



HAL
open science

Working Alliance Inventory Short Version (WAI SR) translation in Polish with a forward backward translation and a Delphi process

Fabienne Morvan

► **To cite this version:**

Fabienne Morvan. Working Alliance Inventory Short Version (WAI SR) translation in Polish with a forward backward translation and a Delphi process. Life Sciences [q-bio]. 2017. dumas-01556752

HAL Id: dumas-01556752

<https://dumas.ccsd.cnrs.fr/dumas-01556752>

Submitted on 5 Jul 2017

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial - NoDerivatives 4.0
International License

UNIVERSITÉ DE BREST - BRETAGNE OCCIDENTALE

Faculté de Médecine & des Sciences de la Santé

ANNÉE 2017

N°

THÈSE D'EXERCICE DE DOCTORAT EN MÉDECINE

SPÉCIALITÉ MÉDECINE GÉNÉRALE

Par

Madame MORVAN Fabienne

Née le 17 Novembre 1990, à Uster (SUISSE)

Présentée et soutenue publiquement le
8 juin 2017

**Working Alliance Inventory Short Version (WAI SR) translation
in Polish with a forward backward translation and a Delphi
process**

Président : Monsieur le Professeur Jean-Yves Le RESTE

Membres du Jury : Monsieur le Professeur Bernard LE FLOC'H

Monsieur le Docteur Patrice NABBE

Monsieur le Docteur James BENIS

**UNIVERSITÉ DE BRETAGNE OCCIDENTALE
FACULTÉ DE MÉDECINE ET
DES SCIENCES DE LA SANTÉ DE BREST**

DOYENS HONORAIRES :

Professeur H. H. FLOCH

Professeur G. LE MENN (†)

Professeur B. SENECAIL

Professeur J. M. BOLES

Professeur Y. BIZAIS (†)

Professeur M. DE BRAEKELEER

DOYEN :

Professeur C. BERTHOU

PROFESSEURS EMÉRITES

CENAC Arnaud

Médecine Interne

LEHN Pierre

Biologie Cellulaire

PROFESSEURS DES UNIVERSITÉS EN SURNOMBRE

SENECAIL Bernard

Anatomie

MOTTIER Dominique

Thérapeutique

HU Weiguo	Chirurgie plastique, reconstructrice & esthétique ; brûlologie
KERLAN Véronique	Endocrinologie, Diabète & maladies métaboliques
LACUT Karine	Thérapeutique
LEROYER Christophe	Pneumologie
LE MEUR Yannick	Néphrologie
LE NEN Dominique	Chirurgie Orthopédique et Traumatologique
LOZAC'H Patrick	Chirurgie Digestive
MANSOURATI Jacques	Cardiologie
MARIANOWSKI Rémi	Oto. Rhino. Laryngologie
MISERY Laurent	Dermatologie – Vénérologie
MERVIEL Philippe	Gynécologie médicale : option gynécologie Obstétrique
NEVEZ Gilles	Parasitologie et Mycologie
NONENT Michel	Radiologie & Imagerie médicale
PAYAN Christopher	Bactériologie – Virologie; Hygiène
REMY-NERIS Olivier	Médecine Physique et Réadaptation
SALAUN Pierre-Yves	Biophysique et Médecine Nucléaire
SARAUX Alain	Rhumatologie
SIZUN Jacques	Pédiatrie
STINDEL Eric	Biostatistiques, Informatique Médicale & Technologies de communication
TILLY - GENTRIC Armelle	Gériatrie & biologie du vieillissement
TIMSIT Serge	Neurologie
WALTER Michel	Psychiatrie d'Adultes

PROFESSEURS DES UNIVERSITÉS - PRATICIENS HOSPITALIERS DE 2ème CLASSE

ANSART Séverine	Maladies infectieuses-Maladies tropicales
AUBRON Cécile	Réanimation ; médecine d'urgence
BEN SALEM Douraied	Radiologie & Imagerie médicale
BERNARD-MARCORELLES Pascale	Anatomie et cytologie pathologiques
BEZON Eric	Chirurgie thoracique et cardiovasculaire
BOTBOL Michel	Psychiatrie Infantile
BROCHARD Sylvain	Médecine Physique et Réadaptation
CARRE Jean-Luc	Biochimie et Biologie moléculaire
COUTURAUD Francis	Pneumologie
DAM HIEU Phong	Neurochirurgie
DELLUC Aurélien	Médecine Interne
DEVAUCHELLE-PENSEC Valérie	Rhumatologie
GIROUX-METGES Marie-Agnès	Physiologie
HUET Olivier	Anesthésiologie - Réanimation Chirurgicale / Médecine d'urgence
LIPPERT Eric	Hématologie ; transfusion : option hématologie
LE MARECHAL Cédric	Génétique
L'HER Erwan	Réanimation Médicale
MONTIER Tristan	Biochimie et biologie moléculaire
NOUSBAUM Jean-Baptiste	Gastroentérologie – Hépatologie
PRADIER Olivier	Cancérologie – Radiothérapie
RENAUDINEAU Yves	Immunologie
SEIZEUR Romuald	Anatomie-Neurochirurgie

PROFESSEUR DES UNIVERSITES – PRATICIEN LIBERAL

LE RESTE Jean Yves Médecine Générale

LE FLOC'H Bernard Médecine Générale

PROFESSEUR DES UNIVERSITES ASSOCIÉS A MI-TEMPS

BARRAINE Pierre Médecine Générale

PROFESSEUR DES UNIVERSITES – LRU

BORDRON Anne Biochimie et biologie moléculaire

MAITRES DE CONFERENCES DES UNIVERSITÉS - PRATICIENS HOSPITALIERS
HORS CLASSE

LE MEVEL Jean Claude Physiologie

PERSON Hervé Anatomie

MAITRES DE CONFERENCES DES UNIVERSITÉS - PRATICIENS HOSPITALIERS DE
1ère CLASSE

ABGRAL Ronan Biophysique et Médecine nucléaire

CORNEC Divi Rhumatologie

DE VRIES Philine Chirurgie infantile

DOUET-GUILBERT Nathalie Génétique

HERY-ARNAUD Geneviève Bactériologie- Virologie ; Hygiène

HILLION Sophie Immunologie

JAMIN Christophe Immunologie

LE BERRE Rozenn Maladies infectieuses-Maladies tropicales

LE GAC Gérald Génétique

LE ROUX Pierre-Yves Biophysique et Médecine nucléaire

LODDE Brice Médecine et santé au travail

MIALON Philippe	Physiologie
MOREL Frédéric	Médecine & biologie du développement et de la reproduction
PLEE-GAUTIER Emmanuelle	Biochimie et Biologie Moléculaire
QUERELLOU Solène	Biophysique et Médecine nucléaire
VALLET Sophie	Bactériologie – Virologie ; Hygiène

MAITRES DE CONFERENCES DES UNIVERSITÉS - PRATICIENS HOSPITALIERS DE
2ème CLASSE

LE GAL Solène	Parasitologie et Mycologie
LE VEN Florent	Cardiologie
PERRIN Aurore	Biologie et médecine du développement & de la Reproduction
TALAGAS Matthieu	Cytologie et histologie

MAITRES DE CONFERENCES DES UNIVERSITÉS - PRATICIENS HOSPITALIERS
STAGIAIRES

UGUEN Arnaud	Anatomie et Cytologie Pathologique
--------------	------------------------------------

MAITRES DE CONFERENCES – PRATICIEN LIBERAL

NABBE Patrice	Médecine Générale
---------------	-------------------

MAITRES DE CONFERENCES DES UNIVERSITES ASSOCIES MI-TEMPS

BARAIS Marie	Médecine Générale
CHIRON Benoît	Médecine Générale

MAITRES DE CONFERENCES DES UNIVERSITES

BERNARD Delphine	Biochimie et Biologie Moléculaire
FAYAD Hadi	Génie informatique, automatique et traitement du Signal
HAXAIRE Claudie	Sociologie – Démographie
KARCHER Brigitte	Psychologie clinique
LANCIEN Frédéric	Physiologie
LE CORRE Rozenn	Biologie cellulaire
MIGNEN Vincent	Physiologie
MORIN Vincent	Electronique et Informatique

MAITRES DE CONFERENCES DES UNIVERSITES A TEMPS COMPLET

MERCADIE Lolita	Rhumatologie
-----------------	--------------

MAÎTRES DE CONFERENCES ASSOCIES DES UNIVERSITES A MI-TEMPS

SCHICK Ulrike	Cancérologie, radiothérapie : option radiothérapie
---------------	--

AGREGES/ CERTIFIES DU SECOND DEGRE

MONOT Alain	Français
RIOU Morgan	Anglais

UNIVERSITE DE BREST - BRETAGNE OCCIDENTALE

Faculté de Médecine & des Sciences de la Santé

AUTORISATION D'IMPRIMER

Présentée par Monsieur le Professeur : Jean-Yves LE RESTE

Titre de la thèse (en MAJUSCULES) :

WORKING ALLIANCE INVENTORY SHORT VERSION (WAI SR) TRANSLATION IN
POLISH WITH A FORWARD BACKWARD TRANSLATION AND A DELPHI PROCESS

**ACCORD DU PRESIDENT DU JURY DE THESE SUR L'IMPRESSION DE LA
THESE**

OUI

En foi de quoi la présente autorisation d'imprimer sa thèse est délivrée à

Madame MORVAN Fabienne

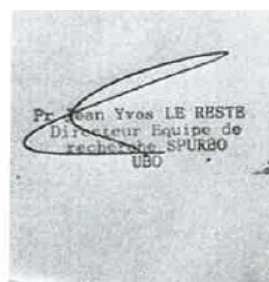
Interne de DES de Médecine Générale

Fait à MANCHESTER (UK), le 25/04/17

VISA du Doyen de la faculté,

A Brest, le 25/04/17

Le Président du Jury de Thèse,



Pr. Jean Yves LE RESTE
Directeur Equipe de
recherche SPURBO
UBO

Serment d'Hippocrate

Au moment d'être admis à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions. J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité. Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences. Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me les demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçu à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission. Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

J'apporterai mon aide à mes confrères ainsi qu'à leurs familles dans l'adversité.

Que les hommes et mes confrères m'accordent leur estime si je suis fidèle à mes promesses; que je sois déshonoré et méprisé si j'y manque.

Table of contents

Abstract.....	12
Introduction.....	14
Material and Methods.....	17
Methodology.....	17
Ethics Statement.....	17
Research Team.....	17
Participant Selection.....	18
Data Collection.....	18
Results.....	19
Participants in the study.....	19
Group of four experts.....	20
Group of 24 experts.....	21
First Delphi Round.....	22
Cultural Check.....	25
WAI SR Patient.....	26
WAI SR Therapist.....	32
WAI SR Scoring Sheet.....	36
Discussion.....	39
Main Results.....	39
Strengths and limitations of the study.....	39
Key Points.....	40
Implications for practice, medical training and future research.....	40
Conclusion.....	43
Bibliography.....	44
Appendices.....	47

Abstract

Introduction:

Therapeutic Alliance (TA) enables an improvement in adherence to treatment and in quality of care. A research group from the Faculty of Medicine in Brest have worked to find a tool to evaluate the TA. This tool can be used not only in practical day to day medicine but also in the training of medical students and in research. A systematic review of the literature and a RAND/UCLA Appropriateness Method have determined the Working Alliance Inventory Short Version (WAI SR) as the most appropriate scale for evaluating the TA. The objective of the study was to translate into Polish the WAI SR following a validated and referenced method .

Method:

A forward and backward translation with a Delphi consensus procedure was used as it was the most appropriate method for this study. A research team of 4 experts was asked to translate the WAI SR into Polish. This group consisted of 2 general practitioners, 1 linguist and 1 psychologist. They took into account the cultural context. Experts of the Delphi Round were Polish general practitioners who were fluent in English. After consensus, 2 Poles who were fluent in English made a return backward translation to check the validity of the initial translation.

Results:

The appropriate forward translation was completed. 24 experts participated in the Delphi Round . Consensus was reached with one Delphi round. The backward translation in English

was done by a professional translator and an English person who has lived in Poland for 30 years.

Conclusion:

A Polish translation of the WAI SR is now available, done with a validated method. It can be used in daily medical practise, as a teaching instrument in the training of medical students as well as in medical research.

Introduction

Therapeutic alliance refers to the relationship between a healthcare professional and a patient. It is the way by which a therapist and a patient hope to engage with each other, and effect beneficial change in the patient.

Quality of care enhancement is a constant objective in medicine. Technical knowledge is necessary but not entirely sufficient to ensure that quality. Human factors and communication challenges also form part of this balance. Therapeutic alliance is an efficient theme which can be used in medical education and in practice.(1) Therapeutic alliance is important in medical treatment, as it is associated with patient adherence and satisfaction.(2,3) Therapeutic alliance is of importance in the treatment of chronic diseases.(4) Patients often complain about the quality of communication between therapist and patient in health care settings. Communication skills training during pre- and graduate training have to be improved. For communication challenge an initial education appears useful(5).

In order to teach communication and the concept of therapeutic alliance (TA), it is necessary to have the tools to make an objective evaluation. As physician-patient relationship is complex to define. A review of the literature showed that for achieving adherence physicians should use trust, communication and empathy. Current administrative databases can not easily measure those items(6).

There is no gold standard for measuring therapeutic alliance in Europe. Today however doctors, as well as patients, are interested in the TA. As a result of the evolution of the society and of medicine, the patients can play a role in their own health care. The quality of care from the patient's view has become a center of interest since 1980 in Poland, as in other countries in Europe. There was a short questionnaire for measuring the quality of patient visits to family physician practices, which was published in Poland in 2010. *The Quality of Visit to Family Physician* was the name of the questionnaire, and it was a reliable tool that could be used by family physicians. They could also obtain feedback from patients about patient-physician relations. But in this Polish questionnaire there was only a patient version, and not a therapist version.(7) In Poland today there doesn't exist a method, involving both doctor and patient, for evaluating the TA.

In Poland the TA is an integral part of the health care system. A good relationship between doctor and patient is one of the satisfaction criteria cited by the patients. A survey, the aim of which was to identify particular healthcare dimensions that determine a patient's satisfaction or dissatisfaction, was published in Poland in 2009. The survey showed that to improve the quality of healthcare, family doctors should take special care to assure the quality of their relationship with patients. This showed that the patient-physician interactions are essential in routine medicine, and that Poland feels concerned.(8)

Communication represents an essential element of the TA. In Poland all levels of society, including adolescents, recognize the importance of this communication between doctor and patient. A Polish study analyzed research results relating the feelings of adolescents during their medical visit. The study showed how important it was for physicians to treat them as

adult patients and to encourage them to ask questions, as well as respecting their privacy. This study demonstrated once again that Poland has a high interest for communication.(9)

On the other hand, infectious diseases are better treated now, and the mortality has decreased but there are now chronic diseases than ever. In the treatment of chronic diseases the TA is becoming essential for long term quality care. At the same time, the model of medicine has changed : the paternalistic model in which physician took all decisions is disappearing.(10) Patients are playing a greater role in their own health care.(11)

There is also no gold standard to evaluate therapeutic alliance in Europe today, including Poland. In 2013, a literature review was achieved by P.M. Noel, in Brest, to search reliable and reproducible tools to evaluate therapeutic alliance.(12) This review identified six scales. Then a study was undertaken at a European level to find the most validated scale using a RAND/UCLA Appropriateness Method (RAM) gathering a panel of university general practitioners. A consensus for the WAI SR was achieved(13,14).

The objective of this study was to translate the WAI SR in Polish. The translation of the WAI SR in Polish was using a forward backward translation, including a Delphi consensus procedure. This study was a part of a wider study named “Tool Assessment for Therapeutic Alliance study” (TATA study), whose aim was to find the most validated scale to measure therapeutic alliance in the whole of Europe, and to translate it in all European languages.

Material and Methods

Methodology

To get a valid quality of translation, we have to adopt a multistep approach(15). In Poland and in all participating countries in Europe, we used a forward and backward translation with a Delphi consensus procedure and a control cultural check to adapt translations to their national context in order to ensure their homogeneity throughout Europe(16). The Delphi method was adopted by consensus as it was the most appropriate for this study. It allowed a final result to be achieved by the consensus of a group of experts in an anonymous manner without being influenced by a dominant opinion(17–19).

Ethics Statement

The study was approved by the ethics committee of the University de Bretagne Occidentale in October 2014. After reading the information about the study, the participants completed and signed the consent form if they agree to participate. The ethics committee approved the consent procedure.

Research Team

A research team of 4 experts was asked to translate the WAI SR into Polish. The experts consisted of 2 general practitioners, 1 linguist and 1 psychologist. They were all fluent in English. This group took into account the cultural context (20–22).

Participant Selection

The Delphi consensus procedure involved 24 expert GP's in the first round. They received the English forms with translations into their native language. This Proposition was sent via email. Each GP was contacted separately to avoid contamination, which is the basic methodology for Delphi procedure : no mailing list(23). The Delphi procedure was not just a quantitative method, but also worked very well in qualitative research. So this technique was valid(24). Information regarding age, gender, number of English articles, number of native language articles published as well as -reading, writing and speaking levels in English was collected for all these experts.

Data Collection

From September 2016 to December 2016, 24 GPs ranked translation from 1 (absolutely no agreement) to 9 (fully in agreement). The participant had to explain each rank under 7 with a short commentary and a proposition for a new version. Consensus was defined as at least 70% of the participants rating 7 or above the consensual items. If an item is consensual then it is validated and no further work is needed on it. If an item was not consensual, the group of 4 experts collected all commentaries and proposed various versions and designed a new proposition taking into account the maximum of proposals. Then they designed a new form with only the non-consensual items and sent it again to the group. As many Delphi rounds as needed were conducted to reach consensus. (25,26)According to the Delphi methods and the RAND UCLA (which is a modified Delphi technique), this is a valid definition of consensus in a Delphi round. As soon as the consensual definition in Polish was found, two other translators achieved a backward translation from the Polish WAI SR version into English. The two translators had no knowledge of the original version.

Results

Participants in the study:

With regard to the group of 4 experts who initially translated the WAI SR, the average age was 44.5 years old. There were 2 women (a linguist and a psychologist) and 2 men (general practitioners). The 2 doctors worked in a group medical practice and the linguist and the psychologist worked alone. They all practiced in an urban environment as well as being involved in teaching and research. On average they have been credited with 16 publications in English and 33.5 in Polish. They were all fluent in English. The 4 experts signed a written agreement.

As for the 24 experts who evaluated the translation of the WAI SR into Polish, they had an average age of 41.5 years old. There were twice as many women as men. The majority (79.17%) worked in a group medical practice. 79.17% worked in an urban environment, 16.67% in a semi-rural environment and 4.17% in a rural environment. 79.17% had a teaching job and 45.83% were involved in research. On average they have produced 4.2 publications in English and 25.42 publications in Polish. 12.50% had a basic level of English, 45.83% had an intermediate level and 41.67% were fluent in English. The 24 general practitioners signed a written agreement.

Group of four experts

DATA ANALYSIS

NAME OF THE EXPERTS	CODE	BIRTHDAY	AGE (years)	GENDER		YEARS OF PRACTICE	PRACTICE TYPE		
				MALE	FEMALE		SOLO	GROUP	OTHER
CZACHOWSKI SLAWOMIR	1	07/08/1954	62	1	0	25	0	1	0
SOWINSKA AGNIESZKA	2	17/12/1979	37	0	1	13	1	0	0
WOZNEWICZ AGNIESZKA	3	23/06/1986	30	0	1	2	1	0	0
BUCZKOWSKIK KRZYSZTOF	4	28/03/1967	49	1	0	19	0	1	0

NUMBER OF PARTICIPANT	4
INCOMPLETE ANSWER	0
ANALYSIS	4

178	2	2	59	2	2	0
	4					4
44,50	50,00%	50,00%	14,75	50,00%	50,00%	0,00%
	100,00%					100,00%

CHECKING DATA

ANALYSIS	Each yellow case should be equal to this one	4	If not error in data	percentage	Each case in purple should equal 100%	missing data/to precise	to correct
----------	--	---	----------------------	------------	---------------------------------------	-------------------------	------------

CODE	SETTING TYPE			TEACHING		RESEARCH		NUMBER PUBLICATION		LEVEL ENGLISH			CONSENT
	RURAL	SEMI RURA	URBAN	YES	NO	YES	NO	ENGLISH	OTHER	BASIC	INTERMED	FLUENT	
1	0	0	1	1	0	1	0	20	80	0	0	1	1
2	0	0	1	1	0	1	0	25	2	0	0	1	1
3	0	0	1	1	0	1	0	6	5	0	0	1	1
4	0	0	1	1	0	1	0	13	47	0	0	1	1

4	0	0	4	4	0	4	0	64	134	0	0	4	4
			4		4		4					4	
	0,00%	0,00%	100,00%	100,00%	0,00%	100,00%	0,00%	16,00	33,50	0,00%	0,00%	100,00%	
			100,00%		100,00%		100,00%					100,00%	100,00%

Group of 24 experts

DATA ANALYSIS

NAME OF THE EXPERTS	CODE	BIRTHDAY	AGE (years)	GENDER		YEARS OF PRACTICE	PRACTICE TYPE		
				MALE	FEMALE		SOLO	GROUP	OTHER
SMYKOWSKA KASIA	1	26/11/1973	43	0	1	10	0	1	0
BEJNAR KRZYSZTOF	2	24/06/1967	49	1	0	23	1	0	0
BOROWSKA JUSTYNA	3	04/02/1985	32	0	1	4	0	1	0
BUJNOWSKA MARIA	4	01/03/1968	49	0	1	20	1	0	0
GAJ MARTA	5	03/02/1984	33	0	1	5	0	1	0
JANIAK SANDRA	6	01/02/1990	27	0	1	1	0	1	0
JASTRZEBIEC-JANKOWSKA	7	17/10/1972	44	0	1	19	0	1	0
KACYNA PAULINA	8	25/05/1987	29	0	1	3	1	0	0
LUSZKIEWICZ DOROTA	9	19/12/1985	31	0	1	3	0	1	0
DACHTERA MAGDALENA	10	09/04/1973	43	0	1	18	0	1	0
MARCINSKOWSKA M.	11	10/09/1976	40	0	1	12	0	1	0
MASZTALERZ-MIGAS AGNIESZKA	12	26/09/1976	40	0	1	14	0	1	0
MODRZEJEWSKI	13	06/07/1986	30	1	0	2	0	1	0
OLESZCZYK MAREK	14	03/05/1973	43	1	0	18	0	1	0
PALKA MALGOSIA	15	24/04/1965	51	0	1	19	0	1	0
POLANSKI PIOTR	16	19/11/1967	49	1	0	20	1	0	0
SAPILAK B.	17	10/01/1969	48	1	0	23	0	1	0
SAWICKA-POWIERZAJ.	18	12/07/1958	58	0	1	17	0	1	0
STUDZINSKA KLAUDIA	19	12/11/1990	26	0	1	1	0	1	0
SZKIELONEK A.	20	01/01/1984	33	1	0	4	0	1	0
TOMIAK ELA	21	27/03/1962	55	0	1	30	0	1	0
WAWRZYNIAK ANNA	22	26/06/1964	52	0	1	27	0	1	0
WIESNIEWSKI M.	23	09/12/1981	35	1	0	9	0	1	0
RAJEWSKI JERZY	24	17/04/1959	57	1	0	32	1	0	0

NUMBER OF PARTICIPANT	24
INCOMPLETE ANSWER	0
ANALYSIS	24

997	8	16	334	5	19	0
		24				24
41,34	33,33%	66,67%	13,92	20,83%	79,17%	0,00%
		100,00%				100,00%

CHECKING DATA

ANALYSIS Each yellow case should be equal to this one 24 If not error in data

AVERAGE AGE	%MALE	%FEMALE	AVERAGE YEARS PRACTICE	%SOLO	%GROUP	%OTHER
percentage			missing data/to precise			to correct

CODE	SETTING TYPE			TEACHING		RESEARCH		NUMBER PUBLICATION		LEVEL ENGLISH			CONSENT
	RURAL	SEMI RURA	URBAN	YES	NO	YES	NO	ENGLISH	OTHER	BASIC	INTERMED	FLUENT	
1	0	0	1	1	0	0	1	0	0	0	1	0	1
2	1	0	0	1	0	0	1	3	1	1	0	0	1
3	0	1	0	0	1	0	1	0	0	0	0	1	1
4	0	0	1	1	0	1	0	20	140	0	0	1	1
5	0	0	1	1	0	0	1	0	0	0	1	0	1
6	0	0	1	0	1	0	1	0	0	0	1	0	1
7	0	0	1	1	0	0	1	0	0	1	0	0	1
8	0	0	1	1	0	0	1	0	0	0	1	0	1
9	0	0	1	1	0	0	1	0	0	0	1	0	1
10	0	0	1	1	0	1	0	0	2	0	1	0	1
11	0	0	1	1	0	1	0	24	12	0	0	1	1
12	0	0	1	1	0	1	0	15	150	0	0	1	1
13	0	0	1	0	1	0	1	0	0	0	1	0	1
14	0	0	1	1	0	1	0	5	10	0	0	1	1
15	0	0	1	1	0	1	0	5	20	0	0	1	1
16	0	1	0	1	0	0	1	0	0	0	1	0	1
17	0	0	1	1	0	1	0	15	200	0	0	1	1
18	0	0	1	1	0	1	0	7	19	0	0	1	1
19	0	0	1	0	1	0	1	0	0	0	1	0	1
20	0	0	1	0	1	0	1	0	0	0	1	0	1
21	0	1	0	1	0	1	0	2	4	0	0	1	1
22	0	0	1	1	0	1	0	10	50	0	0	1	1
23	0	1	0	1	0	1	0	0	2	0	1	0	1
24	0	0	1	1	0	0	1	0	0	1	0	0	1
24	1	4	19	19	5	11	13	106	610	3	11	10	24
			24		24		24						24
	4,17%	16,67%	79,17%	79,17%	20,83%	45,83%	54,17%	4,42	25,42	12,50%	45,83%	41,67%	
			100,00%		100,00%		100,00%						100,00%

First Delphi Round

WAI SR PATIENT

ROUND 1

CODE	INSTRUCT	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
1	8	7	9	7	8	9	8	9	8	9	8	9	9	8	9
2	8	8	9	8	8	9	8	9	8	8	8	8	6	7	8
3	6	9	9	9	9	9	9	9	9	9	9	8	9	7	9
4	5	8	8	7	9	9	7	9	8	9	6	6	9	7	9
5	9	9	9	9	8	9	9	9	9	9	8	8	9	9	9
6	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
7	9	7	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	7	9	7	8	9	9	9	6	9	8	9	9	7	9
9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9
10	7	7	9	7	7	7	8	9	8	9	8	8	9	8	7
11	9	9	7	7	8	8	8	9	8	8	9	9	9	8	9
12	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
13	8	9	9	8	9	9	9	9	8	5	8	8	9	7	8
14	6	8	9	6	9	9	9	9	8	9	7	8	6	8	8
15	7	5	9	5	5	7	9	8	9	9	8	5	3	3	9
16	8	6	9	8	6	7	8	8	8	8	6	8	6	8	8
17	9	9	9	9	9	9	7	9	8	9	7	8	8	9	9
18	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
19	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
20	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
21	9	9	9	9	9	9	9	9	7	9	9	7	9	8	9
22	9	9	9	9	9	9	9	9	8	9	9	8	9	8	9
23	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
24	8	8	8	8	8	6	8	8	8	8	8	8	8	8	8

24

<7	3	2	0	2	2	1	0	0	1	1	2	2	4	1	0
>=7	21	22	24	22	22	23	24	24	23	23	22	22	20	23	24
CHECK	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
TOTAL	87,50%	91,67%	100,00%	91,67%	91,67%	95,83%	100,00%	100,00%	95,83%	95,83%	91,67%	91,67%	83,33%	95,83%	100,00%

WAI SR FAMILY PHYSICIAN ROUND 1

CODE	INSTR	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
1	7	7	9	8	7	8	8	9	8	9	8	9	9
2	7	9	9	8	7	8	8	8	8	9	7	8	7
3	6	9	9	9	9	9	8	9	6	9	9	9	9
4	6	9	9	5	5	9	6	9	8	9	8	8	6
5	5	9	9	6	9	9	9	9	9	9	9	9	9
6	9	9	9	9	9	9	9	9	9	9	9	9	9
7	9	6	9	9	9	8	9	9	9	9	9	9	9
8	6	7	9	7	8	8	7	9	8	9	7	9	7
9	6	9	9	7	9	9	8	9	9	9	8	9	9
10	7	7	9	7	9	8	7	7	9	9	7	8	7
11	7	9	8	8	7	7	7	7	8	8	7	8	8
12	8	9	9	8	8	9	9	9	9	9	9	9	9
13	9	9	9	7	8	7	5	5	8	8	9	8	7
14	9	8	9	8	8	8	5	8	8	8	7	9	8
15	8	5	9	3	1	9	5	9	9	5	4	9	4
16	9	6	9	9	7	9	6	5	9	8	8	7	5
17	9	9	9	5	9	9	5	7	9	9	9	9	9
18	9	9	9	9	7	9	9	9	9	9	9	9	9
19	9	9	9	9	9	9	9	9	9	9	9	9	9
20	9	9	9	8	9	9	9	9	9	9	9	9	9
21	9	9	9	6	9	9	5	9	9	9	9	7	8
22	8	9	9	9	9	8	9	9	8	9	9	8	9
23	9	9	9	9	9	9	9	9	9	9	9	9	9
24	8	8	8	8	8	8	8	8	8	8	8	8	8

26

< 7	5	3	0	5	2	0	7	2	1	1	1	0	3
≥ 7	19	21	24	19	22	24	17	22	23	23	23	24	21
CHECK	24	24	24	24	24	24	24	24	24	24	24	24	24
TOTAL	79,17%	87,50%	100,00%	79,17%	91,67%	100,00%	70,83%	91,67%	95,83%	95,83%	95,83%	100,00%	87,50%

WAI SCORING SHEET

CODE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
1	8	7	8	9	8	9	8	7	9	9	7
2	9	8	8	8	8	8	8	8	7	8	8
3	8	8	9	9	9	9	5	9	9	9	9
4	8	8	8	9	9	9	8	8	7	7	8
5	9	9	9	9	9	9	9	9	9	9	9
6	9	9	9	9	9	9	9	9	9	9	9
7	9	9	9	9	9	9	9	9	9	9	9
8	8	7	7	9	9	9	7	7	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9
10	8	8	8	9	9	9	8	9	9	9	9
11	8	7	7	9	9	9	8	8	9	9	7
12	9	9	9	9	9	9	9	9	9	9	9
13	9	9	9	9	9	9	9	7	9	9	9
14	6	9	9	9	9	9	9	8	9	9	8
15	3	4	4	9	9	9	7	7	3	3	9
16	7	5	5	7	9	9	5	8	5	5	4
17	9	9	9	9	9	9	9	7	5	5	9
18	9	9	9	9	9	9	9	9	9	9	9
19	9	9	9	9	9	9	9	9	9	9	9
20	8	8	8	8	9	9	9	8	8	8	9
21	9	9	9	9	9	9	9	9	9	9	9
22	9	9	9	9	9	9	9	9	6	6	9
23	9	9	9	9	9	9	9	9	9	9	9
24	8	8	9	9	9	9	9	9	9	9	8

26

<7	2	2	2	0	0	0	2	0	4	4	1
≥7	22	22	22	24	24	24	22	24	20	20	23
CHECK	24	24	24	24	24	24	24	24	24	24	24
TOTAL	91,67%	91,67%	91,67%	100,00%	100,00%	100,00%	91,67%	100,00%	83,33%	83,33%	95,83%

Q1	SCORING KEY
Q2	PATIENT SCALE MEAN
Q3	FAMILY PHYSICIAN SCALE MEAN
Q5	GOAL
Q6	TASK
Q7	BOND
Q8	WAI SR ITEM
Q9	SCORE PATIENT VERSION
Q10	PHYSICIAN VERSION
Q11	INSTRUCTIONS

Cultural Check:

The backward translation was undertaken by a professional translator and an English person who has lived in Poland for 30 years.

With this cultural check the original English version and the backward English translation were compared. Discrepancies were sought and modifications in the Polish version were made if they changed the meaning or the sense of the original text.

WAI SR Patient:

In the instructions of the "WAI SR Patient" the original English version used the word "therapy" but in the backward translation the word "treatment" was used. The sense was not exactly the same so the Polish version was modified.

In the 3rd question , the original English version used the words "I feel" whereas the backward translation used the words "I believe". The sense was different so the Polish version was modified.

In the 11th question, the original English version said "have established a good understanding of the kind of » whereas the backward translation said « have established what kind of ». The sense was not the same so the Polish version was modified.

WAI SR Family Physician :

In the 6th question, the original English version said « have established a good understanding of the kind of » whereas the backward translation said « have established what kind of ». The meaning was not the same so the Polish version was modified.

WAI SR Patient

English Original Version	Polish Version	Backward Translation	Polish Final Version
<p>Instructions: Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience.</p> <p>IMPORTANT!!! Please take your time to consider each question carefully.</p>	<p>Instrukcja: Poniżej znajduje się lista stwierdzeń i pytań dotyczących możliwych doświadczeń związanych z leczeniem lub lekarzem rodzinnym. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego lekarza rodzinnego – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego lekarza rodzinnego. Pomyśl o swoich doświadczeniach związanych z leczeniem i wybierz kategorię, która najlepiej opisuje Twoje doświadczenie.</p> <p>WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie.</p>	<p>Instructions: Presented below is a list of statements and questions concerning possible experiences related to the treatment or the family physician. Some of the items (underlined places) refer directly to your family physician – when reading the statements, mentally fill the places marked in the text as _____ with the surname of your family physician. Think about your experiences related to the treatment and choose the category which best describes your experience.</p> <p>IMPORTANT!!! Please take your time, and carefully consider each question.</p>	<p>Instrukcja: Poniżej znajduje się lista stwierdzeń i pytań dotyczących możliwych doświadczeń związanych z terapią lub lekarzem rodzinnym. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego lekarza rodzinnego – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego lekarza rodzinnego. Pomyśl o swoich doświadczeniach związanych z terapią i wybierz kategorię, która najlepiej opisuje Twoje doświadczenie.</p> <p>WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie.</p>

English Original Version	Polish Version	Backword Translation	Polish Final Version
1- Seldom	1- Rzadko	1- Rarely	1- Rzadko
2- Sometimes	2- Czasami	2- Sometimes	2- Czasami
3- Fairly Often	3- Dość często	3- Quite Often	3- Dość często
4- Very Often	4- Bardzo często	4- Very Often	4- Bardzo często
5- Always	5- Zawsze	5- Always	5- Zawsze

English Original Version	Polish Version	Backward Translation	Polish Final Version
1. As a result of these sessions I am clearer as to how I might be able to change.	1. Dzięki tym wizytom lepiej rozumiem, jak mogę się zmienić.	1. Thanks to these visits, I understand better how I can change myself.	1. Dzięki tym wizytom lepiej rozumiem, jak mogę się zmienić.

English Original Version	Polish Version	Backward Translation	Polish Final Version
2. What I am doing in therapy gives me new ways of looking at my problem.	2. To, co robię w ramach terapii, daje mi nowe spojrzenie na mój problem.	2. Things I do during the therapy provide me with a new insight into my problem.	2. To, co robię w ramach terapii, daje mi nowe spojrzenie na mój problem.

English Original Version	Polish Version	Backward Translation	Polish Final Version
3. I believe ___ likes me.	3. Uważam, że _____ mnie lubi.	3. I feel _____ likes me.	3. Czuję , że _____ mnie lubi.

Original English Version	Polish Version	Backward Translation	Polish Final Version
4. ___ and I collaborate on setting goals for my therapy.	4. _____ i ja współpracujemy wyznaczając cele mojego leczenia.	4. _____ and I work together on setting goals for my treatment.	4. _____ i ja współpracujemy wyznaczając cele mojego leczenia.

English Original Version	Polish Version	Backward Translation	Polish Final Version
5. ___ and I respect each other.	5. _____ i ja szanujemy siebie nawzajem.	5. _____ and I respect each other.	5. _____ i ja szanujemy siebie nawzajem.

English Original Version	Polish Version	Backward Translation	Polish Final Version
6. ___ and I are working towards mutually agreed upon goals.	6. _____ i ja staramy się realizować wspólnie uzgodnione cele.	6. _____ and I try to implement the goals we have both agreed upon.	6. _____ i ja staramy się realizować wspólnie uzgodnione cele.

English Original Version	Polish Version	Backward Translation	Polish Final Version
7. I feel that ___ appreciates me.	7. Czuję, że _____ mnie docenia.	7. I feel that _____ appreciates me.	7. Czuję, że _____ mnie docenia.

English Original Version	Polish Version	Backward Translation	Polish Final Version
8. _____ and I agree on what is important for me to work on.	8. _____ i ja zgadzamy się nad czym ważnym powinienem/powinnam pracować.	8. _____ and I agree on the important things I should work on.	8. _____ i ja zgadzamy się nad czym ważnym powinienem/powinnam pracować.

English Original Version	Polish Version	Backward Translation	Polish Final Version
9. I feel _____ cares about me even when I do things that he/she does not approve of.	9. Czuję, że _____ troszczy się o mnie nawet gdy robię rzeczy, których nie pochwała.	9. I feel that _____ cares about me, even when I do things which he/she does not approve of.	9. Czuję, że _____ troszczy się o mnie nawet gdy robię rzeczy, których nie pochwała.

English Original Version	Polish Version	Backward Translation	Polish Final Version
10. I feel that the things I do in therapy will help me to accomplish the changes that I want.	10. Czuję, że to co robię podczas terapii pomoże mi dokonać zmian, jakich chcę.	10. I feel that what I do during the therapy will help me to make the changes I want.	10. Czuję, że to co robię podczas terapii pomoże mi dokonać zmian, jakich chcę.

English Original Version	Polish Version	Backward Translation	Polish Final Version
11. _____ and I have established a good understanding of the kind of changes that would be good for me.	11. _____ i ja ustaliliśmy jaki rodzaj zmian będzie dla mnie dobry.	11. _____ and I have established what kind of changes will be good for me.	11. _____ i ja ustaliliśmy jak poprawnie rozumieć rodzaj zmian, które będą dla mnie dobre.

English Original Version	Polish Version	Backward Translation	Polish Final Version
12. I believe the way we are working with my problem is correct.	12. Uważam, że sposób, w jaki pracujemy nad moim problemem jest właściwy.	12. I think that the way we are working on my problem is appropriate.	12. Uważam, że sposób, w jaki pracujemy nad moim problemem jest właściwy.

WAI SR Therapist

English Original Version	Polish Version	Backward Translation	Polish Final Version
<p>Instructions: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of ___ in the text.</p> <p>IMPORTANT!!! Please take your time to consider each question carefully.</p>	<p>Instrukcja: poniżej znajduje się lista stwierdzeń dotyczących doświadczeń z pacjentami. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego pacjenta – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego pacjenta.</p>	<p>Instructions: Presented below is a list of statements concerning experiences with patients. Some of the items (underlined places) refer directly to your patient – when reading the statements, mentally fill the places marked in the text as _____ with the surname of your patient.</p> <p>IMPORTANT!!! Take your time and carefully consider each question.</p>	<p>Instrukcja: poniżej znajduje się lista stwierdzeń dotyczących doświadczeń z pacjentami. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego pacjenta – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego pacjenta.</p>

	WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie		WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie
--	--	--	--

English Original Version	Polish Version	Backward Translation	Polish Final Version
1. ___ and I agree about the steps to be taken to improve his/her situation.	1. _____ i ja zgadzamy się co do kroków, które należy podjąć by nastąpiła poprawa.	1. _____ and I agree on the steps that need to be taken to improve his/her situation.	1. _____ i ja zgadzamy się co do kroków, które należy podjąć by nastąpiła poprawa.

English Original Version	Polish Version	Backward Translation	Polish Final Version
2. I am genuinely concerned for ___'s welfare.	2. Szczerze przejmuję się dobrem _____.	2. I honestly care about _____'s welfare.	2. Szczerze przejmuję się dobrem _____.

English Original Version	Polish Version	Backward Translation	Polish Final Version
3. We are working towards mutually agreed upon goals.	3. Staramy się realizować wspólnie uzgodnione cele.	3. We try to implement the goals we have agreed upon together.	3. Staramy się realizować wspólnie uzgodnione cele.

English Original Version	Polish Version	Backward Translation	Polish Final Version
4. ___ and I both feel confident about the usefulness of our current activity in therapy.	4. _____ i ja oboje jesteśmy pewni co do przydatności aktualnego leczenia.	4. _____ and I are both sure that the current treatment is useful.	4. _____ i ja oboje jesteśmy pewni co do przydatności aktualnego leczenia.

English Original Version	Polish Version	Backward Translation	Polish Final Version
5. I appreciate ___ as a person.	5. Doceniam _____ jako osobę.	5. I appreciate _____ as a person.	5. Doceniam _____ jako osobę.

English Original Version	Polish Version	Backward Translation	Polish Final Version
6. We have established a good understanding of the kind of changes that would be good for ____.	6. Ustaliliśmy jakiego rodzaju zmiany byłyby dobre dla _____.	6. We have established what kind of changes would be good for _____.	6. Ustaliliśmy jak poprawnie rozumieć rodzaj zmian, które byłyby dobre dla _____.

English Original Version	Polish Version	Backward Translation	Polish Final Version
7. ____ and I respect each other.	7. _____ i ja szanujemy siebie nawzajem.	7. _____ and I respect each other.	7. _____ i ja szanujemy siebie nawzajem.

English Original Version	Polish Version	Backward Translation	Polish Final Version
8. ____ and I have a common perception of his/her goals.	8. _____ i ja mamy wspólny pogląd na jego/jej cele.	8. _____ and I have a shared perception concerning his/her goals.	8. _____ i ja mamy wspólny pogląd na jego/jej cele.

English Original Version	Polish Version	Backward Translation	Polish Final Version
9. I respect ___ even when he/she does things that I do not approve of.	9. Szanuję _____ nawet gdy robi rzeczy, których nie pochwalam.	9. I respect _____, even when he/she does things I do not approve of.	9. Szanuję _____ nawet gdy robi rzeczy, których nie pochwalam.

English Original Version	Polish Version	Backward Translation	Polish Final Version
10. We agree on what is important for ___ to work on.	10. Zgadza się nad czym ważnym _____ powinien/ powinna pracować.	10. We agree on what important things _____ should work on.	10. Zgadza się nad czym ważnym _____ powinien/ powinna pracować.

WAI SR Scoring Sheet

English Original Version	Polish Version	Backward Translation	Polish Final Version
Patient scale mean:	Średnia skali pacjenta:	Mean Patient scale:	Średnia skali pacjenta :

English Original Version	Polish Version	Backward Translation	Polish Final Version
G = Goal = T = Task = B = Bond = Total Score =	C= Cel = Z= Zadanie = W= Więż = Total Score =	G = Goal = T = Task = B = Bond = Total Score =	C= Cel = Z= Zadanie = W= Więż = Total Score =

English Original Version	Polish Version	Backward Translation	Polish Final Version
Family Physician scale mean:	Średnia skali lekarza rodzinnego:	Mean Family Physician scale:	Średnia skali lekarza rodzinnego:

English Original Version	Polish Version	Backward Translation	Polish Final Version
To derive a scale or total score, simply sum and take the mean of the items.	Aby obliczyć skalę lub łączny wynik zsumuj punkty i oblicz średnią.	To derive the scale, or the total, sum the points up and calculate the mean.	Aby obliczyć skalę lub łączny wynik zsumuj punkty i oblicz średnią.

English Original Version	Polish Version	Backward Translation	Polish Final Version
-WAI SR Item	-Pozycja WAI SR	-WAI SR Item	-Pozycja WAI SR
-Score Patient version	-Wersja punktacji pacjenta	-Patient Score version	-Wersja punktacji pacjenta
-Score Family Physician version	-Wersja punktacji lekarza rodzinnego	-Family Physician Score version	-Wersja punktacji lekarza rodzinnego
-Scale type	-Rodzaj skali	-Scale type	-Rodzaj skali

Discussion

Main Results:

The main findings were the translation of the WAI SR English version into Polish. For further collaborative research within EGPRN, the quality of the translation is very important. The homogeneity of the translation has been evaluated with a backward translation.

Strengths and limitations of the study:

There were no information bias as all information or investigation were disseminated by email to all participants. In addition no communication was experienced between the experts. No confusion bias was encountered. A selection bias was possible with regard to the 24 general practitioners who participated in the evaluation of the translation. There was possibly a question regarding their selection; there were a majority of women (66.67%). Also 79.17% of the GPs worked in a group practice and only 20.83% worked alone. The majority of the doctors worked in an urban environment (79.17%). The Polish researcher knew all of the experts and also took part in their selection: a sample distortion which is perhaps questionable. Nevertheless in a purposive sample the aim is not to achieve a representative sample but a comprehensive one and this was the case in this study.

The Delphi technique for translation presented strengths and limitations. The postulate of the Delphi technique was that individual judgment was enhanced by pooled intelligence. With the Delphi technique you could recover the collective opinion of a group of experts, whereas they

weren't physically together. The technique straddled both quantitative and qualitative realms, and it was seen as an accurate consensus technique in health research(27). The Delphi technique could contribute significantly to broadening knowledge in the medical profession, if it was used rigorously.(28)

Key points:

In medical treatment the working alliance is fundamental(29). Patient adherence and satisfaction depend on interpersonal dimensions of medical care. Physicians have to use these dimensions to improve therapeutic care(30). It is very important to have an European scale to measure the therapeutic alliance, and to translate this scale into all European languages, like Polish. Thereby, Poland can be compared with other European countries in terms of therapeutic alliance. In the case of a multinational study, it is important that Poland uses the same tool for assessment as other European countries.

Implications for practice, medical training and future research:

The WAI SR translation in Polish will be interesting for research activities, for clinical practice and for medical training. For clinical practice, the WAI SR could be used in many fields. For example, in 2013 Poland published a qualitative study about the kind of general practitioner patients needed to help them give up smoking. A more tailored approach to the patient's needs was expected by patients. They wanted their GP to participate more in helping them to break the smoking habit. The WAI SR Polish version could be an accurate tool assessment to evaluate the quality of the therapeutic alliance during smoking cessation(31).

In a completely different field, the WAI SR Polish version could be used by postmenopausal women with osteoporosis. A Polish study from 2012 showed that patient adherence to therapy recommendations was influenced by the social skills of the physicians. A good therapeutic alliance between patient and physician eliminated the feeling of fear. Using the WAI SR Polish version could improve the interpersonal contact between the GP and the postmenopausal women in order to improve the quality of care in osteoporosis(32).

In Poland, physicians feel very concerned by the physician-patient relationship. Many studies have been carried out on this subject. Patients can contribute to the personalization of their relationship with the physician. The repetition and regularity of the appointments facilitate the effective relationship and the therapeutic alliance(33). Once more, the WAI SR Polish version could be a good tool assessment to evaluate the quality of therapeutic alliance in Poland.

In the field of communication skills, empathy is a fundamental element, especially in family medicine. In Poland, in a study published in 1996, 353 students, from the first and last year of medical school gave answers to a psychological questionnaire-"Emotional Empathy Scale" by A. Mehrabian and N. Epstein. The emotional aspects of empathy were evaluated by this questionnaire. It demonstrated that the level of empathy was higher in women in their first year of medicine but that there was a decrease of empathy in women after many years of medical education(34). To avoid this decrease in empathy, and to maintain good patient physician relations, it could be interesting to use the WAI SR Polish version, which is now a validated scale for measuring the therapeutic alliance in the whole of Europe, throughout medical studies in Poland.

Redesign communication curricula is a real need as well as adopt educational programs aimed at reinforcing empathy(35). Authoritarianism is increasing in graduating students' attitudes(36). A regular control, using the WAI SR, should improve the quality of patient physician relations, therapeutic alliance and provide good training for medical students.

The purposes of a standardized and reproducible questionnaire like the WAI SR is of great value for further research. In the framework of the research, its translation into many European languages will make it possible to conduct multinational studies on the therapeutic alliance.

Conclusion

TA plays a major role in everyday medicine. It enhances quality of care. It is important for future health professionals to develop competence in using it. TA will also be the focus of studies and research in the coming years.

This study is part of a much larger project aimed at improving the level in Europe of communication between doctor and patient with the goal of improving medical supervision of patients. This study was a part of a wider study named “Tool Assessment for Therapeutic Alliance study” (TATA study), whose aim was to find the most validated scale to measure therapeutic alliance in the whole of Europe, and to translate it in all European languages.

The polish version of the WAI SR can now be used in clinical practice, in medical training, and for further research.

With this scale, Poland could be compared with other European countries in the field of therapeutic alliance and multinational studies are now possible.

The WAI SR could be used in other medical professions, for example in nursing.

Bibliography

1. Molinuevo B, Aradilla-Herrero A, Nolla M, Clèries X. A comparison of medical students', residents' and tutors' attitudes towards communication skills learning. *Educ Health Abingdon Engl.* 2016 Aug;29(2):132–5.
2. Van der Feltz-Cornelis CM, Van Oppen P, Van Marwijk HWJ, De Beurs E, Van Dyck R. A patient-doctor relationship questionnaire (PDRQ-9) in primary care: development and psychometric evaluation. *Gen Hosp Psychiatry.* 2004 Apr;26(2):115–20.
3. Weiss KA, Smith TE, Hull JW, Piper AC, Huppert JD. Predictors of risk of nonadherence in outpatients with schizophrenia and other psychotic disorders. *Schizophr Bull.* 2002;28(2):341–9.
4. Elvins R, Green J. The conceptualization and measurement of therapeutic alliance: an empirical review. *Clin Psychol Rev.* 2008 Oct;28(7):1167–87.
5. Junod P, Sommer J, Louis-Simonet M, Nendaz M. Teaching communication skills: beyond wishful thinking. *Swiss Med Wkly [Internet].* 2015 Feb 9 [cited 2016 Sep 16]; Available from: <http://doi.emh.ch/smw.2015.14064>
6. Brown MT, Bussell J, Dutta S, Davis K, Strong S, Mathew S. Medication Adherence: Truth and Consequences. *Am J Med Sci.* 2016 Apr;351(4):387–99.
7. Marcinowicz L, Rybaczuk M, Grebowski R, Chlabicz S. A short questionnaire for measuring the quality of patient visits to family practices. *Int J Qual Health Care.* 2010 Aug 1;22(4):294–301.
8. Marcinowicz L, Chlabicz S, Grebowski R. Patient satisfaction with healthcare provided by family doctors: primary dimensions and an attempt at typology. *BMC Health Serv Res.* 2009;9:63.
9. Woynarowska-Sołdan M, Tabak I, Doroszevska A. The feelings of adolescents connected with medical visits and their perception of the physicians' behaviour. *Dev Period Med.* 2014 Sep;18(3):331–42.
10. Vučemilović M, Mahmić-Kaknjo M, Pavličević I. Transition from paternalism to shared decision making - a review of the educational environment in Bosnia and Herzegovina and Croatia. *Acta Medica Acad.* 2016 May;45(1):61–9.
11. Barry MJ, Edgman-Levitan S. Shared decision making--pinnacle of patient-centered care. *N Engl J Med.* 2012 Mar 1;366(9):780–1.
12. Noël P-M. Revue systématique de la littérature sur les moyens d'évaluation de l'alliance thérapeutique par des outils de mesure fiables et reproductibles. Thèse d'exercice de médecine. [Brest]: Faculté de Médecine et des Sciences de la Santé; 2013.
13. Le Borgne E. Selection of a reproductible and reliable tool assessment for therapeutic alliance in general practice, by a RAND/UCLA consensus method. Thèse d'exercice de médecine. [Brest]: Faculté de Médecine et des Sciences de la Santé; 2016.

14. Letissier A. Sélectionner un outil de mesure de l'alliance thérapeutique fiable et reproductible chez l'adulte, méthode de consensus par RAND/UCLA. Thèse d'exercice de médecine. [Brest]: Faculté de Médecine et des Sciences de la Santé; 2014.
15. Acquadro C, Conway K, Hareendran A, Aaronson N, European Regulatory Issues and Quality of Life Assessment (ERIQA) Group. Literature review of methods to translate health-related quality of life questionnaires for use in multinational clinical trials. *Value Health J Int Soc Pharmacoeconomics Outcomes Res.* 2008 Jun;11(3):509–21.
16. Okoli C, Pawlowski SD. The Delphi method as a research tool: an example, design considerations and applications. *Inf Manage.* 2004 Dec;42(1):15–29.
17. Bourrée F, Michel P, Salmi LR. [Consensus methods: review of original methods and their main alternatives used in public health]. *Rev Dépidémiologie Santé Publique.* 2008 Dec;56(6):415–23.
18. Jones, Hunter D. Consensus methods for medical and health services research. *BMJ.* 1995;311(7001):376-80.
19. Letrilliant L, Vanmeerbeek M. A la recherche du consensus: quelle méthode utiliser? *Exercer.* 2011;22(99):170-7.
20. Sousa VD, Rojjanasrirat W. Translation, adaptation and validation of instruments or scales for use in cross-cultural health care research: a clear and user-friendly guideline: Validation of instruments or scales. *J Eval Clin Pract.* 2011;17(2):268-74.
21. Koller M, Aaronson NK, Blazeby J, Bottomley A, Dewolf L, Fayers P, et al. Translation procedures for standardised quality of life questionnaires: The European Organisation for Research and Treatment of Cancer (EORTC) approach. *Eur J Cancer.* 2007;43(12):1810-20.
22. Maneesriwongul W, Dixon JK. Instrument translation process: a methods review. *J Adv Nurs.* 2004;48(2):175-86.
23. Novakowski N, Wellar B. Using the Delphi Technique in Normative Planning Research: Methodological Design Considerations. *Environ Plan A.* 2008 Jun 1;40(6):1485–500.
24. Skulmoski GJ, Hartman FT, Krahn J. The Delphi Method for Graduate Research. *J Inf Technol Educ.* 2007;6:1–21.
25. Falzarano M, Zipp GP. Seeking Consensus Through the Use of the Delphi Technique in Health Sciences Research. *J Allied Health.* 2013;42(2):99-105.
26. Powell C. The Delphi technique: myths and realities. *J Adv Nurs.* 2003;41(4):376-82.
27. Villiers PMR de, Villiers PJT de, Kent AP. The Delphi technique in health sciences education research. *Med Teach.* 2005 Nov 1;27(7):639–43.
28. Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. *J Adv Nurs.* 2000 Oct;32(4):1008–15.

29. Fuertes JN, Mislowack A, Bennett J, Paul L, Gilbert TC, Fontan G, et al. The physician–patient working alliance. *Patient Educ Couns*. 2007 Apr 1;66(1):29–36.
30. Fuertes JN, Boylan LS, Fontanella JA. Behavioral indices in medical care outcome: the working alliance, adherence, and related factors. *J Gen Intern Med*. 2009 Jan;24(1):80–5.
31. Buczkowski K, Marcinowicz L, Czachowski S, Piszczek E, Sowinska A. ‘What kind of general practitioner do I need for smoking cessation?’ Results from a qualitative study in Poland. *BMC Fam Pract*. 2013;14:159.
32. Bryl N, Horst-Sikorska W, Ignaszak-Szczepaniak M, Marcinkowska M, Michalak M, Sewerynek E. Influence of social competence of physicians on patient compliance with osteoporosis medications--a study on Polish postmenopausal women. *Ginekol Pol*. 2012 Jul;83(7):511–6.
33. Marcinowicz L, Pawlikowska T, Konstantynowicz J, Chlabicz S. New insight into the role of patients during medical appointments: a synthesis of three qualitative studies. *The Patient*. 2014;7(3):313–8.
34. Kliszcz J, Hebanowski M, Rembowski J. [Level and dynamics of empathy in I and VI year students at the Medical Academy of Medicine in Gdańsk]. *Pol Tyg Lek Wars Pol* 1960. 1996 Jan;51(1–5):55–8.
35. Bratek A, Bulska W, Bonk M, Seweryn M, Krysta K. Empathy among physicians, medical students and candidates. *Psychiatr Danub*. 2015 Sep;27 Suppl 1:S48-52.
36. Tsimtsiou Z, Kerasidou O, Efstathiou N, Papaharitou S, Hatzimouratidis K, Hatzichristou D. Medical students’ attitudes toward patient-centred care: a longitudinal survey. *Med Educ*. 2007 Feb;41(2):146–53.

Appendices

Annex A WAI SR Patient (English version)

Working Alliance Inventory – Short Revised (WAI-SR)

Instructions: Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience.

IMPORTANT!!! Please take your time to consider each question carefully.

1. As a result of these sessions I am clearer as to how I might be able to change.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

2. What I am doing in therapy gives me new ways of looking at my problem.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

3. I believe _____ likes me.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

4. ___ and I collaborate on setting goals for my therapy.

① ② ③ ④ ⑤
Seldom Sometimes Fairly Often Very Often Always

5. ___ and I respect each other.

⑤ ④ ③ ② ①
Always Very Often Fairly Often Sometimes Seldom

6. ___ and I are working towards mutually agreed upon goals.

⑤ ④ ③ ② ①
Always Very Often Fairly Often Sometimes Seldom

7. I feel that ___ appreciates me.

① ② ③ ④ ⑤
Seldom Sometimes Fairly Often Very Often Always

8. _____ and I agree on what is important for me to work on.

⑤ ④ ③ ② ①
Always Very Often Fairly Often Sometimes Seldom

9. I feel _____ cares about me even when I do things that he/she does not approve of.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

10. I feel that the things I do in therapy will help me to accomplish the changes that I want.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

11. _____ and I have established a good understanding of the kind of changes that would be good for me.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

12. I believe the way we are working with my problem is correct.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

WAI SR Therapist (English version)

Working Alliance Inventory – Short Revised - Therapist (WAI-SRT)

Instructions: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of ___ in the text.

IMPORTANT!!! Please take your time to consider each question carefully.

1. ___ and I agree about the steps to be taken to improve his/her situation.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

2. I am genuinely concerned for ___'s welfare.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

3. We are working towards mutually agreed upon goals.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

4. ___ and I both feel confident about the usefulness of our current activity in therapy.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

5. I appreciate ___ as a person.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

6. We have established a good understanding of the kind of changes that would be good for ___.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

7. ___ and I respect each other.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

8. ___ and I have a common perception of his/her goals.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

9. I respect ___ even when he/she does things that I do not approve of.

①

②

③

④

⑤

Seldom

Sometimes

Fairly Often

Very Often

Always

10. We agree on what is important for ___ to work on.

⑤

④

③

②

①

Always

Very Often

Fairly Often

Sometimes

Seldom

WAI SR SCORING SHEET

SCORING KEY FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI Patient and Family Physician version			
Patient scale mean: G = Goal = T = Task = B = Bond = Total Score =		Family Physician scale mean: G = Goal = T = Task = B = Bond = Total Score =	To derive a scale or total score, simply sum and take the mean of the items.
WAI SR Item	Score Patient version	Score Family Physician version	Scale type
1			T
2			T
3			B
4			G
5			B
6			G
7			B
8			G
9			B
10			T
11			G
12			T

Annex B WAI SR Patient (Polish version)

Working Alliance Inventory – Short Revised (WAI-SR)

Instrukcja: Poniżej znajduje się lista stwierdzeń i pytań dotyczących możliwych doświadczeń związanych z leczeniem lub lekarzem rodzinnym. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego lekarza rodzinnego – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego lekarza rodzinnego. Pomyśl o swoich doświadczeniach związanych z leczeniem i wybierz kategorię, która najlepiej opisuje Twoje doświadczenie.

WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie.

1. Dzięki tym wizytom lepiej rozumiem, jak mogę się zmienić.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

2. To, co robię w ramach terapii, daje mi nowe spojrzenie na mój problem.

⑤	④	③	②	①
Zawsze	Bardzo często	Dość często	Czasami	Rzadko

3. Uważam, że _____ mnie lubi.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

4. _____ i ja współpracujemy wyznaczając cele mojego leczenia.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

5. _____ i ja szanujemy siebie nawzajem.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

6. _____ i ja staramy się realizować wspólnie uzgodnione cele.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

7. Czuję, że _____ mnie docenia.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

8. _____ i ja zgadzamy się nad czym ważnym powinienem/powinnam pracować.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

9. Czuję, że _____ troszczy się o mnie nawet gdy robię rzeczy, których nie pochwała.

①

②

③

④

⑤

Rzadko

Czasami

Dość często

Bardzo
często

Zawsze

10. Czuję, że to co robię podczas terapii pomoże mi dokonać zmian, jakich chcę.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

11. _____ i ja ustaliliśmy jaki rodzaj zmian będzie dla mnie dobry.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

12. Uważam, że sposób, w jaki pracujemy nad moim problemem jest właściwy.

①

②

③

④

⑤

Rzadko

Czasami

Dość często

Bardzo
często

Zawsze

① ② ③ ④ ⑤
Rzadko Czasami Dość często Bardzo często Zawsze

5. Doceniam _____ jako osobę.

⑤ ④ ③ ② ①
Zawsze Bardzo często Dość często Czasami Rzadko

6. Ustaliliśmy jakiego rodzaju zmiany byłyby dobre dla _____.

⑤ ④ ③ ② ①
Zawsze Bardzo często Dość często Czasami Rzadko

7. _____ i ja szanujemy siebie nawzajem.

① ② ③ ④ ⑤
Rzadko Czasami Dość często Bardzo często Zawsze

8. _____ i ja mamy wspólny pogląd na jego/jej cele.

⑤ ④ ③ ② ①
Zawsze Bardzo często Dość często Czasami Rzadko

9. Szanuję _____ nawet gdy robi rzeczy, których nie pochwalam.

① ② ③ ④ ⑤
Rzadko Czasami Dość często Bardzo często Zawsze

10. Zgadza się nad czym ważnym _____ powinien/ powinna pracować.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

WAI SR SCORING SHEET

SCORING KEY (Klucz punktacji) FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI Patient and Family Physician version			
Średnia skali pacjenta:		Średnia skali lekarza rodzinnego:	
C= Cel =		C= Cel =	
Z= Zadanie =		Z = Zadanie =	
W= Więż =		W = Więż =	
Total Score =		Total Score =	
Aby obliczyć skalę lub łączny wynik zsumuj punkty i oblicz średnią.			
Pozycja WAI SR		Wersja punktacji	
Wersja punktacji pacjenta		Wersja punktacji lekarza rodzinnego	
Rodzaj skali			
1			Z
2			Z
3			W
4			C
5			W
6			C
7			W
8			C
9			W
10			Z
11			C
12			Z

Annex C WAI SR Patient (English version) BACKWARD TRANSLATION

Working Alliance Inventory – Short Revised (WAI-SR)

Instructions: Presented below is a list of statements and questions concerning possible experiences related to the treatment or the family physician. Some of the items (underlined places) refer directly to your family physician – when reading the statements, mentally fill the places marked in the text as _____ with the surname of your family physician. Think about your experiences related to the treatment and choose the category which best describes your experience.

IMPORTANT!!! Please take your time, and carefully consider each question.

1. Thanks to these visits, I understand better how I can change myself.

① ② ③ ④ ⑤

Rarely Sometimes Quite often Very often Always

2. Things I do during the therapy provide me with a new insight into my problem.

⑤ ④ ③ ② ①

Always Very Often Quite often Sometimes Rarely

3. I feel _____ likes me.

① ② ③ ④ ⑤

Rarely Sometimes Quite often Very Often Always

4. _____ and I work together on setting goals for my treatment.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

5. _____ and I respect each other.

⑤ ④ ③ ② ①
Always Very Often Quite Often Sometimes Rarely

6. _____ and I try to implement the goals we have both agreed upon.

⑤ ④ ③ ② ①
Always Very Often Quite Often Sometimes Rarely

7. I feel that _____ appreciates me.

① ② ③ ④ ⑤
Rarely Sometimes Quite Often Very Often Always

8. _____ and I agree on the important things I should work on.

⑤ ④ ③ ② ①
Always Very Often Quite Often Sometimes Rarely

9. I feel that _____ cares about me, even when I do things which he/she does not approve of.

① ② ③ ④ ⑤
Rarely Sometimes Quite Often Very Often Always

10. I feel that what I do during the therapy will help me to make the changes I want.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

11. _____ and I have established what kind of changes will be good for me.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

12. I think that the way we are working on my problem is appropriate.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

WAI SR Therapist (English version) BACKWARD TRANSLATION

Working Alliance Inventory – Short Revised - Therapist (WAI-SRT)

Instructions: Presented below is a list of statements concerning experiences with patients. Some of the items (underlined places) refer directly to your patient – when reading the statements, mentally fill the places marked in the text as _____ with the surname of your patient.

IMPORTANT!!! Take your time and carefully consider each question.

1. _____ and I agree on the steps that need to be taken to improve his/her situation.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

2. I honestly care about _____'s welfare.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

3. We try to implement the goals we have agreed upon together.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

4. _____ and I are both sure that the current treatment is useful.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

5. I appreciate _____ as a person.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

6. We have established what kind of changes would be good for _____.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

7. _____ and I respect each other.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

8. _____ and I have a shared perception concerning his/her goals.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

9. I respect _____, even when he/she does things I do not approve of.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

10. We agree on what important things _____ should work on.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

WAI SR SCORING SHEET

SCORING KEY FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI Patient and Family Physician version			
<p>Mean Patient scale:</p> <p>G = Goal =</p> <p>T = Task =</p> <p>B = Bond =</p> <p>Total Score =</p>		<p>Mean Family Physician scale:</p> <p>G = Goal =</p> <p>T = Task =</p> <p>B = Bond =</p> <p>Total Score =</p>	
<p>To derive the scale, or the total, sum the points up and calculate the mean.</p>			
WAI SR Item	Patient Score version	Family Physician Score version	Scale type
1			T
2			T
3			B
4			G
5			B
6			G
7			B
8			G
9			B
10			T
11			G
12			T

Annex D WAI SR Patient (Polish version) FINALE VERSION

Working Alliance Inventory – Short Revised (WAI-SR)

Instrukcja: Poniżej znajduje się lista stwierdzeń i pytań dotyczących możliwych doświadczeń związanych z terapią lub lekarzem rodzinnym. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego lekarza rodzinnego – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego lekarza rodzinnego. Pomyśl o swoich doświadczeniach związanych z terapią i wybierz kategorię, która najlepiej opisuje Twoje doświadczenie.

WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie.

1. Dzięki tym wizytom lepiej rozumiem, jak mogę się zmienić.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

2. To, co robię w ramach terapii, daje mi nowe spojrzenie na mój problem.

⑤	④	③	②	①
Zawsze	Bardzo często	Dość często	Czasami	Rzadko

3. Czuję, że _____ mnie lubi.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

4. _____ i ja współpracujemy wyznaczając cele mojego leczenia.

①

②

③

④

⑤

Rzadko

Czasami

Dość często

Bardzo
często

Zawsze

5. _____ i ja szanujemy siebie nawzajem.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

6. _____ i ja staramy się realizować wspólnie uzgodnione cele.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

7. Czuję, że _____ mnie docenia.

①

②

③

④

⑤

Rzadko

Czasami

Dość często

Bardzo
często

Zawsze

8. _____ i ja zgadzamy się nad czym ważnym powinienem/powinnam pracować.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

9. Czuję, że _____ troszczy się o mnie nawet gdy robię rzeczy, których nie pochwała.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

10. Czuję, że to co robię podczas terapii pomoże mi dokonać zmian, jakich chcę.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

11. _____ i ja ustaliliśmy jak poprawnie rozumieć rodzaj zmian, które będą dla mnie dobre.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

12. Uważam, że sposób, w jaki pracujemy nad moim problemem jest właściwy.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

WAI SR Family Physician (Polish version) FINALE VERSION

Working Alliance Inventory – Short Revised - Therapist (WAI-SRT)

Instrukcja: poniżej znajduje się lista stwierdzeń dotyczących doświadczeń z pacjentami. Niektóre pozycje (podkreślone miejsca) odnoszą się bezpośrednio do Twojego pacjenta – czytając te zdania należy w myślach uzupełnić miejsce oznaczone w tekście _____ nazwiskiem swojego pacjenta.

WAŻNE!!! Proszę bez pośpiechu i dokładnie przemyśleć każde pytanie

1. _____ i ja zgadzamy się co do kroków, które należy podjąć by nastąpiła poprawa.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

2. Szczerze przejmuję się dobrem _____.

⑤	④	③	②	①
Zawsze	Bardzo często	Dość często	Czasami	Rzadko

3. Staramy się realizować wspólnie uzgodnione cele.

①	②	③	④	⑤
Rzadko	Czasami	Dość często	Bardzo często	Zawsze

4. _____ i ja oboje jesteśmy pewni co do przydatności aktualnego leczenia.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

5. Doceniam _____ jako osobę.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

6. Ustaliliśmy jak poprawnie rozumieć rodzaj zmian, które byłyby dobre dla _____.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

7. _____ i ja szanujemy siebie nawzajem.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

8. _____ i ja mamy wspólny pogląd na jego/jej cele.

⑤ ④ ③ ② ①

Zawsze Bardzo często Dość często Czasami Rzadko

9. Szanuję _____ nawet gdy robi rzeczy, których nie pochwalam.

① ② ③ ④ ⑤

Rzadko Czasami Dość często Bardzo często Zawsze

10. Zgadza się nad czym ważnym _____ powinien/ powinna pracować.

⑤

④

③

②

①

Zawsze

Bardzo
często

Dość często

Czasami

Rzadko

WAI SR SCORING SHEET

SCORING KEY (Klucz punktacji) FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI Patient and Family Physician version			
Średnia skali pacjenta:		Średnia skali lekarza rodzinnego:	
C= Cel =		C= Cel =	
Z= Zadanie =		Z = Zadanie =	
W= Więż =		W = Więż =	
Total Score =		Total Score =	
Aby obliczyć skalę lub łączny wynik zsumuj punkty i oblicz średnią.			
Pozycja WAI SR	Wersja punktacji pacjenta	Wersja punktacji lekarza rodzinnego	Rodzaj skali
1			Z
2			Z
3			W
4			C
5			W
6			C
7			W
8			C
9			W
10			Z
11			C
12			Z

Annex E: Consent Form and DATA for sampling

information notice informed consent and data for sampling (to translate in you language and input with your logo)



Département Universitaire de Médecine Générale

22, avenue Camille Desmoulins CS 93837 – 29238 – Brest CEDEX 3

Tél : 02 98 01 65 52 – fax : 02 98 01 64 74

INFORMATION NOTICE

International Investigator Senior Coordinator

Name: Le Reste Jean Yves

Address: Département de médecine générale, Faculté de Médecine de Brest, 22, avenue Camille Desmoulins, 29238 Brest cedex 3

International Developer

Département Universitaire de Médecine Générale – 22 avenue Camille Desmoulins - 29238 Brest Cedex 3

National investigator senior coordinator:

Name:

Address:

National developer:

Dear Madam or Sir

You are invited to participate in a survey by (trainee in general practice, GP...). The department of general practice from is the national developer of that survey. He is responsible for it and assume its organization.

Mrs/Mr will explain his/her work to you. If you decide to participate you will be asked to sign a consent form. This signature will confirm that you did agree to participate.

1- Course of study

A forward backward translation study

2- Potential risk of study

There are no risks associated with your participation in this study

3- Potential benefits of the study

There is no potential benefit to this study

4- Voluntary participation

Your participation to this study is entirely voluntary.

You are free to refuse to participate and to terminate your participation in the study at any time and without incurring any liability or any injury of this fact and without causing consequences.

In this case you must inform the investigator of your decision

In the event that you withdraw your consent, we will conduct a computer processing of your personal data unless written objection on your part.

During the study, your investigator will notify you, if new facts might affect your willingness to participate in the study.

5- Obtaining complementary informations

If desired, Professor Le Reste who can be reached at telephone number: 00 33 298 016 552 at any time can answer all your questions about the study.

At the end of the study, and at your request, your investigator will inform you of the overall results of this research.

6- Confidentiality and use of medical or personal data

As part of biomedical research in which the DUMG Brest, Professor Le Reste and your national investigator offer to participate, a treatment of your personal data will be used to analyse the results of research in light of the objective of that study which was presented to you.

To this end, the data collected, including any survey and the data on your lifestyle will be forwarded to the promoter of the research where the data will be processed in this study.

Those data will be anonymized and their identification will be held with a code number.

Staff involved in the study is subject to professional secrecy.

These data may also, under conditions ensuring their confidentiality be transmitted to the national or European health authorities.

Under the provisions of Law you have the right to access and modify. You also have the right to object to the transmission of data covered by professional secrecy.

If you agree to participate in this study, thank you to complete and sign the consent form. You will keep a copy of it.

Empty rectangular box at the top of the page.



**Département Universitaire
de Médecine Générale**

22, avenue Camille Desmoulins CS 93837 – 29238 – Brest CEDEX 3

Tél : 02 98 01 65 52 – fax : 02 98 01 64 74

Consent Form
And Data for sampling

**Promoter : Département Universitaire de Médecine Générale – 22 avenue Camille
Desmoulins - 29238 Brest Cedex 3**

Dr:.....
.....

Address:
.....
.....

Local investigator name

Address:

University:

Asked me to participate in a forward backward translation study

I had time to reflect on my involvement in this study. I am aware that my participation is completely voluntary and that the study will entail no additional cost to my charge.

I can, at any time, decide to leave the study without giving reasons for my decision and that it does without consequences.

I understood that the data collected during the research would be protected in accordance to confidentiality. They can only be accessed by persons subject to professional secrecy belonging to the team-investigating physician, mandated by the promoter.

I accept the computerized processing of personal data in accordance with the data protection act. I have been informed of my right to access and rectify data concerning me.

My consent does not absolve the responsibilities of the organizers of this research. I retain all my rights guaranteed by Law.

Data for sampling:

Birth date:

Gender:

Number of year in practice

Practice type (solo, group, others)

Setting type (rural (less than 2000 inhabitants), semi rural (between 2000 and 5000, urban (more than 5000 inhabitants):

Teaching activities

Research activities

Number of publications in English

Number of publications in other languages

English level : basic intermediate fluent (all publishers in English are fluent...)

Done in two originals

at....., the dd/mm/yyyy

Name, first name of investigator:
interviewee:

Name, first name of the

Signature:

MORVAN (Fabienne) - Working Alliance Inventory Short Version (WAI SR) translation in Polish with a forward backward translation and a Delphi process

Abstract :

Introduction:

Therapeutic Alliance (TA) enables an improvement in adherence to treatment and in quality of care. A research group from the Faculty of Medicine in Brest have worked to find a tool to evaluate the TA. This tool can be used not only in practical day to day medicine but also in the training of medical students and in research. A systematic review of the literature and a RAND/UCLA Appropriateness Method have determined the Working Alliance Inventory Short Version (WAI SR) as the most appropriate scale for evaluating the TA. The objective of the study was to translate into Polish the WAI SR following a validated and referenced method .

Method:

A forward and backward translation with a Delphi consensus procedure was used as it was the most appropriate method for this study. A research team of 4 experts was asked to translate the WAI SR into Polish. This group consisted of 2 general practitioners, 1 linguist and 1 psychologist. They took into account the cultural context. Experts of the Delphi Round were Polish general practitioners who were fluent in English. After consensus, 2 Poles who were fluent in English made a return backward translation to check the validity of the initial translation.

Results:

The appropriate forward translation was completed. 24 experts participated in the Delphi Round . Consensus was reached with one Delphi round. The backward translation in English was done by a professional translator and an English person who has lived in Poland for 30 years.

Conclusion:

A Polish translation of the WAI SR is now available, done with a validated method. It can be used in daily medical practise, as a teaching instrument in the training of medical students as well as in medical research.

Mots clés:

WORKING ALLIANCE INVENTORY SHORT VERSION - THERAPEUTIC ALLIANCE-
DELPHI PROCESS-POLAND- FORWARD BACKWARD TRANSLATION

Jury:

Président : Monsieur le Professeur LE RESTE Jean-Yves

Membres : Monsieur le Professeur LE FLOC'H Bernard

Monsieur le Docteur NABBE Patrice

Monsieur le Docteur BENIS James

Date de soutenance: 8 Juin 2017