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Original article

Translation of a patient–surgeon relationship assessment instrument (Q-PASREL) into six languages

Traduction d'un instrument de mesure de la relation patient-chirurgien (Q-PASREL) en six langues

Mohammadreza Azarpira [a], Gregory Katz [b,c], Camilo Chaves [d], Alissa Gübeli [e], Marco Guidi [e], Shady Chikhani [f], Peter C. Amadio [g], Thierry Dubert [h,*]

[a] *Centre Hospitalier Intercommunal Meulan les Mureaux, Yvelines, France*
[b] *University Paris Cité School of Medicine, Paris, France*
[c] *Prom Time, Paris, France*
[d] *Clinique du Pré, Le Mans, France*
[e] *Department of Plastic Surgery and Hand Surgery, Cantonal Hospital Aarau KSA, Switzerland*
[f] *CHSF, Corbeil, Île-de-France, France*
[g] *Mayo Clinic, Rochester, MN, USA*
[h] *Hôpital Privé Paul d'Égine, Champigny sur Marne, France*

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ABSTRACT

The Questionnaire for Patient–Surgeon Relationship (Q-PASREL) is a French "Patient-Reported Experience Measure" for hand surgery patients. It is the only one which considers the impact of the patient–surgeon relationship on time to return to work and cooperation by the surgeon for administrative issues. It has been shown that a good Q-PASREL score is associated with shorter sick leave and faster return to work.

To make this instrument available to more countries, we translated the Q-PASREL into six languages (English, Spanish, German, Italian, Arabic and Persian), following a validated "translation and cultural adaptation" process guideline.

This process includes multiple forward and backward translations, discussions and reconciliations with final harmonization and cognitive debriefing.

For each language, a team was set up, comprising a key in-country hand surgery consultant, native target-language speaker and fluent in French, and several forward and back translators. The final translated versions were reviewed and approved by the project manager. The six versions of Q-PASREL are now available in the appendices of this publication.

Mots-clés:
Mesures des résultats rapportés par les patients
Traduction
Adaptation culturelle
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Questionnaire

RÉSUMÉ

Le Questionnaire de la Relation entre Patient et Chirurgien (Q-PASREL) est un instrument français de «mesure de l'expérience rapportée par les patients» en chirurgie de la main. C'est le seul qui considère l'impact de la relation patient-chirurgien sur le délai de retour au travail ainsi que la collaboration du chirurgien pour les questions administratives. Il a été démontré qu'un bon score Q-PASREL est associé à des arrêts maladie plus courts et donc à une reprise du travail plus rapide.

Pour rendre cet instrument accessible à un plus grand nombre de pays, nous avons décidé de traduire le Q-PASREL en six langues (Anglais, Espagnol, Allemand, Italien, Arabe et Persan), en suivant une procédure de « traduction et d'adaptation culturelle » validée.

Cette procédure inclut de multiples traductions vers la langue cible et des contre-traductions retour vers le français, des discussions, réconciliations et enfin l'harmonisation et le compte-rendu cognitif.

* Corresponding author.
E-mail address: thierrydubert@gmail.com (T. Dubert).

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Pour chaque langue, une équipe a été constituée comprenant un consultant clé en chirurgie de la main parlant couramment le français en plus de sa langue natale et plusieurs traducteurs pour les traductions aller-retour. Les versions finales traduites ont été revues par le chef de projet et approuvées. Les six versions de Q-PASREL sont désormais disponibles dans les annexes de cette publication.

Introduction

Evidence-based guidelines are increasingly used in medical practice around the world, and particularly for outcome measures. There is a growing interest in Patient-Reported Outcome Measures (PROM) and Patient-Reported Experience Measures (PREM) [1]. It has been shown that PROMs and PREMs improve patient involvement in the treatment process. These instruments are used in many health-related areas such as financial planning, research and clinical trials, as well as for evaluating practitioner quality of care [2].

It has been demonstrated that, medical skills aside, the quality of interpersonal relationships as perceived by patients plays a crucial role in their perception of a doctor as good and trustworthy [3,4]. According to Satava et al., a surgeon with poor interpersonal and communication skills will not be described as competent [5].

In 2017, we developed a PREM called: "Questionnaire for Patient–Surgeon Relationship Measurement" (Q-PASREL) [6] (Appendix 1 in Supplementary material). It is designed for hand surgery patients who are in work. With this instrument, the quality of surgeon–patient relationship is assessed, with an emphasis on return to work [6]. In 2019 it was demonstrated that a good patient–surgeon relationship as measured by Q-PASREL was associated with shorter sick leave and faster return to work [7].

To make this instrument available to other countries, we aim to publish translated versions according to a Translation and Cultural Adaptation (TCA) process guideline [8].

In this article we present six versions of Q-PASREL, in English, Spanish, Italian, German, Arabic and Persian.

Material and methods

The Q-PASREL is an eleven-item instrument to assess the quality of the relationship between patient and surgeon, focusing on return to work [6]. There should be at least two clinical consultations and one operative procedure before evaluation by Q-PASREL. The patient's response to each item is assigned a score ranging from 1 ("Strongly disagree") to 4 ("Strongly agree"). Overall score is obtained by summing the scores of all the items, and can be normalized on a scale from 0 to 100 (100 indicates the best possible quality of patient–surgeon relationship and 0 the worst) using a table or formula (Figs. 1, 2). To minimize bias, a preliminary introduction is read by the patient and the questionnaire is filled out without the presence of the surgeon. All the items should be answered; if only one item is missing, a score calculated from the mean of other items can be attributed to this item to complete the score, but if more than one item is missing, the questionnaire should be considered non-valid.

$$\left(\frac{\textit{Sum of the items}}{11} - 1 \right) * 33.333$$

Fig. 1. Formula for converting Q-PASREL scores to 0-100 Scale.

Q-PASREL	
11 - 44 Scale	0 - 100 Scale
11	0
12	3
13	6
14	9
15	12
16	15
17	18
18	21
19	24
20	27
21	30
22	33
23	36
24	39
25	42
26	45
27	48
28	52
29	55
30	58
31	61
32	64
33	67
34	70
35	73
36	76
37	79
38	82
39	85
40	88
41	91
42	94
43	97
44	100

Fig. 2. Table for converting the Q-PASREL scores to 0-100 Scale.

We used the TCA guideline published by Wild et al. [8]. There are several steps in the TCA process. After the preparation phase and development of the questionnaire by the instrument developers (ID) in the source language (French), the project manager (PM, same person as ID in this project) has a person or group of persons (clients) perform the translation and cultural adaptation process. The process begins with a first forward translation by a key in-country consultant, who is a person with a medical background, native target-language speaker and fluent in the source language. In parallel, one or more other forward translators, who are professional translators, native target-language speakers and fluent in the source language, produce other versions of the forward translation. The forward translations are analyzed by independent translators (native target-language speakers) to produce a final version of the forward translation (reconciled version). Then the back translation process begins. Back translators, who are professional translators, native source-language speakers and fluent in the target language, produce translations in the source language; they must have no knowledge of the source instrument or of any other language versions. The back translations are compared with the initial source version to resolve any discrepancies. The final translated version is tested on five to eight patients or laypersons in the target language for understandability and cultural relevance (cognitive debriefing). The final steps include checking for typographical or grammatical errors and differences between the various language versions. The PM receives comprehensive reports on each step of the process. A summary of the TCA process is illustrated in Fig. 3.

The PM organized six orthopedic surgeons, native speakers of English, Spanish, Italian, German, Arab and Persian respectively, to perform the TCA process according to the guideline described by Wild et al. [8]. The reports accompanying the reconciled versions were analyzed to check harmonization between translations, and the translated instruments were approved by the PM.

Results

The TCA process of Wild et al. was used to translate Q-PASREL into six languages. The final version of each translation was the result of a consensus between the key in-country consultant and the translator(s).

In the next step, the "reconciled versions" and reconciliation reports were revised by the Project Manager for validation and harmonization. Then, the key-in-country consultants were asked to carry out the cognitive debriefing phase. They chose 5–8 patients who were native target-language speakers; they were asked to answer and evaluate the understandability of each question. No issues were raised in this phase. The final translated versions were reviewed and approved by the Project Manager.

Fig. 4 provides the English version of the Q-PASREL instrument. Spanish, Italian, German, Arab and Persian versions are shown in Appendices 2–6.

Discussion

Providing Q-PASREL in 7 languages may help hand surgeons to improve their relationship with their patients and consequently reduce time to return to work following hand surgery.

The quality of the patient–practitioner relationship has long been believed to impact treatment outcome [9]. However, this relationship was not quantified and there is no high-level evidence to support this assumption [10,11].

The Q-PASREL is a Likert-type 11-item PREM instrument that assesses the quality of the patient–surgeon relationship, considering functional restoration surgery and return to work. It explores the support provided to the patient, the patience of the surgeon, the surgeon's appraisal of when the patient can return to work, the cooperation of the surgeon regarding administrative issues, the empathy perceived by the patient, and the surgeon's use of appropriate vocabulary. The instrument was developed using scientific methodology to yield PREMs, including content evaluation and cognitive interviews with surveyed patients [12]. The Q-PASREL has satisfactory reliability and good psychometric properties following surgery for upper-limb musculoskeletal disorder or injury [6].

We showed the impact of the patient–surgeon relationship as measured by Q-PASREL over the course of the disorder and then return to work [7].

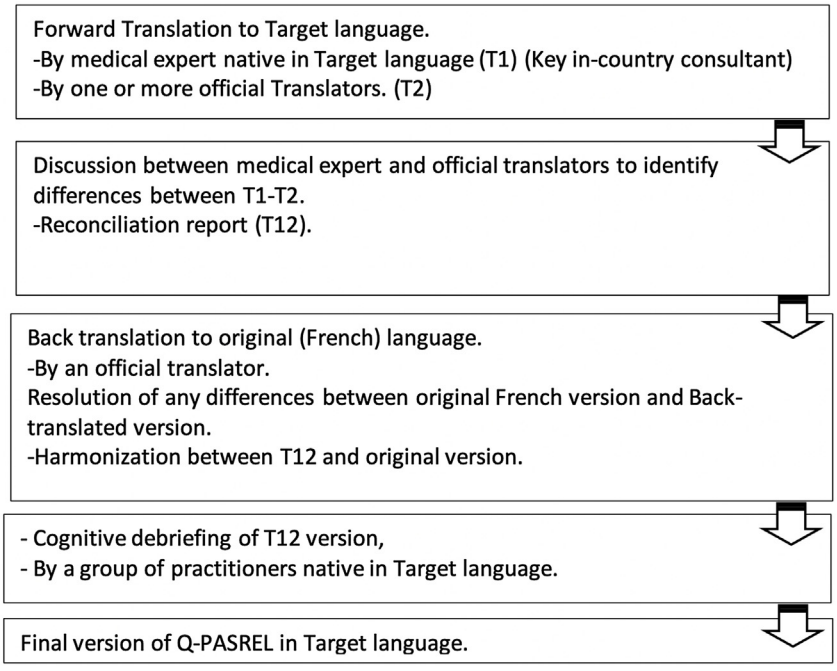

Fig. 3. Flowchart of TCA process according to Wild et al. [8].

Questionnaire for the evaluation of the surgeon-patient relationship

Please read the instructions carefully

The goal of this questionnaire is to evaluate the quality of the relationship between the patient and their surgeon since the latter assumed care of the patient. For each of these statements, please pick the answer that best fits your opinion. When responding, please think about your own relationship with your surgeon and remember that there are no right or wrong answers.

	Response			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1 : My surgeon quickly provides any medical document I need.	❑	❑	❑	❑
2 : My surgeon avoids using medical terminology so that I can easily understand things.	❑	❑	❑	❑
3 : I find that information is shared accurately and in a well-organized way between the different professionals who are involved in my care, including my surgeon, primary care doctor, therapists, specialists, etc.	❑	❑	❑	❑
4 : I am happy with the availability of my surgeon (by phone or in person) when I need to be in touch.	❑	❑	❑	❑
5 : My surgeon tells me when I can return to work, or if I will not be able to return to work.	❑	❑	❑	❑
6 : My surgeon regularly informs my primary care doctor about the progress of my surgical treatment.	❑	❑	❑	❑
7 : My surgeon is patient with me when I don't understand something.	❑	❑	❑	❑
8 : My surgeon discussed my return to work restrictions (if any) with me.	❑	❑	❑	❑
9 : My surgeon understands the impact that pain and loss of function have on my well-being.	❑	❑	❑	❑
10 : I am happy with the amount of time my surgeon spends with me during office visits.	❑	❑	❑	❑
11 : My surgeon encourages me to talk about my concerns and listens attentively to me.	❑	❑	❑	❑

Fig. 4. English version of Q-PASREL.

Similar to other validated PREMs [11,13], Q-PASREL measures communication effectiveness over the treatment process, perceived clinical empathy and satisfaction with care; the questions about "time to return to work" and "cooperation of the surgeon for administrative issues" are unique to Q-PASREL.

For example, the Communication Effectiveness Questionnaire (CEQ) [11] is a 9-item questionnaire: 1- I have all of the information I need; 2- I understand what to do next for my health; 3- I am more motivated to address my health; 4- I believe I can improve my overall sense of wellness; 5- I have a trusting relationship with my health care providers; 6- I feel more relaxed than I did before my appointment; 7- I am certain that I can be open and honest with my health care providers; 8- I know that my health care providers care about my wellbeing; 9- I look forward to following up with my health care providers when necessary. These items do not specifically address issues concerning return to previous activity or work.

Several methods are available for the translation and cultural adaptation process. No single method has proved superior to the others [14]. We chose the Wild et al. method [8] for its relative simplicity and practicality.

According to Wild et al., TCA guidelines for assessing questionnaire understandability and cultural relevance consider that a group of 5–8 respondents in the target language is sufficient (cognitive debriefing). Nonetheless, questionnaire reliability could usefully be tested on large numbers of patients split into groups according to age, gender, socioeconomic status, type of disorder, etc. After publication of these translated versions, there is room for additional research in this area.

It is possible that extrinsic factors affect the surgeon–patient relationship. This may be one limitation of our study [15]. For example, differences in social and economic characteristics, availability of medical care, perceived social protection in different countries or in different social groups in the same country may influence surgeon–patient relationships. Further research could compare questionnaire results between different areas to investigate the effect of these external factors.

Conclusion

Q-PASREL is now available in French, English, Spanish, Italian, German, Arabic and Persian, according to a standard translation and cultural adaptation method. These questionnaires can be used by surgeons and researchers to evaluate the patient–surgeon relationship as reported by the patient. We hope this instrument will help surgeons and patients to improve the quality of their relationship and consequently reduce time off work [7].

Author contributions

Mohammadreza AZARPIRA, (Formal analysis; Persian language TCA; Methodology; Writing – original draft), Gregory KATZ (Formal analysis; Investigation; Validation) Camilo CHAVES (Spanish language TCA; Validation), Alissa GÜBELI (German language TCA; Validation), Marco GUIDI (Italian language TCA; Validation), Shady CHIKHANI (Arab language TCA; Validation), Peter C. AMADIO (English language TCA; Formal analysis; Validation), Thierry DUBERT (Conceptualization; Formal analysis; Methodology; Project administration; Supervision; Validation; Writing – review & edit).

Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.hansur.2023.06.001.

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