this question through indirect feasibility analyses, such as assessing response rates, identifying the numbers of respondents whose answers seem to reflect a misunderstanding of the questions, or identifying other features of obtained data that suggest that respondents were confused by the tasks (Ryan, Watson, & Amaya-Amaya, 2003). In the case of stuttering, Bramlett et al. (2006) began this process by comparing the RS, SG, and TTO methods with a group of 76 respondents. Their results showed that all three methods could be completed by all respondents, and that all three methods appeared to result in meaningful data that met some expected patterns. Franic et al. (2012) continued the work by assessing WTP and a composite measure known as *quality-adjusted life years*. In the case of the WTP data, two of 80 original respondents provided extreme responses that were formally determined to be statistical outliers, but otherwise the results of this study again suggested that WTP questions could be feasible and useful in stuttering. Taken together, Bramlett et al.'s (2006) and Franic et al.'s (2012) studies suggest, in short, that all four HRQL measurement methods might be feasible for use in stuttering.

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