

Reliability, and Validity of the Polish Version of the Esophageal-Atresia-Quality-of-Life Questionnaires to Assess Condition-Specific Quality of Life in Children and Adolescents Born with Esophageal Atresia



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Methods

A total of 50 families of children (23 aged 2 to 7, and 27 aged 8 to 17) with EA/TEF (esophageal atresia/tracheoesophageal fistula) participated in the study. The development and validation of the Polish version of EA-QOL involved forward-backward translation of the survey items following the guidelines for cross-cultural translation, cognitive debriefing and evaluation of psychometric properties, including assessment of internal and retest reliability, linguistic validity, content validity, known-group validity and convergent validity. Medical records of patients and standardized questionnaires were used to obtain clinical data. Significant level was $p < 0.05$.

Tab 1. Gestation age and QoL dimentions

Dimentions	Gestation age	Mean	SD	P-value
Physical Functioning	Preterm	66,74	20,74	0,287
	Term	71,82	21,10	
Emotional Functioning	Preterm	55,65	11,34	0,704
	Term	58,82	16,96	
Social Functioning	Preterm	66,08	26,77	0,034
	Term	79,04	19,99	

SD= standard deviation, significant at $P < 0.05$

Introduction

This study reports the reliability and validity of the Polish version of the Esophageal-Atresia-Quality-of-Life (EA-QOL) questionnaires, which were originally developed in Sweden and

Results

The Polish version of the EA-QOL questionnaires demonstrated strong linguistic and content validity, are slightly discriminative for esophageal and respiratory problems, but does not show convergent validity with the PedsQL 4.0 generic core scales. In terms of reliability, the internal consistency of the subscale and total scale of Polish versions as measured by Cronbach's alpha are good and retest reliability is excellent.

Conclusions

The Polish version of the EA-QOL questionnaire meets most psychometric criteria that confirm the EA-QOL questionnaires reliability and validity. This study enables application of the questionnaires into future research among children with EA in Poland and participation in international multicenter studies focusing on advancing knowledge of condition-specific QOL in this population. Still, future cross-cultural research using larger sample sizes, is needed to better address the relationship between condition-specific and generic QOL as well as the discriminative ability of the EA-QOL questionnaires.