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Featured Article

Cross-Cultural Validation and Psychometric Testing of the Questionnaire: Debriefing Experience Scale

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KEYWORDS

nursing education;
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scale;
psychometric testing

Abstract

Background: In the use of human patient simulation, there is a need for standardized and validated instruments across both national boundaries and cultural conditions. The aim of the present study was to translate and validate the Debriefing Experience Scale in a Norwegian context.

Method: The study was conducted as a survey of 146 bachelor's nursing undergraduates. An expert group, conventional content analysis, the known-group technique, and psychometric testing were all used.

Results: The scale seemed to hold good potential for evaluating debriefing but would also benefit from reducing the subscales.

Conclusions: Because of testing for validity being an ongoing process, there is a need for more studies to draw conclusions about the properties of questionnaire.

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A prerequisite to achieve learning by the use of human patient simulation (HPS) is to ensure a good learning environment. This poses challenges, both in terms of organizing groups and to the facilitator's ability to conduct

the session. Simulation competency (Dieckmann, 2009) is a prerequisite for both students and facilitators, with a frequent exposure to such learning methods considered to be a factor in determining success (Dieckmann, Friis, Lippert, & Østergaard, 2012). The recommended group size to ensure a safe learning environment is a maximum of 10 participants (Alinier, Hunt, Gordon, & Harwood, 2006; Childress, Jefferies, & Dixon, 2007; Grunwald & Corsbie-Massay, 2006; Sinclair & Ferguson, 2009) that,

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as often seen in nursing education, can be in conflict with a frequent exposure to HPS because of the large student–teacher ratio. The use of large groups may provide an alternative for traditional lecture-style education and possesses the possibility for a more frequently and repeated training that contributes to each student becoming more acquainted with simulation so that learning can be achieved.

Key Points

- The students perceived debriefing to be an excellent approach to learning.
- The Debriefing Experience Scale holds a good potential for assessing debriefing, but the present results indicated that it would benefit from reducing the subscales.
- Because of testing for validity being an ongoing process, there is a need for more studies to draw conclusions about the properties of the questionnaire.

For HPS in nursing education to be a worldwide approach to learning, there is a need for validated and reliable tools that can be used across boundaries and cultures (Adamson, Kardong-Edgren, & Willhaus, 2013), both for improving and developing the method and to measure the implications for patient outcome. Although tools including the patient outcome have not been found in the relevant literature (Kardong-Edgren, Adamson, & Fitzgerald,

2010), questionnaires based on the self-reporting of satisfaction and learning outcomes are available. Studies based on self-reporting could have uncertainties concerning learning outcomes (Davis et al., 2006; Schuck, Gordon, & Buchanan, 2008), but they represent a major contribution for developing and enhancing simulation as a learning method (Jeffries & Rogers, 2007a).

In HPS, the debriefing phase is considered to be the most essential part by representing the reflection phase (Dreifuerst, 2009; Fanning & Gaba, 2007). The participants are offered a possibility to resolve their feelings and the opportunity to learn from either their successes or their failures. Despite the fact that debriefing is strongly emphasized, there is still a lack of knowledge about how the participants experience a debriefing session to provide an understanding of the learning process provided therein (Neill & Wotton, 2011; Reed, 2012). A significant contribution to achieving knowledge of how the students experience the debriefing is the questionnaire, the Debriefing Experience Scale (Reed, 2012), which was developed in the United States by Shelly J. Reed. It was considered to be highly relevant for Norwegian conditions, and the author has given permission to translate and use the questionnaire. The psychometric testing of translated scales is required to make conclusions about the conceptual and semantic equivalence to the original to obtain valid, reliable, and culturally sensitive assessment instruments (Adamson et al., 2013; Field, 2009; Polit & Beck, 2012).

The aim of the study was to translate and validate the Debriefing Experience Scale in a Norwegian bachelor nursing program.

Methods

Debriefing Experience Scale

The initial development of this scale was based on literature and expert opinion and consisted initially of 37 items (Reed, 2012). Through the use of a peer-review process, two more items were added, thereby resulting in a 39-item scale, which was grouped by Reed into seven subscales. The scale was further improved for clarity by the input received from a pilot study, and psychometric testing of the questionnaire as a two-step explorative factor analysis was conducted. In the remaining 20-item scale, four factors were identified as subscales. The response alternatives were categorized into the areas of: (a) the student experience scale and (b) the importance to the student scale, both of which were rated with a Likert-type rating. The experience scale was rated from 1 (strongly disagree) to 5 (strongly agree), which also included the alternative, not applicable (NA), that is, the statement does not pertain to the debriefing activity performed, whereas the importance scale was rated from 1 (not important) to 5 (very important). The subscale, Analyzing Thoughts and Feelings (four items) identified experiences related to emotional, psychological, behavioral, and environmental aspects. The subscale, Learning and Making Connections (eight items), emphasized areas that promote learning in the experience of the participant. The subscale, Facilitator Skill in Conducting the Debriefing (five items), was related to the facilitator's skill in conducting the debriefing, focusing particularly on skills related to the facilitator being able to manage the time and structure of the debriefing, and the importance of the facilitator being a content expert. Last, the subscale, Appropriate Facilitator Guidance (three items), emphasized the finesse of the facilitator in guiding the debriefing. On the scale level, the internal consistency reliability, as measured by the use of Cronbach's alpha, was reported to be 0.93 for the experience scale and between 0.80 and 0.89 on the subscale level. The importance scale revealed an alpha value of 0.91 on the total scale level and between 0.61 and 0.91 on the subscale level (Reed, 2012).

Translation

The translation followed a back-translation model inspired by Brislin (1970) in a process described in the following:

1. The instrument was translated from English to Norwegian by a bilingual person.
2. An expert group of three persons with an expertise in simulation and nursing education followed the translation process by discussing the proposed translated concepts in

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