



The Positive Psychology Outcome Measure (PPOM) for people with dementia: Psychometric properties and factor structure

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ABSTRACT

Objectives: To conduct an in-depth psychometric assessment of the PPOM; a measure of hope and resilience.

Method: An observational study at five NHS trusts across England. Participants either completed the study using self-complete or interview led procedures, depending on their preference. Assessments were internal consistency, floor and ceiling effects, test-retest reliability, convergent validity and factor structure.

Results: 225 participants were recruited and completed the study, with a subsample of 48 comprising the test-retest sample. Internal consistency was excellent $\alpha = 0.94$, and significant correlations were observed between quality of life ($r = 0.627, p < .001$), depression ($r = -0.699, p < .001$) and the Control, Autonomy, Self-realisation and Pleasure Scale (CASP-19; $r = 0.73, p < .001$). The PPOM remained moderately stable over a one week period (ICC: 880) and factor analyses indicated a two-factor structure solution with acceptable fit indices.

Discussion: The PPOM has robust psychometric properties and is now suitable for use research and practice. People who met the clinical criteria for depression were more likely to have lower scores on the PPOM, indicating criterion validity. Future work is needed to establish the PPOM as sensitive to change and to investigate the relationship between hope, resilience and depression further.

1. Introduction

In the last twenty years quality of life has become recognised as a key outcome in dementia. However, despite this, the research literature has an overriding focus on negative aspects of the experience of dementia so that there has been almost nothing on positive psychology perspectives, with quality of life virtually the only measure of positive outcome for people with dementia. Whilst it is often inferred that a reduction in negative symptoms will increase quality of life, there is a need to also cover positive domains that may increase or contribute to quality of life. The approach of positive psychology recognises that, whilst people with dementia can face difficulties and challenges in day-to-day life, they also have the capacity for a positive life and that positive emotions or traits can contribute to a greater quality of life (Efklides & Moraitou, 2013).

Positive psychology (Seligman, 1998) theory refers to the study of positive emotions and traits that enable individuals, communities and organisations to thrive (Seligman, Steen, Park, & Peterson, 2005). Positive psychology focuses on the strengths and capabilities that people with dementia utilise in order to achieve or maintain wellbeing, in the

face of difficulties or challenges faced, which has important implications for the understanding of wellbeing. However, a lack of good standard outcome measures for people with dementia has hampered its evaluation within dementia research (Stoner, Orrell, & Spector, 2015).

An earlier development and pilot study indicated that hope and resilience were important concepts for people with dementia (Stoner, Orrell, Long, Csipke, & Spector, 2017). Despite hope within dementia previously receiving little attention (Cotter, 2009), qualitative analysis indicated that hope was multifaceted, present on a day to day basis and generalised in nature, as consistent with previous studies (Wolverson, Clarke, & Moniz-Cook, 2010). Resilience was deemed also to be present within daily life and was defined more ambiguously with some referring to it as a form of emotional stamina in the face of difficulties. Furthermore, these concepts were seen as integral to maintaining wellbeing in everyday life. Due to the perceived importance of these particular concepts, they were integrated into a new outcome measure that acts as an exemplar of positive psychology measurement in dementia. Termed the Positive Psychology Outcome Measure (PPOM; Stoner, 2017), the new 16-item measure consisted of an eight-item hope measure adapted from the Herth Hope Index (HHI; Herth, 1992) and an

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eight-item resilience measure developed with people with dementia, drawing on prominent theories of resilience within the literature (Connor & Davidson, 2003; Wagnild & Young, 1993).

Preliminary data suggested good psychometric properties and important implications for wellbeing in dementia but the sample size ($n = 33$) was too small for an in-depth analysis of psychometric properties, factor structure and validity in terms of relatedness to well researched concepts of quality of life and depression. Therefore, the aim of this study was to conduct an in-depth psychometric assessment of the PPOM in a sample of older adults with dementia.

2. Methods

2.1. Design

A multi-site, observational study conducted at five National Health Service (NHS) trusts across England (Research Ethics Committee (REC) approval: 15/EE/0443). The study was funded by a University College London (UCL) Grand Challenge of Human Wellbeing PhD study and consisted of one baseline questionnaire assessment and one retest assessment for a subsample of 48 participants. Measures could either be completed within an interview with a trained researcher or using a self-complete procedure. Methods for completion were discussed at point of contact with participants and was led by their preference.

2.2. Participants

Participants were recruited via the following avenues:

- 1) Referrals from support groups, memory clinics and previous research
- 2) The Join Dementia Research (JDR) Register (<https://www.joindementiaresearch.nihr.ac.uk>).

Participants were required to have a diagnosis of dementia according to DSM-IV criteria (American Psychiatric Association, 2000) and be deemed capable of providing informed consent. These inclusion criteria were purposefully all-encompassing to ensure that a wide range of people living with dementia were able to participate.

2.3. Procedure

Research assistants and clinical support officers at each NHS trust were responsible for identifying potential participants. Eligible participants were contacted to ascertain interest in the study and to establish capacity to give consent, via an informal capacity assessment. Staff at NHS trusts were also responsible for discussing participant preference with regard to manner of completion (interview or self-report). Participants were informed that the questionnaire booklet could be sent to their address by post or email with a freepost return envelope, or that a research assistant could visit them at a place and time of their convenience to assist them with completion. Participants were encouraged to select the completion style that was most suitable for them. Instructions for self-completion and interview procedures were standardised across sites, ensuring that both methodologies were consistent across participants and sites.

2.4. Outcome measures

Demographic and clinical information consisting of age, gender, ethnicity, dementia diagnosis, diagnosis date and current medication was collected. Participants were also asked to list any co-morbid 'major mental or physical health problems' they were currently experiencing. No restrictions were put on these additional diagnoses. Four outcome measures were selected to ascertain the convergent validity of the PPOM. These, in addition to the PPOM, are described below.

2.4.1. The Positive Psychology Outcome Measure (PPOM)

The PPOM measures the degree of hope and resilience for people with dementia. It is measured on a five-point Likert scale (0- not true at all, 4- true nearly all the time) and uses a one-month time frame (Stoner et al., 2017). It has an excellent level of internal consistency ($\alpha = 0.939$; Stoner, 2017).

2.4.2. The Control, Autonomy, Self-realisation and Pleasure Scale (CASP-19)

Building on humanist psychology (Maslow, 1968), it views wellbeing as the satisfaction of four domains: control, autonomy, self-realisation and pleasure. Each of the 19 questions is rated on a four-point Likert scale (0- never, 3 often), with higher scores reflecting increased satisfaction across domains. It was developed for older adults, for which adequate psychometric properties were reported and evidence emerged for a second order, latent quality of life factor solution (Hyde, Wiggins, Higgs, & Blane, 2003). The CASP-19 was assessed psychometrically as part of this study (Stoner, 2017).

2.4.3. The Geriatric Depression Scale Short Form (GDS-15)

The GDS consists of 15 dichotomous items (yes/no), and was designed as a self-complete measure. A score of between 5 and 9 indicates mild depression, whilst a score of 10 or higher indicates severe and significant depression with a sensitivity specificity ratio of 84%:95% (Yesavage, Brink, Rose, & Adey, 1983). The GDS has adequate psychometric properties for people with dementia (Leshner & Berryhill, 1994).

2.4.4. The Quality of Life in Alzheimer's Disease Scale (QoL-AD)

The QoL-AD consists of 13 items measured on a 4-point Likert scale, with scores ranging from 13 to 52 and higher scores indicating a better quality of life across domains. It can be used as a self-complete measure or within an interview, has an acceptable reported level of internal consistency (0.77–0.84) (Logsdon, Gibbons, McCurry, & Teri, 1999a; Logsdon, Gibbons, McCurry, & Teri, 1999b) and has demonstrated convergent validity with other quality of life (Thorgrimsen et al., 2003) and health related measures (Wolak-Thierry et al., 2015).

2.5. Analysis

A combination of mean and multiple imputations was selected to adjust for missing data. Mean imputation was conducted at the 10% level for the PPOM, GDS and CASP-19. The QoL-AD was imputed at the 20% level, based on previous studies (Logsdon et al., 1999a, 1999b). Following this, multiple imputation (Rubin, 1987) was applied at a measure level using 20 imputations as possible alternatives.

Measure norms and floor and ceiling effects were assessed using the mean, standard deviation, range and possible range. If less than 15% of respondents achieved the highest or lowest possible scores, ceiling and floor effects were not considered significant (Terwee et al., 2007). Cronbach Alphas were calculated to assess internal consistency at a measure and subscale level. To assess stability, Intraclass Correlation Coefficients (ICC) were used to assess linear agreement within a one-week period. To assess convergent validity (the degree to which concepts that are theoretically related are observed to be related on outcome measures of such concepts), Pearson's R correlations were calculated. It was hypothesised that a positive correlation would be observed between the PPOM and both the QoL-AD and CASP-19, and a negative correlation would be observed between the PPOM and GDS.

Factor structure was examined using best practice procedures. Firstly, data was randomly halved using SPSS and halves were labelled either 'construction' or 'validation'. Construction data was imported into MPlus and syntax was entered to conduct an Exploratory Factor Analysis (EFA) to identify the amount of 'latent' factors, or variables that were not overtly measured, and are usually denoted by an eigenvalue of one or greater (Kaiser, 1960). Factors identified within the EFA

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