The psychometrics of the Chinese version of the Recovery-Promoting Relationships Scale

Yen-Ching Chang¹ Ming-De Chen²
¹Department of Occupational Therapy, College of Medicine, National Cheng Kung University, Taiwan
²Department of Occupational Therapy, Kaohsiung Medical University, Taiwan

Background

Recovery-oriented services are the main stream in the mental health field. Mental health professionals’ recovery competencies are important to influence the outcomes of recovery-oriented services. Currently, recovery-oriented services in Taiwan are still in the initial stage, and we do not have appropriate instruments to measure professionals’ recovery competencies. Many recovery competency measurements are self-reported knowledge and attitudes questionnaires. However, the perspectives of people with psychiatric disabilities on their service providers should be considered as well. The Recovery-Promoting Relationships Scale (RPRS) was developed to measure professionals’ recovery competencies from the perspectives of clients with psychiatric disabilities. Hence, the aim of this study is to establish the Chinese version of the Recovery-Promoting Relationships Scale (RPRS-C).

Method

(1) Sample: Study participants had to meet the following inclusion criteria: having a diagnosis of mental illness, being age 20 to 64 years, living in the community, receiving services from the study site (i.e., the collaborating agency), and being able to fill out the study survey independently.

(2) Instrument: This study used the Recovery-Promoting Relationships Scale (RPRS; Russinova, Rogers, Cook, Ellison, & Lyass, 2013) to collect data. The RPRS has 24 items that measure two generic components of recovery competencies: core interpersonal skills and recovery-promoting strategies (i.e., hopefulness, empowerment, and self-acceptance). The RPRS used a 4-point Likert scale plus a “Not applicable” response. The RPRS prescriptive norms (see Table 1). The core relationship index showed the highest mean score (82.7). In addition, the item 9 (My provider helps me learn how to stand up for myself) had the lowest mean score (3.3) while the item 18 (My provider treats me with respect) had the highest mean score (4.0).

Table 1 The mean score of the RPRS-C (n=10)

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<thead>
<tr>
<th></th>
<th>Prescriptive Norms</th>
<th>Mean</th>
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<tbody>
<tr>
<td>RPRS Total Score</td>
<td>54</td>
<td>76.0</td>
</tr>
<tr>
<td>Core Relationship Index</td>
<td>55</td>
<td>82.7</td>
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<tr>
<td>Recovery-Promoting Strategies Index</td>
<td>54</td>
<td>76.3</td>
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<tr>
<td>Hopefulness Subscale</td>
<td>55</td>
<td>81.3</td>
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<tr>
<td>Empowerment Subscale</td>
<td>57</td>
<td>79.2</td>
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<tr>
<td>Self-Acceptance Subscale</td>
<td>58</td>
<td>79.9</td>
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</tbody>
</table>

(3) Procedure: The RPRS was translated by one researcher and one translation expert. We discussed one translated version in a professional meeting. Professionals considered the language usage and cultural differences to form the pilot version of the RPRS-C. Then, we invited 10 people with psychiatric disabilities who received community mental health services to fill out the pilot scale and provide comments. After collecting all data, we established the final version of the RPRS-C.

Results

10 participants filled out the RPRS-C. Sixty percent of participants were women. Most participants were single (90%). Regarding education level, all participants had a high school degree or higher. Most participants had a part-time job, supported employment, or sheltered employment (90%), and one was unemployed. All participants lived with their families. Four diagnoses were reported: bipolar disorder (40%), schizophrenia (30%), major depression (20%), and schizoaffective disorder (10%). The average age of participants was 34.52 years (range: 25.17–56.93) and the average illness length was 11.83 years (range: 2.77–22.93).

Discussion

The study translated the RPRS into Chinese and used a pilot sample to examine the language appropriateness and content clarity of the RPRS-C. We conducted a professional meeting to discuss the item content closely and used phrases that matched the language habits of Taiwaneses to better express the meaning of each item. Since the 24 items of the RPRS used simple wording, we did not meet significant difficulties during the translation process.

Study participants did not report any inappropriateness of the RPRS-C. Their total score, core relationship index, recovery-promoting strategies index, hopefulness subscale, empowerment subscale, and self-acceptance subscale passed the RPRS prescriptive norms, which implied that their service providers had better recovery-promoting competences than the acceptable level defined by the original scale developers. Moreover, the core relationship index had the highest mean score, which indicated that their service providers had good interpersonal skills and kept good relationships with their clients. The item 18 with the highest item mean score had similar implication. The culture characteristics might be the reason for the lowest item mean score for the item 9.

The RPRS-C was established in this study. Future research should use a big sample size to confirm its reliability and validity. The RPRS-C can be used to evaluate recovery competencies of mental health professionals in Taiwan in order to provide better recovery-oriented services for Taiwaneses with psychiatric disabilities.

Reference