

# Uji reliabilitas comprehensive core set international classification of functioning, disability and health for spinal cord injury sebagai deskripsi masalah fungsi dan kesehatan pada penderita cedera medula spinalis kronik = Interrater reliability of comprehensive core set international classification of functioning disability and health for spinal cord injury to describe function and health problems in patient with chronic spinal cord injury

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## Abstrak

### <b>ABSTRAK</b><br>

Latar belakang. International Classification of Functioning, Disability and Health ICF dipublikasi oleh World Health Organization untuk menstandarisasi deskripsi kesehatan dan disabilitas. Comprehensive core set ICF for spinal cord injury SCI in long-term context merupakan perangkat komprehensif yang mewakili sejumlah kategori terpilih dari seluruh klasifikasi dan dapat digunakan bersama dengan penentu kualifikasi ICF untuk mendeskripsikan fungsi dan disabilitas penderita setelah mengalami cedera medula spinalis CMS . Penggunaan penentu kualifikasi ICF menimbulkan pertanyaan perihal reliabilitas interrater. Tujuan. Menilai reliabilitas interrater comprehensive core set ICF for SCI in long-term context dalam praktik rehabilitasi. Metode. Uji reliabilitas merupakan studi observasional yang dilakukan secara potong lintang. Subjek adalah 30 penderita CMS dengan paraplegia kronik yang bertempat tinggal di Wisma Pondok Bambu dan Yayasan Wisma Cheshire. Rater penilai ialah 1 orang SpKFR serta 2 orang PPDS IKFR. Uji reliabilitas menilai 110 kategori ICF, terdiri dari 23 kategori dari komponen fungsi tubuh, 63 kategori dari komponen aktivitas dan partisipasi, serta 24 kategori dari komponen faktor lingkungan. Semua data berbasis ICF diperoleh dari pemeriksaan fisik dan wawancara subjek menggunakan comprehensive core set ICF for SCI in long-term context. Semua wawancara dilakukan secara individual oleh 1 orang PPDS IKFR yang sama, yang telah mengikuti pelatihan prinsip ICF. Pengumpulan data dilakukan dalam ruangan yang tenang dan berlangsung sekitar 2 jam. Reliabilitas dan properti setiap kategori dianalisis secara statistik menggunakan agreement dan weighted kappa. Agreement >60 dan weighted kappa >0,6 menunjukkan reliabilitas baik. Kualifikasi 8 yang berarti tidak spesifik dan 9 yang berarti tidak dapat diterapkan, dianggap missing data. Hasil. Median durasi wawancara berbasis comprehensive core set ICF for SCI in long-term context adalah 31,9 rentang 20,7-62,4 menit. Persentase agreement antar penilai bervariasi antara 0-100 . Weighted kappa bervariasi antara -0,064-1,000. Keseluruhan kategori, 20 kategori dari komponen fungsi tubuh, 59 kategori dari komponen aktivitas dan partisipasi, serta 14 kategori dari faktor lingkungan, memiliki agreement yang baik, yaitu 86,4 , 87,0 , 93,7 , serta 58,3 . Beberapa kategori ICF memiliki reliabilitas yang buruk dan tidak dapat dinilai. Simpulan. Seluruh komponen ICF menunjukkan reliabilitas interrater yang baik dan bervariasi antar kategori dan antar penilai. Penelitian ini menandakan reliabilitas interrater comprehensive core set ICF for SCI in long-term context dapat diterima. Disarankan untuk mengembangkan panduan penilaian yang lebih rinci dan sederhana untuk mengurangi perbedaan antar penilai. Penentu kualifikasi mungkin lebih mudah bila jumlah kualifikasi dikurangi, khususnya pada komponen faktor lingkungan.

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<b>ABSTRACT</b><br>

**Background.** The International Classification of Functioning, Disability and Health ICF was published by the World Health Organization to standardize descriptions of health and disability. The comprehensive core set ICF for spinal cord injury SCI in long term context is a comprehensive tool that represents a selection of categories from the whole classification and can be used along with the ICF qualifier scale to describe patients' functioning and disability following SCI. The application of the ICF qualifier scale poses the question of interrater reliability. **Objective.** To study the interrater reliability of the comprehensive core set ICF for SCI in long term context in rehabilitation practice. **Methods.** A cross sectional reliability study was conducted. A consecutive sample of 30 SCI patients with chronic paraplegia from Wisma Pondok Bambu and Yayasan Wisma Cheshire participated. One physiatrist and two Physical Medicine and Rehabilitation PM R residents rated the subject's functioning in 110 ICF categories, consists of 23 categories of the component 'body functions', 63 categories of the component 'activity and participation', and 24 categories of the component 'environmental factors'. All ICF data were collected via physical examination and patient interview using the comprehensive core set ICF for SCI in long term context. All interviews were performed independently by the same PM R resident, trained in principles of ICF. Data collection was carried out in quiet room and lasted approximately 2 hour. Reliability and the properties of each category were estimated using the observed agreement and weighted kappa statistic. An observed agreement 60 and weighted kappa 0.6 showed good reliability. The response options 'not specified' and 'not applicable' were considered missing data. **Results.** Median time for interviews with the comprehensive core set ICF for SCI in long term context was 31.9 range 20.7-62.4 minutes. The percentage of the observed agreement between the raters ranged from 0 to 100. The weighted kappa ranged from 0.064 to 1.000. Overall categories, 20 categories of the component 'body functions', 59 categories of the component 'activity and participation', and 14 categories of the component 'environmental factors' showed observed good agreement 86.4, 87.0, 93.7, and 58.3, respectively. Some categories in the ICF were rated as unreliable and immeasurable. **Conclusion.** The overall ICF components demonstrated good interrater reliability and varied considerably across categories and between raters. This study indicated that the interrater reliability of the comprehensive core set ICF for SCI in long term context was acceptable. It is recommended to establish detailed and simpler measuring guidelines to reduce the differences between raters. The metric of the qualifiers' scale may be improved by reducing the number of qualifiers especially for 'environmental factors' component.