Translating and Adapting Mental Health Service Outcome Measurements for Use in Taiwan

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ABSTRACT

Background: Healthcare providers must deliver efficient and cost-effective care while continuously assessing user-focused outcomes to make appropriate improvements. Patient satisfaction is an important variable in the evaluation of psychiatric services, which complements the measurement of other outcome variables. Previous research suggests a strong link between satisfaction and the effectiveness of patient care.

Purpose: Few international standard outcome measurements have been used in Taiwan to measure patient satisfaction with mental health services. In this study, a satisfaction survey instrument suited to Taiwan’s cultural mores was developed.

Methods: The researcher selected the Verona Service Satisfaction Scale (VSSS) as an optimal measurement instrument. The approach of the European Psychiatric Services Input Linked to Outcome Domains and Needs Study Group was adopted to translate and adapt an English version of a psychiatric-setting-specific, validated, and multidimensional satisfaction scale into a culturally appropriate traditional Chinese version scale.

Results: This study used particular translation protocols to confirm the validity of the Chinese version of the VSSS questionnaire. Pilot study results demonstrate the adequate reliability of the Chinese version of the VSSS, which achieved results similar to those of the original-language European Psychiatric Services Input Linked to Outcome Domains and Needs Study.

Conclusions/Implications for Practice: In Taiwan, patient satisfaction with received care has risen concurrently with rising concerns regarding the future development of healthcare services. The intention of this project was to develop and use such outcome measurement in future research to gain insights into how to better value the expressed opinions and input of service users and develop services better tailored to Taiwan’s cultural mores and in line with national mental health system requirements.

Key Words: psychiatric services, outcome measurement, patient satisfaction, cultural adaptation.

Introduction

The healthcare market requires that healthcare providers supply efficient and cost-effective healthcare while continu-ously assessing outcomes to determine continued care needs and implement improvements. Investigating the user’s view of health service provision is of growing importance in both practice and research around the world. Most healthcare research studies have used questionnaires to collect social demographic characteristics, previous and current illness symptoms and treatments, and the exposure of specific subject groups. A questionnaire has advantages over other measurement tools in that it is simple and cheap to administer and can be used to collect information about both past and present phenomena (Peat, Mellis, Williams, & Xuan, 2002). The aims of this article were to (a) describe the process of transferring a research instrument from one language (English) and culture to another (traditional Chinese, Taiwan), (b) describe the strategies adapted in the European Psychiatric Services Input Linked to Outcome Domains and Needs (EPSILON) Study for translation and cultural adaptation as a guideline to developing the traditional Chinese version of the Verona Service Satisfaction Scale (VSSS-TC), and (c) summarize the results of a Taiwan pilot study of the developed VSSS-TC.

Patient Satisfaction Research

Patient satisfaction is an important variable in the evaluation of psychiatric services that complements the measurement of other outcome variables. It has been suggested that satisfaction is strongly linked to care effectiveness. Dissatisfaction has been frequently cited as a primary reason for patients discontinuing psychiatric care (Ware, Davies-Avery, & Stewart, 1978). Patient satisfaction with hospital care received has risen concurrently with rising concerns about the future development of healthcare services in many countries. Satisfaction surveys are subjective
and patient-orientated measures that have been used by service providers to gather information on service outcomes (e.g., bed occupancy rates, hospitalization costs) for both mental health service (MHS) users and providers. Patient satisfaction surveys often report remarkably high levels of contentment or satisfaction with health services (Cohen, Forbes, & Garraway, 1996). However, Cohen et al. (1996) suggested that the choice of wording may have led to underestimating actual patient dissatisfaction with certain elements of the service. Therefore, they suggested cross-calibrating satisfaction surveys to improve reliability. Gavin, Glynn, Turner, and Brannick (1996) also recommended that patients help guide questionnaire word choices and design. Although it is important to make questionnaires easily understandable, patients, rather than research staff or service providers, should determine the dimensions used to assess the quality of service.

Although the service user’s voice has been encouraged in multiple forums in the Western world, particularly in satisfaction research (especially using survey methods), it has still been limited primarily to commentary on provided services. In general, the service user satisfaction survey is the method of choice to access the views of a relatively large number of people about health and social care service provision. Fitzpatrick (1991) outlined three reasons why health professionals should take service user satisfaction seriously. First, it represents an important outcome measure that often predicts user concordance with his or her treatment and health improvements. Second, it is an increasingly useful consultation and communication tool (e.g., providing information). Third, service user satisfaction can be used to select alternative methods of service provision (e.g., arrangements for after-hours care). In addition, satisfaction surveys can be a rich source of local feedback on service user development, including moral, political, and clinical issues, which many professionals have long overlooked (Fitzpatrick, 1991).

Translation Approach

The cultural sensitivity issue is significant when using measurements to assess service satisfaction. Cultures differ with respect to expectations of feedback about public and private services (Sartorius & Kuyken, 1994). In some countries where “consumerism” is firmly established, frank verbal or written feedback may be freely given. However, it is a generally known phenomenon that direct negative feedback in Chinese cultures is considered impolite, and complaints may be shared only with intimate peers or family. Therefore, direct or challenging questions may also be culturally inappropriate in the Chinese context. Methods of requesting patient feedback must take into account prevailing cultural norms and seek to ensure the use of appropriate methods to assess patient beliefs and opinions (Lau & Takeuchi, 2001).

Measures validated in one culture may not be appropriate in others, and a simple translation of questionnaire items does not guarantee that they will have the same meaning across cultures. Sartorius and Kuyken (1994) indicated that the aim of translation is to maintain, as far as possible, the semantics of the linguistics, as well as the conceptual and the technical equivalence between the versions of the instruments in the source and target languages. They defined semantic equivalence as retaining equivalent meanings between the source and target versions. Conceptual equivalence achieves identical meanings in the source and target versions for concepts that may be affected by variant cultural perspectives. Technical equivalence refers to both the technical features of the language and their relationship to the sociocultural context. The three translation elements and culture-related equivalences are key issues in the proper translation of instruments.

In consideration of the conceptual overlap between English and Chinese, the emic plus etic approach was used to translate the instrument from the source to the target language in this research. The researcher employed the following method to translate the English version of the European version of the VSSS (VSSS-EU) into traditional Chinese to conduct a pilot survey in Taiwan. This study adopted a protocol developed by the EPSILON Study Group for the translation and cultural adaptation of outcome measure instruments (Knudsen et al., 2000). The Methods section details the procedures for each step in the translation process.

Methods

Instrument Selection

To identify a suitable and existing measure of patient satisfaction for this research, this study used the terms patient satisfaction scale, mental health service measurement, and service satisfaction scale to search the literature for previous user satisfaction questionnaires. Health/social care databases searched included CINAHL, MEDLINE, ASSIA, Health Source: Nursing, National Library for Health, PubMed, Web of Science, and ScienceDirect.

The search identified 11 validated survey questionnaires designed to measure MHS satisfaction using predetermined sorting criteria (i.e., suitable setting, questionnaire length, extent of previous usage in healthcare research, and cultural context). Identified questionnaires included the Client Satisfaction Questionnaire (CSQ-8 and CSQ-18 versions; Williams, Coyle, & Healy, 1998), Hospital Care Questionnaire (Hendriks, Vrielink, vanEs, De Haes, & Smets, 2004), Satisfaction Scales (Brannan, Sonnichsen, & Hefflinger, 1996), Satisfaction Data (Greenberg & Rosenheck, 2004), Patient Satisfaction Scale (Bjorngaard, Ruud, & Friis, 2007), 21-item Medical Interview Satisfaction Scale (Meakin & Weinman, 2002), 24-item Munich Patient Satisfaction Scale (Moller-Leimkuhler et al., 2002), Inpatient Treatment Survey-Patient Version (Hackman et al., 2007), Inpatient Evaluation of Service Questionnaire (Meehan, Bergen, & Stedman, 2002), Patient’s Perspective on Information Questionnaire (Pereault, Katerelos, Tardif, & Pawliuk, 2006), and Verona Service Satisfaction Scale (VSSS; Ruggeri et al., 2000).
The CSQ-8 and CSQ-18 were designed for interviewing experienced patients. The Hospital Care Questionnaire, Satisfaction Scale, and Satisfaction Data were designed to assess overall satisfaction with general hospital care and, therefore, were not suitable for psychiatric care. The Satisfaction Scale was designed to measure satisfaction with children’s MHS and was not suitable for adult patients. The Patient Satisfaction Scale, 21-item Medical Interview Satisfaction Scale, and 24-item Munich Patient Satisfaction Scale were similar questionnaires, designed to examine therapeutic–patient relationships and thus not suitable to test overall satisfaction and different aspects of patient satisfaction with psychiatric care. The Inpatient Treatment Survey–Patient Version and Inpatient Evaluation of Service Questionnaire were designed to measure only satisfaction with inpatient care. The Patient’s Perspective on Information Questionnaire was designed to assess patient perspectives on outpatient psychiatric services received.

In this study, the VSSS was chosen as the measure best written to assess patient satisfaction with MHSs. The VSSS is a validated questionnaire specifically designed to measure satisfaction with MHSs. Key factors detailed in the next section led the researcher to choose the VSSS for this study and then adjust it to make it more appropriate for measuring patient satisfaction with MHSs in Taiwan.

**Verona Service Satisfaction Scale**

The VSSS (Ruggeri & Dall’Agnola, 1993) is a questionnaire designed to measure patient satisfaction with MHSs. It is a setting-specific, validated, multidimensional scale. After identifying the VSSS as the most suitable questionnaire, the researcher obtained authorization from Professor Ruggeri to use the original English version of the VSSS. The VSSS-EU was specifically developed for the EPSILON Study of Schizophrenia. This instrument was used in a comparative, cross-national, cross-section study of the characteristics, need for care and quality of life, caregiver burden, patterns of care, associated costs, and satisfaction levels of people with schizophrenia in five European countries. The VSSS-EU has been demonstrated as a reliable instrument for use in comparative cross-national research projects and routine clinical practice in MHSs across Europe (Ruggeri et al., 2000). The VSSS-EU was developed from the Italian VSSS-54 patient version and was produced in five European languages (Danish, Dutch, English, Italian, and Spanish). Rather than employing the normal conversion process of translation and back-translation, the various VSSS-EU language versions used a focus group methodology to culturally adapt underlying instrument concepts. A Japanese research group mirrored this process in Japan in their translation of the same instrument (Knudsen et al., 2000).

The VSSS-EU was designed to be self-administered and could be completed without prior training. Questionnaire administration took 20–30 minutes. The questionnaire queried participants on their overall feelings about their MHS experience.

The VSSS has been used to assess patient perspective outcomes in several settings and intervention studies over the past decade (Ruggeri et al., 2006). It has proven to be a sensitive and useful tool that identifies the strengths and weaknesses of service provision in many different settings. The key factors that determined the author’s choice of the VSSS-EU as the instrument for this project were as follows:

1. It is a mental health setting–specific instrument that can be easily applied to all mental health clinical settings.
2. It is a validated multidimensional scale for measuring patients’ satisfaction with MHSs.
3. It has been developed and improved over two decades and has been used internationally. It has already been translated into various languages including Japanese, which indicates instrument suitability with Asian populations.
4. It covers a wide range of services provisions.
5. It was designed to be self-administered and can be completed without prior training.

**The VSSS Questionnaire Translation Process**

The author held two focus group sessions during the translation process in compliance with the EPSILON study group protocol. The protocol developed by the EPSILON study group required that focus group participants be MHS providers such as psychiatrists, nurses, psychologists, and social workers (Knudsen et al., 2000). However, due to the difficulties in finding such in the United Kingdom, the main tasks of the focus group were revised to include translate wording, make culture-appropriate adaptations, and clarify the meaning of concepts in the questionnaire to make questionnaire questions clear to general public respondents. The translation process is detailed in the following.

1. **Translation of the English version provided by professor Ruggeri into traditional Chinese.** The researcher undertook translation. Her native language is traditional Chinese, and she is fluent in English as a second language. Written authorization from the original author, Professor Ruggeri, was given to produce a traditional Chinese version (VSSS-TC) of the original English version of the VSSS-EU.
2. **A focus group discussed the first translation, which was revised based on discussion recommendations.** The first small-scale focus group met to discuss language- and culture-related issues in the first version of the questionnaire translation. Members were two Taiwanese students who were residents and studying health- and medical-related subjects in the UK. Due to the physical distance between the researcher and the two participants, the focus group was held using an online conference system. Issues pertaining to linguistic and cultural influences were discussed. Discussion recommendations were incorporated into the second version of the VSSS-TC.
3. The translated instrument was then back-translated into English by another translator whose native language was English and second language was traditional Chinese. A suitable translator, a student at a local UK university, was identified, who then back-translated the questionnaire from traditional Chinese into English.

4. The back-translation was compared with the original English version and a third version of the scale was generated based on a list of disputed items discussed by the focus group. Some words in the back-translated version carried meanings or wordings slightly different from the original VSSS-EU. A third Chinese version was produced of the VSSS-TC based on focus group recommendations on how such words should be revised.

5. The researcher and focus group members discussed the third version and then revised/deleted inappropriate or impossible items and sentences. The result was the fourth and final version of the questionnaire.

This focus group was held on June 28, 2006, and included eight members who were Taiwanese students enrolled in various postgraduate courses at two UK universities. The group included the researcher as moderator, a master's student currently studying translation, and other master's students in business-related concentrations. Focus group activities included (1) discussing translation adequacy and cultural adaptation process in the last two VSSS-TC revisions, the original VSSS-EU, and the back-translated version; (2) discussing the applicability of the VSSS-TC instrument; and (3) discussing the concepts of the construct.

In summary, the VSSS-TC was first converted for this project from English into traditional Chinese using an accurate translation and back-translation process and then checked for cross-cultural applicability by a focus group. Finally, an assessment was made via a pilot study analysis of the validity and reliability of the instrument described in the next section.

VSSS-TC Questionnaire Validity

Face and content validities of the VSSS-TC were implemented through a pilot study. Face validity is concerned with how a measure or procedure appears. It refers to the researcher’s subjective assessment of the presentation and relevance of the questionnaire (Bowling, 2005). In addition, because face validity pertains to how respondents and other users of the test perceive it, they, rather than experts in the field, should judge the questionnaire (Streiner & Norman, 2003). The questions to be addressed in terms of face validity were relevance, reasonableness, lack of ambiguity, and clarity. On the other hand, content validity refers to the extent to which the content of the instrument appears to logically examine, and comprehensively include, all aspects of what it sets out to measure (Bowling, 2005). Streiner and Norman (2003) stated that a measure that included a representative sample of the target behavior lent itself to more accurate data inferences.

To test content validity, the VSSS-TC was distributed together with details of the research project at the beginning of the data collection period via e-mail to five psychiatric professionals who had worked in the mental health field for more than 5 years in Taiwan. Participants included a psychiatric attending physician, two senior social workers, a senior nurse, and a psychiatric head nurse. After gathering suggestions and opinions from the five experts (Table 1), alterations were made according to recommendations. The final version of the VSSS-TC was generated and used in the pilot study.

Pilot Study

A pilot study is a small-scale version of a definitive study conducted before the actual investigation to inform, refine, or modify the research tools. New questionnaires do not

<table>
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<tr>
<th>TABLE 1. Five Professionals’ Suggestions for Testing the Content Validity of the Chinese Version of the VSSS</th>
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<tr>
<td>1. Some of the terms should be changed to meet the situation in Taiwan.</td>
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<td>2. Too many questions look similar, such as asking same, related questions about the behavior and manner of different staff.</td>
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<td>3. Q1 should add “overall” to make it clear.</td>
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<td>4. The wording of Q10, 14, 18, 28, and 39 needs to be changed.</td>
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<td>5. Q54 wording should be changed to be suitable for patients in Taiwan.</td>
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<td>6. The Patient Information Sheet should mention not only “negative opinion” but also “positive opinion.”</td>
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<td>7. Suggest changing the wording from “Do you feel...” to “I feel..., I think...”</td>
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<td>8. Suggest changing Option 3 from “No idea” to “Mixed feeling.”</td>
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<td>9. Wording of Q15 should be changed to “during the night time or weekend” in order to have the same meaning of the original VSSS’s term of after hours.</td>
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<td>10. Feel a bit confused about the use of the term the recipient of psychiatric services; need to make it clear for patients to understand.</td>
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<td>11. In Taiwan, the role of psychologist and clinician in mental health services are easily confused by patients. Therefore, this needs to be clarified in the questionnaire.</td>
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<tr>
<td>12. Is it necessary to present the 5-point Likert scale with alternate directionality?</td>
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<tr>
<td>13. Some medical terminology has still been used in the questions.</td>
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*Note. VSSS = Verona Service Satisfaction Scale.*
emerge fully validated and must be created or adapted. Every aspect of a survey must be tested at the pilot study stage to make sure that it works as planned for the individual research purpose (Oppenheim, 1992). However, sometimes, questionnaires can be borrowed or adapted from other research. The task of the pilot study remains to ensure that the approach is valid for the target population and will yield requisite data (Oppenheim, 1992).

Approval for the pilot study was given by the institutional review board of a Suburban Specialized Psychiatric Centre in Taiwan (institutional review board Serial No. TCHIRB-951006-E). A convenience sample was used for the pilot consisting of outpatients enrolled in a psychiatric attending physician’s clinic at the Suburban Specialized Psychiatric Centre over a period of two visits. Participant written consent was obtained. Participants were also asked to give oral feedback to the researcher to test face validity and reliability.

Results

Content Validity
Focus group suggestions and opinions detailed in Table 1 resulted in some alterations to the VSSS-TC, which became the final version used in the pilot study. Apart from several suggestions related to the original VSSS-EU design for measuring patient perspectives on MHSs that remained unchanged, others were adjusted based on recommendations.

Results of Face Validity
A total of 15 participants took part in the pilot study. The average time taken to complete the questionnaire was 17 minutes (less than the average 20–30 minutes quoted in the VSSS-EU manual of questionnaire administration) due to the relative high functionality of patients in the outpatient clinic. After questionnaire completion, participants provided feedback on their questionnaire completion experience. Subsequent modifications were made to the VSSS-TC to reduce the risk of confusion, as shown in Table 2. Minor modifications were also made to the wording of some questions. The result was the final version of the VSSS-TC.

Pilot Study
Of the 15 participants, 6 were men and 9 were women. A majority were unmarried. In terms of education, 8 were school dropouts and 7 were undergraduate students. One participant was currently a student, 1 was retired, 6 were unemployed, and 7 were employed. Five had used MHSs for less than 3 years, 2 had used such for 3–5 years, 2 had used such for 5–7 years, 1 had used such for 7–10 years, and 5 had used such for over 10 years. Four had never been hospitalized in the psychiatric ward, whereas the remainder had been hospitalized at least once while under the care of Taiwan’s MHSs.

The English version of the VSSS-EU was tested for acceptability, content validity, sensitivity, and test–retest reliability in the original EPSILON Study (Ruggeri et al., 2000). The VSSS-EU was translated into traditional Chinese using the aforementioned translation protocol. The pilot study involved conducting a reliability test on the version of VSSS-TC. In view of cost and time limitations, only one reliability test was performed after collecting the pilot study sample and a Cronbach’s alpha was used to check the internal consistency of the entire questionnaire and its several dimensions (internal consistency above .7 was considered adequate).

Table 3 shows that Cronbach’s alpha values for the pilot sample of the VSSS-TC dimensions ranged from .444

| TABLE 2. Modifications Made to the VSSS-TC According to Patients’ Suggestions |
|---------------------------------|---------------------------------|
| Suggestions From Patients       | Modifications to the VSSS-TC    |
| 1. Some of the questions look similar to me. | 1. Stressed different details of the question to the patient when completing questionnaire. |
| 2. Not very clear about how to complete the second part of the questionnaire. | 2. Changed the layout of the second part of the questionnaire to make it easier to follow. |
| 3. Not too sure about Subquestion Number 7 in the second part of the questionnaire (Q41-Q54). Does it mean “don’t know” or “not sure?” | 3. Changed the second part of the questionnaire (Subquestion Number 7) to “not sure,” to make it clear for participants. |
| 4. Some of the terms used in the questions are not very clear to me because they are specialized terms. | 4. Changed those specialized terms to more understandable words. |
| 5. I have been using the service for a long time and have been to other hospitals before. I am not sure if I need to rank service satisfaction in the past or present. | 5. Stressed the term the satisfaction level within the past year to patients in the beginning of the section. |

Note. VSSS-TC = traditional Chinese version of the Verona Service Satisfaction Scale.
(Access dimension) to .962 (Professional Skill and Behavior dimension). The Access dimension, which consisted of just two items (costs of service and physical layout), measured different constructs, and, therefore, the EPSILON Study reported it as a special case when testing internal consistency. Dimensions constituted by a higher number of items are expected to have higher Cronbach’s alpha values, and although this was true for the dimension of Professional Skills and Behavior (α = .962), it was not so for the Types of Intervention dimension (α = .564). The EPSILON Study report found the same results on the Types of Intervention dimension due to the wide range of different interventions explored by the questionnaire (Ruggeri et al., 2000). Therefore, the VSSS-TC demonstrated adequate reliability.

VSSS-TC Question Items
After the process of translation and the focus group for cultural adaptation, the final 70 items of the questionnaire were structured as follows:

1. 49 items in Part 1 regarding satisfaction, with separate assessments for psychiatrist/psychologists and social workers/nurses performances and general service satisfaction questions
2. 14 items in Part 2 addressing questions about service intervention
3. 7 demographic items, 4 of which have been found in the literature to influence satisfaction (age, gender, number of admissions, length of time using the service; Ruggeri et al., 2000), and 3 others (marital status, current occupation, education level)

Items 1 to 40 (of 49 items) were based upon the assumption that either the patient has a close caring relative who was often in contact with MHS or the patient is under the care of a multidisciplinary team. These items were also assessed separately in terms of the performance of psychiatrist/psychologists and social workers/nurses. If any of these items were not applicable, the researcher assisting the questionnaire administration would be requested to delete those item(s).

The purpose of Items 41 to 54 was to identify the types of intervention that were not provided by the locations where patients were being treated and also to consider the corresponding inapplicable items to avoid patient misunderstanding. The manual of using VSSS as an instrument to evaluate MHS suggested that researchers be cautious when deleting items because the VSSS can provide interesting information about care underprovision, which could also invalidate the questionnaire (Ruggeri et al., 2003).

Discussion
Patient satisfaction is an important variable in the evaluation of psychiatric services, which complements the measurement of other outcome variables. It has been suggested that satisfaction is strongly linked to the effectiveness of care provided. Simultaneously, internationally standardized instruments are urgently needed for psychiatric professionals in order to provide a service suited to user needs. Research in the area of satisfaction with psychiatric services has been hampered by the widespread use of many nonstandardized methods. Most studies have used instruments with few or no data regarding their validity or reliability, and researchers have frequently designed their own instruments for specific studies. This study chose the VSSS as an outcome instrument. This scale is a setting-specific, validated, and multidimensional instrument. The original VSSS had an excellent overall Cronbach’s alpha value (.96), which confirmed its adequacy for use as a global satisfaction measure. From this study, VSSS-TC showed similar results for internal consistency. Therefore, the VSSS-TC demonstrated adequate reliability.

In the past decade, interest in the problems of translation and cultural adaptation of health and service outcome measures has grown considerably (Knudsen et al., 2000; Sartorius & Kuyken, 1994). The main concern of this study was to ensure semantic, conceptual, and technical equivalence between the English of the VSSS-EU and the traditional Chinese of the VSSS-TC. This article presented the methods modified from the EPSILON Study to adapt nationally developed instruments into internationally applicable measurements. The researcher chose the VSSS, a scale that has already been used in research in multiple countries. The instrument was translated in accordance with strictly defined rules of translation that included back-translation and focus groups.

To the researcher’s knowledge, this was the first study in Taiwan that reported on the use of focus groups as a
method in the translation process of converting an internationally standardized instrument into a traditional Chinese version to assess semantic, conceptual, and technical issues. In general, according to Knudsen et al. (2000), focus groups of this type do not differ from other focus groups already used to identify thoughts, beliefs, and feelings. This method shares the same advantages and disadvantages as other qualitative research methods. One of the main concerns in the use of focus group interviews in instrument translation is the reliability and generalizability of acquired information. Careful selection of participants, representing different study subjects and including members proficient in English language and translation, helped improve result generalizability. Limitations of this study included the inclusion only of people living or studying in the UK in focus groups. Also, this study represented the first stage of the main research project of using the VSSS-TC questionnaire to measure user satisfaction with MHSs provided in Taiwan. It is difficult to discern the wider application of this. However, methods designed for this research project to translated an internationally standardize outcome measurement are considered valuable for future research, especially for MHS users.

In conclusion, the focus group process is an adequate method as long as concepts, constructs, and translation issues are addressed adequately. The process of translation and the results presented here demonstrate the good psychometric properties of the resulting VSSS-TC. There is a need for further factor analysis of this questionnaire to confirm its reliability and cultural adaptability for measuring satisfaction with MHSs in Taiwan.

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台灣精神醫療服務測量表之翻譯與文化適應模式

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背景
完善的健康照護須仰賴醫護人員提供有效率又符合成本效益，且須不斷以「使用者為導向」方式進行評估及持續改進為目標。在許多評估模式中，病患滿意度普查是評價醫療服務最重要指標之一，且滿意度指標能確實反應出醫護人員提供給病患照護之成效。

目的
台灣目前缺乏具國際標準的精神醫療服務病患滿意度測量表可供人員進行正確有效的評估，因此本研究目的在發展合適的滿意度測量工具，於台灣特有的社會文化模式下使用。

方法
Verona Service Satisfaction Scale為使用多年，適用於各種精神醫療服務環境下的病患滿意度測量表，沿用EP SILON（European Psychiatric Services: Input Linked to Outcome Domains and Needs）研究團隊所使用的文化適應模式，進行完整而嚴謹的翻譯程序。

結果
問卷通過效度測定，同時於前測後進行信度檢定，結果顯示此問卷與英文版問卷有相似檢定結果，因此可證明此中文版之精神醫療服務滿意度問卷為有效，且適用於台灣的中文版測量問卷。

實務應用
醫護人員及精神醫療政策決策者，開始重視病患對醫療服務滿意度、以及未來改革發展方向的重要性，故本研究所完成的精神醫療服務病患滿意度問卷，可對未來服務人員在評估醫療服務及對未來台灣精神醫療改革方向有所助益。

關鍵詞：精神醫療服務、結果測量、病患滿意度、文化適應。