



HAL
open science

Translation and cultural check of the WAI SR (Working Alliance Inventory Short Revised) in Hebrew using a Forward/Backward translation with a Delphi consensus procedure

Marion Milhade

► To cite this version:

Marion Milhade. Translation and cultural check of the WAI SR (Working Alliance Inventory Short Revised) in Hebrew using a Forward/Backward translation with a Delphi consensus procedure. Life Sciences [q-bio]. 2018. dumas-01947322

HAL Id: dumas-01947322

<https://dumas.ccsd.cnrs.fr/dumas-01947322>

Submitted on 6 Dec 2018

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



THESE DE DOCTORAT EN MEDECINE

DIPLOME D'ETAT

Année : 2018

Thèse présentée par :

Madame Marion **MILHADE**
Née le 25 janvier 1990 à Toulon

Thèse soutenue publiquement le 8 novembre 2018

Titre de la thèse:

Translation and cultural check of the WAI SR (Working Alliance Inventory Short Revised) in Hebrew using a Forward/Backward translation with a Delphi consensus procedure.

Président Mr le Professeur Jean-Yves **LE RESTE**

Membres du jury Mr le Professeur Bernard **LE FLOC'H**

Mr le Docteur Benoît **CHIRON**

Mme la Docteur Pauline **CUEFF**

**UNIVERSITE DE BRETAGNE OCCIDENTALE
FACULTE DE MEDECINE ET DES SCIENCES DE LA SANTE DE BREST**

Doyens honoraires

Professeur **FLOCH** Hervé
 Professeur **LE MENN** Gabriel (†)
 Professeur **SENECAIL** Bernard
 Professeur **BOLES** Jean-Michel
 Professeur **BIZAIS** Yves (†)
 Professeur **DE BRAEKELEER** Marc (†)

Doyen

Professeur **BERTHOU** Christian

Professeurs émérites

CENAC Arnaud	Médecine interne
COLLET Michel	Gynécologie obstétrique
LEHN Pierre	Biologie cellulaire
YOUINOU Pierre	Immunologie

Professeurs des Universités – Praticiens Hospitaliers en surnombre

LEFEVRE Christian	Anatomie
MOTTIER Dominique	Thérapeutique
RICHE Christian	Pharmacologie fondamentale

Professeurs des Universités – Praticiens Hospitaliers de Classe Exceptionnelle

BOLES Jean-Michel	Réanimation
COCHENER-LAMARD Béatrice	Ophthalmologie
DEWITTE Jean-Dominique	Médecine et santé au travail
FEREC Claude	Génétique
GILARD Martine	Cardiologie
JOUQUAN Jean	Médecine interne
OZIER Yves	Anesthésiologie-réanimation
ROBASZKIEWICZ Michel	Gastroentérologie

Professeurs des Universités – Praticiens Hospitaliers de 1^{ère} Classe

BAIL Jean-Pierre	Chirurgie digestive
BERTHOU Christian	Hématologie
BLONDEL Marc	Biologie cellulaire
BOTBOL Michel	Pédopsychiatrie
BRESSOLLETTE Luc	Chirurgie vasculaire
CARRE Jean-Luc	Biochimie et biologie moléculaire
DE PARSCAU DU PLESSIX Loïc	Pédiatrie
DELARUE Jacques	Nutrition

DEVAUCHELLE-PENSEC Valérie

DUBRANA Frédéric

FENOLL Bertrand

FOURNIER Georges

GENTRIC Armelle

GOUNY Pierre

HU Weigu

KERLAN Véronique

LACUT Karine

LE MEUR Yannick

LE NEN Dominique

LEROYER Christophe

LOZAC'H Patrick

MANSOURATI Jacques

MARIANOWSKI Rémi

MERVIEL Philippe

MISERY Laurent

NEVEZ Gilles

NONENT Michel

PAYAN Christopher

REMY-NERIS Olivier

SALAUN Pierre-Yves

SARAUX Alain

SIZUN Jacques

STINDEL Éric

TIMSIT Serge

VALERI Antoine

WALTER Michel

Rhumatologie

Chirurgie orthopédique et traumatologique

Chirurgie infantile

Urologie

Gériatrie et biologie du vieillissement

Chirurgie vasculaire

Chirurgie plastique, reconstructrice et esthétique

Endocrinologie, diabète et maladies métaboliques

Thérapeutique

Néphrologie

Chirurgie orthopédique et traumatologique

Pneumologie

Chirurgie digestive

Cardiologie

Oto-rhino-laryngologie

Gynécologie obstétrique

Dermato-vénérologie

Parasitologie et mycologie

Radiologie et imagerie médicale

Bactériologie-virologie

Médecine physique et réadaptation

Biophysique et médecine nucléaire

Rhumatologie

Pédiatrie

Biostatistiques, informatique médicale et technologies de communication

Neurologie

Urologie

Psychiatrie d'adultes

Professeurs des Universités – Praticiens Hospitaliers de 2^{ème} Classe

ANSART Séverine

AUBRON Cécile

BEN SALEM Douraied

BERNARD-MARCORELLES Pascale

BEZON Eric

BROCHARD Sylvain

COUTURAUD Francis

DAM HIEU Phong

DELLUC Aurélien

GIROUX-METGES Marie-Agnès

HERY-ARNAUD Geneviève

HUET Olivier

LE MARECHAL Cédric

LE ROUX Pierre-Yves

L'HER Erwan

LIPPERT Éric

MONTIER Tristan

NOUSBAUM Jean-Baptiste

PRADIER Olivier

Maladies infectieuses

Réanimation

Radiologie et imagerie médicale

Anatomie et cytologie pathologiques

Chirurgie thoracique et cardiovasculaire

Médecine physique et réadaptation

Pneumologie

Neurochirurgie

Médecine interne

Physiologie

Bactériologie-virologie

Anesthésiologie-réanimation

Génétique

Biophysique et médecine nucléaire

Réanimation

Hématologie

Biologie cellulaire

Gastroentérologie

Cancérologie

RENAUDINEAU Yves Immunologie
SEIZEUR Romuald Anatomie

Professeurs des Universités de Médecine Générale

LE RESTE Jean-Yves
LE FLOC'H Bernard

Professeur Associé des Universités de Médecine Générale (à mi-temps)

BARRAINE Pierre

Professeur des Universités contrat LRU

BORDRON Anne Biologie cellulaire

Maîtres de Conférences des Universités – Praticiens Hospitaliers Hors Classe

JAMIN Christophe Immunologie
MOREL Frédéric Biologie et médecine du développement et de la reproduction
PERSON Hervé Anatomie

Maîtres de Conférences des Universités – Praticiens Hospitaliers de 1^{ère} Classe

ABGRAL Ronan Biophysique et médecine nucléaire
CORNEC Divi Rhumatologie
DE VRIES Philine Chirurgie infantile
DOUET-GUILBERT Nathalie Génétique
HILLION Sophie Immunologie
LE BERRE Rozenn Maladies infectieuses
LE GAC Gérald Génétique
LE GAL Solène Parasitologie et mycologie
LODDE Brice Médecine et santé au travail
MIALON Philippe Physiologie
PLEE-GAUTIER Emmanuelle Biochimie et biologie moléculaire
QUERELLOU Solène Biophysique et médecine nucléaire
TALAGAS Matthieu Histologie, embryologie et cytogénétique
VALLET Sophie Bactériologie-virologie

Maîtres de Conférences des Universités – Praticiens Hospitaliers de 2^{ème} Classe

BRENAUT Emilie Dermato-vénérologie
CORNEC-LE GALL Emilie Néphrologie
LE VEN Florent Cardiologie
MAGRO Elsa Neurochirurgie
PERRIN Aurore Biologie et médecine du développement et de la reproduction
SALIOU Philippe Epidémiologie, économie de la santé et prévention
SCHICK Ulrike Cancérologie
UGUEN Arnaud Anatomie et cytologie pathologiques

Remerciement

Aux membres du jury

A Monsieur le Professeur Jean-Yves LE RESTE, pour m'avoir permis de participer à ce projet d'étude sur l'alliance thérapeutique. Merci pour votre disponibilité, votre aide et vos conseils depuis le début de ce travail. Soyez assuré de tout mon respect et de ma reconnaissance.

A Monsieur le Professeur Bernard LE FLOC'H, vous me faites l'honneur de juger mon travail. Merci de votre implication dans la formation des futurs médecins généralistes. Soyez assuré de tout mon respect et de ma reconnaissance.

A Monsieur le Docteur Benoit CHIRON, vous me faites l'honneur de juger mon travail. Merci de votre implication dans la formation des futurs médecins généralistes. Soyez assuré de tout mon respect et de ma reconnaissance.

A Madame la Docteur Pauline CUEFF, tu me fais l'honneur de juger mon travail aujourd'hui comme tu l'as fait tout au long de mon internat. J'ai eu de la chance de tomber sur une formidable tutrice comme toi ! Merci de m'avoir accompagnée comme tu l'as fait. Tu es un exemple pour moi, j'espère être à la hauteur dans le futur, et j'espère que nous travaillerons ensemble encore longtemps !

A ma famille et mes amis

A mes parents, ma sœur et mon frère, pour m'avoir soutenue tout au long de ces études, pour avoir fêté avec moi les bons moments, et dans les moments difficiles, pour avoir cru en moi quand, seule, je n'y arrivais plus.

A Nanie, et même si je n'ai pas connu mon grand-père, il y a sûrement quelque chose qui m'a été transmis... Au Docteur Jacques MILHADE.

A Jean Baptiste, pour son amour, son soutien depuis que l'on se connaît. Pour sa grande aide pendant la rédaction de cette thèse, et notamment pour son excellente connaissance d'Excel ! Il n'y a pas de mot assez fort pour dire à quel point sa présence est importante aujourd'hui et qu'elle le sera toujours.

A notre petite Claire, et son sourire qui, tous les jours, nous fait fondre !

A toute ma belle-famille.

To the Kolpin family, for their love and support.

A tous mes amis et notamment,

A Emmanuelle, Jean-Philippe, Emilie, Benjamin, Anne, Elouan, Audrey, Bastien, Marion, Marine ... et aux amis de Jean Baptiste, qui sont devenus mes amis.

Aux Zouzs pour leur soutien infailible : Mélanie, Marine, Anouck, Maëlle, Maryion, Johanna.

Sans oublier

A tous les médecins, infirmiers, et autres personnels des services dans lesquels je suis passée, pour m'avoir transmis beaucoup, pour avoir partagé l'amour de votre métier.

To Robert and Naomi, and all the Israeli team, for all the work they have done and for their help, it was a pleasure to work with them.

Table des matières

Remerciement	6
Table des matières	8
Abstract	10
Introduction.....	11
Methods.....	13
Research group in Brest University of medicine.	13
Ethics statements.....	13
Methodology	13
1. Leading group – Forward translation:.....	14
2. Panel of experts - Delphi procedure:.....	14
3. Linguists – Backward translation:.....	15
4. Comparison – cultural check:.....	15
Results.....	16
1. Characteristics of the leading group.....	16
2. Characteristics of the experts’ panel	16
3. First Round lead to consensus.....	18
4. Backward translation and cultural check	21
Discussion	27
1. Main Result	27

2.	Strengths and limitations of the study.....	27
3.	Key points	28
4.	Implications for practice, medical training and further research	29
	Conclusion.....	30
	Bibliographie.....	31
	Serment d’Hippocrate	36
	Annexes.....	38
1.	Original English WAI SR	38
2.	WAI SR Hebrew Version	42

Abstract

Introduction: An efficient therapeutic alliance (TA) provides a better adherence to treatment, and moreover, a better quality of care. A research team in a French medical university (Brest), decided on selecting a tool, which could be used to assess TA. It was the TATA study (Tool Assessment for Therapeutic Alliance study). The Working Alliance Inventory Short Revised (WAI SR) was chosen and had to be translated in several languages, in order to be correctly used in non-English speaking countries.

The aim of this study was to translate it into Hebrew.

Methods: The method chosen was a Forward/Backward translation with a Delphi consensus procedure followed by a cultural check. A panel of experts was asked to evaluate the translation following the rules of a Delphi procedure. Then, the Hebrew version was translated back into English. A comparison was made between this version and the original one in order to adapt it within its national context.

Results: In order to respect language's rules, the Hebrew version had a female and a male version of the questionnaire. A panel of thirteen experts participated in one Delphi round that reached to consensus. After cultural check, the Hebrew version was found true to the original.

Conclusion: A Hebrew version of the WAI SR is available. It can be used in Israel, in day-to-day medicine, in medical training, and in further research concerning TA. It can also be used in multinational trials, as the WAI SR now exists in several European languages.

Introduction

An efficient patient-doctor relationship appeared to be strongly associated with patients' adherence, satisfaction with treatment, and is also related to outcome expectations (1).

This relationship is complex dynamic and use a specific communication between the patient and the physician. It is been evolving since old times, from a paternalistic framework insisting on the patient's wellbeing, to a relational framework that empowers the patient and is focused on his desires and rights without forgetting his medical needs. This aspect of medical care is known as the physician-patient working alliance(2).

Also called therapeutic alliance (TA), this domain, in medicine, and more precisely in general practice, is the center of every patients' care.

TA has been studied with psychiatric disorders, such as chronic psychotic diseases (schizophrenia)(3), bipolar disorder(4), addictology (5),depression, etc. More and more, researches have been going on with somatic chronic diseases, for example with cardiac pathologies (hypertension (6,7)), type 2 diabetes (8), end-stage renal disease (9), and in the rheumatology domain (2,10).

Evaluating such matter, TA, was necessary. And so is learning and teaching it in medical universities. It could be measured. Many different tools existed, but there was no gold standard or absolute reference.

The TATA study (TATA stands for Tool Assessment for Therapeutic Alliance) started in 2013, in Brest - France, with a literature review, to search reliable and reproducible

tools to evaluate TA (11). Six of them were found appropriate. Then, the most validated scale, was chosen using a RAND/UCLA Appropriateness Method (RAM) on an European level thanks to the EGPRN (12,13).

The Working Alliance Inventory Short Revised (WAI SR) was chosen. It is an American questionnaire, originally used in psychology research and practice. It was, then, validated as an assessment tool on a European scale for general practice, education and research. It is, actually, one of the most widely used scales for measuring therapeutic alliance.

Translations were needed, in several languages. In order to be correctly used in non-English speaking countries, with the same purpose (practice, education and research).

In Israel, therapeutic alliance has been studied for a while in general practice and in other medical specialties. It appeared to be even more important in this country regarding the multicultural population and its variability of response in primary care.

At all times, populations from different cultures have been immigrating in Israel. In these situations, misunderstandings, even confrontations could arise.(14) Cultural diversity can create conflicts between, for example, Christians and Muslims in the Arab sector, and between secular and ultra-orthodox communities in the Jewish sector. These do not stop at the hospital or medical office doors. It is present in the relationships between patients and doctors. TA is a constant challenge.(15)

The Israeli WAI SR could give the opportunity, for doctors and medical students, to understand and improve patient-doctor relationships.

The aim of this study was to translate, culturally adapt, and check a Hebrew version of the WAI SR.

The WAI SR, actually, included two different questionnaires, one designed for patients and one designed for therapists, and also included a scoring sheet, to analyse answers.

Methods

Research group in Brest University of medicine.

Students, and more precisely GP trainees, took part in a research group lead by GP's teachers and researchers. This group was working on the TATA study. At this moment of the study (end of 2016), trainees were asked to manage the translations' processes, it was their thesis subject.

Ethics statements.

The Ethics Committee of Brest University of Medicine approved the pattern of this study in October 2014. Validated consent forms in English were attached to the information of the study and the questionnaires. It had to be fulfilled and signed by each participant.

Methodology

Translation had to be undertaken with a Forward/Backward translation with a Delphi procedure, which was the most appropriate method to reach a consensus, as it is anonymous, from a large panel of experts and structured.(16–19)The Delphi Method can be used in both qualitative and quantitative research. It is a flexible research instrument that has been successfully used in many areas of research.(20) Then a

control cultural check was performed to adapt translations within their national context. This would ensure homogeneity throughout Europe (for studies using different translations of this tool).(21,22)

It meant a multi-stages process.(23)

1. Leading group – Forward translation:

First of all, a leading group had to be formed with two general practitioners (one of them was the local adviser), one linguist and one psychiatrist. This group was asked to perform the Forward translation of the WAI SR from English to Hebrew.

Each member had to be fluent in both languages and should have sufficient knowledge of both cultures.

2. Panel of experts - Delphi procedure:

The Delphi technique used a multistage self-completed questionnaire with individual feedback. Questionnaires were e-mailed to each participant, also called “experts”, and to avoid contamination, they were contacted separately (one of the main rules of the Delphi technique is to avoid “mailing list”).

Experts signed a consent form and fulfilled a demographic form (information on their gender, age, information about their career as general practitioners, about their teaching and research activities, and their level in English).

These particular questionnaires were the translation of every items of the WAI SR (which included WAI SR Patient and WAI SR Therapist) with its original version in English and its new one in Hebrew.

Experts were asked to rate each translated item using the Likert’s scale, where quotations go from 1 (total disagreement) to 9 (total agreement). Each evaluation under

7 would have to be explained, and suggestions could be made, which would be considered at the end of the round.

Consensus was obtained when at least 70% of the evaluations of each items were equal to or exceeded 7.

Under 70%, another Delphi round for the particular item would take place (with a new translation taking suggestions into account), until consensus was reached for every item. More than one round could be mandatory.

In the process, thirteen experts were involved in the first and only round needed. The data collection was done between November 2016 and August 2017. The Delphi procedure was over.

3. Linguists – Backward translation:

Two independent translators, different from the one of the leading group, were asked to perform a translation of the new Israeli WAI SR, back into English. Professional linguists were hired for this part of the survey.

4. Comparison – cultural check:

This English version was compared to the original version. The point was to make sure, the meaning of each item was still the same. If discrepancies were found, it would be discussed and words or sentences could be modified by the leading group. The emphasis should be on conceptual and cultural equivalence and not linguistic equivalence.(21)

Results

1. Characteristics of the leading group

FORMATION-ROLE	GENDER	AGE	ENGLISH LEVEL	NUMBER OF PUBLICATION		PRACTICE TYPE	SETTING TYPE	TEACHING ACTIVITIES	RESEARCH ACTIVITIES
				in ENGLISH	in OTHER LANGAGE				
Group Coordinator GP Specialist n°1	M	60	fluent	12	1	group	urban	yes	yes
GP Specialist n°2	F	47	fluent	8	1	solo/group	rural	yes	yes
Linguist	M	48	fluent	9	23	(academic)		yes	yes
Psychologist	F	33	fluent			hospital rehabilitation	urban	yes	yes

Table 1 Characteristics of the leading group

The four experts had different backgrounds. The group coordinator was one of the two GPs. The two GPs had different type of practice (group and solo). They all came from different environment. On the side, they all had research and teaching activities. They were as many women as men. The average age was 47 years old. They were all fluent in English.

2. Characteristics of the experts' panel

EXPERT	AGE	GENDER	NUMBER OF YEARS OF PRACTICE	PRACTICE TYPE	SETTING TYPE	TEACHING	RESEARCH	NUMBER OF PUBLICATIONS	ENGLISH LEVEL	CONSENT
1	63	Female	38	Group	Urban	✓		0	Fluent	✓
2	72	Male	37	Group	Urban	✓	✓	25 (20 in English)	Fluent	✓
3	58	Female	32	Solo	Urban	✓		5 (2 in English)	Fluent	✓
4	54	Male	25	Solo	Urban	✓	✓	165 (all in English)	Fluent	✓
5	58	Male	34	Solo	Urban	✓	✓	102 (100 in English)	Fluent	✓
6	43	Female	10	Solo	Semi rural	✓		1 (in English)	Fluent	✓
7	46	Male	14	Group	Urban	✓		6 (2 in English)	Fluent	✓
8	42	Female	13	Other	Urban	✓		0	Fluent	✓
9	66	Male	34	Solo	Rural	✓		13 (9 in English)	Fluent	✓
10	52	Female	19	Other	Urban			32 (27 in English)	Fluent	✓
11	61	Male	37	Group	Urban	✓		0	Fluent	✓
12	57	Female	20	Group	Rural	✓		7 (2 in English)	Fluent	✓
13	49	Male	15	Solo	Rural	✓	✓	7 (6 in English)	Fluent	✓
Average : 55		Women 46 % Men 54 %	Average : 25	Solo 46% Group 38% Other 15%	Rural 23% Semi rural 8% Urban 69 %	92%	31%		100%	100%

Table 2 Characteristics of the experts' panel

Thirteen experts took part in the Delphi procedure. Experts were all GPs. There was almost an equal number of men and women. The average age was 55 years old. Their type of practice (being part of a group or practicing alone) and their environment (from rural to urban) were diverse and well balanced. Most of these doctors had teaching activities (91%) but the ones who had research activities were fewer (31%). The number of publications was very disparate, few experts wrote or took part in a lot of articles, mostly in English. As it is usual in Israel, the GPs were all fluent in English. They all gave their consent.

3. First Round lead to consensus

The leading group translated into Hebrew the WAI SR Patient and The WAI SR therapist. In order to respect languages' rules, they had to create a male and female questionnaire.

They submitted only one gender form (male). There were no different words between the gender versions other than the use of the feminine "you" and an additional letter to make verbs the feminine version.

Every item of the WAI SR Patient and Therapist was validated after one round. A consensus was then reached.

Note: The "IMPORTANT" line (item "IMPORTANT") was translated and rated along with the "INSTRUCTIONS" paragraph (item "INSTRUCTIONS").

Experts did not evaluate the Scoring sheet part, because it was translated afterwards, and the leading group did not consider accurate to submit this small part to the panel of experts. This was discussed and accepted by the TATA study scientific committee.

WAI SR PATIENT - Round 1

CODE	INSTRUCT	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
1	8		9	9	9	9	9	9	9	9	9	9	9	9	9
2	7		8	8	5	9	5	9	6	9	8	8	9	6	7
3	8		9	9	9	9	9	9	9	9	9	9	9	9	9
4	6		9	9	7	9	9	9	9	9	7	9	9	9	7
5	9		9	9	9	9	9	9	9	7	9	9	9	9	9
6	9		9	9	9	9	9	9	9	9	9	9	9	9	9
7	8		8	7	7	8	8	6	8	9	8	7	9	7	5
8	8		8	8	9	9	9	9	9	9	9	9	9	9	9
9	8		9	9	9	9	9	9	9	9	9	9	9	9	9
10	7		9	8	8	9	9	9	9	9	9	9	7	8	9
11	8		6	8	8	8	8	8	8	8	8	8	8	8	8
12	7		9	9	9	9	9	5	8	9	9	6	8	7	9
13	9		9	9	9	9	9	9	9	9	9	9	9	9	9

13

<7	1	0	1	0	1	0	1	2	1	0	0	1	0	1	1
>=7	12	13	12	13	12	13	12	11	12	13	13	12	13	12	12
CHECK	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
TOTAL	92,31%	100,00%	92,31%	100,00%	92,31%	100,00%	92,31%	84,62%	92,31%	100,00%	100,00%	92,31%	100,00%	92,31%	92,31%

Table 3 Delphi round N°1, evaluation of the WAI SR Patient

WAI SR THERAPIST - Round 1

CODE	INSTR	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
1	8		9	9	9	9	9	9	9	9	9	9	9
2	7		8	8	9	7	7	9	6	9	6	7	7
3	9		9	9	9	9	9	9	9	9	9	9	9
4	6		9	9	9	9	6	9	7	9	9	9	7
5	9		9	9	9	9	9	7	9	9	9	9	9
6	9		9	9	9	9	9	9	9	9	9	9	9
7	5		8	8	5	5	7	8	7	6	6	8	5
8	9		9	9	9	9	8	9	9	9	9	9	9
9	9		9	9	9	9	9	9	9	9	9	9	9
10	9		9	9	9	9	7	9	9	9	6	9	9
11	8		6	8	8	8	8	8	8	8	8	8	8
12	7		9	9	9	8	6	9	9	5	9	9	9
13	9		9	9	9	9	9	9	9	9	9	9	9

13

< 7	2	0	1	0	1	1	2	0	1	2	3	0	1
>= 7	11	13	12	13	12	12	11	13	12	11	10	13	12
CHECK	13	13	13	13	13	13	13	13	13	13	13	13	13
TOTAL	84,62%	100,00%	92,31%	100,00%	92,31%	92,31%	84,62%	100,00%	92,31%	84,62%	76,92%	100,00%	92,31%

Table 4 Delphi round N°1, evaluation of the WAI SR Therapist

4. Backward translation and cultural check

The whole WAI SR Hebrew translation was submitted to 2 professional linguists who were hired in order to translate the Hebrew WAI SR back in English. They were asked to work together.

The backward translation was compared to the original English version. Every item was considered accurate, the meaning was the same, except for the very last item, at the end of the Scoring sheet.

ORIGINAL VERSION	ISREALI VERSION	BACKWARD TRANSLATION (english)	Comments – changes needed
<p>INSTRUCTIONS</p> <p>Below is a list of statements and questions about experiences people might have with their therapy or Family Physician. Some items refer directly to your Family Physician with an underlined space -- as you read the sentences, mentally insert the name of your Family Physician in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience.</p>	<p>הוראות:</p> <p>לפניך רשימת היגדים ושאלות לגבי חוויות שאנשים עשויים לחוות במסגרת טיפול או מול מטפלת/ת שלהם. חלק מן הפריטים יכללו קו תחתון, ומתייחסים ישירות למטפלת/ת שלך. בעת קריאתך, השלימי את שם המטפלת/ת שלך במקום ה _____ בטקסט. חשבי על החוויות שלך בטיפול, והחליטי איזו תשובה מתארת הכי טוב את החוויה שלך.</p>	<p>INSTRUCTIONS</p> <p>Here is a list of statements regarding experiences people may experience during therapy or with their therapist. Some of the items include underscores, and relate to your therapist directly. While reading, replace the empty underscores in the text with the name of your therapist. Think of your own therapy experiences, and decide which answer best describes your experience.</p>	<p>Same meaning</p>
<p>IMPORTANT!!!</p> <p>Please take your time to consider</p>	<p>חשוב מאוד!!!</p> <p>בבקשה קח/י את</p>	<p>Very important!!!</p> <p>Please take your time and consider</p>	<p>Same meaning</p>

each question carefully.	הזמן ושקולי כל שאלה בקפידה.	each question with care.	Carefully > with care: ok
ANSWERS - Seldom - Sometimes - Fairly Often - Often - Always	- לעתים רחוקות - לפעמים - לעתים קרובות - לעתים קרובות מאוד - תמיד	ANSWERS - Seldom - Sometimes - Often - Very Often - Always	Same meaning Graduation is respected, change considered not important
1. As a result of these sessions I am clearer as to how I might be able to change.	1. כתוצאה מהמפגשים הללו, יותר ברור לי כיצד אני אוכל להשתנות.	1. As a result of these sessions, it is clearer to me how I could change.	Same meaning
2. What I am doing in therapy gives me new ways of looking at my problem.	2. מה שאני עושה/עוברת בטיפול מאפשר לי להסתכל על הבעיה שלי בדרכים חדשות.	2. What I do/go through in therapy allows me to look at my problem in new ways.	Same meaning
3. I believe _____ likes me.	3. אני מאמין/ה ש _____ מחבבת/אתי	3. I believe that _____ likes me.	Same
4. _____ and I collaborate on setting goals for my therapy.	4. _____ ואני משתפים פעולה בקביעת מטרות הטיפול שלי.	4. _____ and I collaborate on setting the goals of my therapy.	Same meaning
5. _____ and I respect each other.	5. _____ ואני מכבדים אחד/ת את השני/ה.	5. _____ and I respect each other.	Same meaning
6. _____ and I are working towards mutually agreed upon goals.	6. _____ ואני פועלים להשגת מטרות שהסכמנו עליהן יחדיו.	6. _____ and I work together to achieve goals we've agreed upon together.	Same meaning
7. I feel that _____ appreciates me.	7. אני מרגיש/ה ש _____ מעריכה/ אותי.	7. I feel that _____ appreciates me.	Same
8. _____ and I agree on what is important for me to work on.	8. _____ ואני מסכימים לגבי הדברים שחשוב שאעבוד עליהם.	8. _____ and I agree about the things it is important that I work on.	Same meaning

9. I feel _____ cares about me even when I do things that he/she does not approve of.	9. אני מרגישה/ של _____ אכפת ממני אפילו כשאני עושה דברים שאינם לרווחה.	9. I feel that _____ cares about me even when I do things he/she doesn't agree with.	Same meaning
10. I feel that the things I do in therapy will help me to accomplish the changes that I want.	10. אני מרגישה/ שהדברים שאני עושה בטיפול יעזרו לי להשיג את השינויים שאני רוצה.	10. I feel that the things I do in therapy will help me achieve the changes I want.	Same meaning
11. _____ and I have established a good understanding of the kind of changes that would be good for me	11. _____ ואני גיבשנו הבנה טובה של סוג השינויים שיהיו טובים בעבורי.	11. _____ and I formed a good understanding of the kind of things that will be good for me.	Same meaning
12. I believe the way we are working with my problem is correct.	12. אני מאמינה/ שהדרך שבה אנחנו מתמודדים עם הבעיה שלי היא נכונה.	12. I believe that the way we cope with my problem is right.	Same meaning

Table 5 **WAI SR Patient** - Cultural check - Comparison of the backward translation and the original version.

ORIGINAL VERSION	ISREALI VERSION	BACKWARD TRANSLATION (english)	Comments – changes needed
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	הוראות: לפניך רשימת היגדים לגבי חוויות שאנשים עשויים לחוות עם המטופל/ת שלהם. חלק מן הפריטים יכללו קו תחתון, ויתייחסו ישירות למטופל/ת שלך. בעת קריאתך, השלמי את שם המטופל/ת שלך במקום ה _____ בטקסט.	Instructions: Here is a list of statements regarding experiences people may experience with their patient. Some of the items include underscores, and relate to your patient directly. While reading, replace the empty	Same meaning <i>Client > patient:</i> fine

in place of _____ in the text.		underscores in the text with the name of your patient.	
Important!!! Please take your time to consider _____ each question carefully .	חשוב מאוד!!! בבקשה קח/י את הזמן ושקולי כל שאלה בקפידה.	Very important!!! Please take your time and consider each question with care .	<i>Same meaning</i> Carefully > with care : ok
ANSWERS - Seldom - Sometimes - Fairly Often - Often - Always	- לעתים רחוקות - לפעמים - לעתים קרובות - לעתים קרובות מאוד - תמיד	ANSWERS - Seldom - Sometimes - Often - Very Often - Always	<i>Same meaning</i> <i>Graduation is respected, change considered not important</i>
1. _____ and I agree about the steps to be taken to improve his/her situation.	1. _____ ואני מסכימים לגבי הצעדים הנחוצים לשיפור מצבו/ה.	1. _____ and I agree about the required steps to improve his/her condition.	<i>Same meaning</i>
2. I am genuinely concerned for _____'s welfare.	2. אני דואג/ת בכנות לשלומו/ה של _____.	2. I sincerely worry about _____'s wellbeing.	<i>Same meaning</i> 4-person consensus
3. We are working towards mutually agreed upon goals.	3. אנחנו פועלים להשגת מטרות שהסכמנו עליהן יחדיו.	3. We work together to accomplish goals we've agreed on together.	<i>Same meaning</i> <i>Changes considered not important</i>
4. _____ and I both feel confident about the usefulness of our current activity in therapy.	4. _____ ואני מרגישים בטוחים שההתנהלות הנוכחית של הטיפול מועילה.	4. _____ and I feel certain that the current progression of the treatment is helpful.	<i>Same meaning</i>
5. I appreciate _____ as a person.	5. אני מעריכ/ה את _____ כאדם.	5. I appreciate _____ as a person.	<i>Same</i>
6. We have established a good	6. גיבשנו הבנה טובה של סוג	6. We've formed a good	<i>Same meaning</i>

understanding of the kind of changes that would be good for _____.	השינויים שיהיו טובים בעבור _____.	understanding of the kind of changes that will be good for _____.	
7. _____ and I respect each other.	7. _____ ואני מכבדים אחד/ת את השני/ה.	7. _____ and I respect each other.	Same
8. _____ and I have a common perception of his/her goals.	8. יש ל _____ ולי תפיסה משותפת לגבי המטרות שלו/ה.	8. _____ and I share a perception regarding his/her goals.	Same meaning
9. I respect _____ even when he/she does things that I do not approve of .	9. אני מכבד/ת את _____ גם כשהוא/היא עושה דברים שאינם לרוחי.	9. I respect _____ even when they do things I do not agree with .	Same meaning
10. We agree on what is important for _____ to work on.	10. אנחנו מסכימים לגבי מה חשוב ש _____ יעבוד/תעבוד עליו.	10. We agree about what is important for _____ to work on.	Same meaning

Table 6 *WAI SR Therapist - Cultural check.*

ORIGINAL VERSION	ISREALI VERSION	BACKWARD TRANSLATION (english)	Comments – changes needed
INSTRUCTIONS	הוראות	Instructions	Same
Scoring key	מפתח דירוג	Scoring Key	Same
Patient scale mean	דירוג ממוצע מטופל	Average patient score	Same meaning
Family Physician scale mean	דירוג ממוצע מטפל (משפחה) (רופא)	Average therapist (Family Physician) score	Same meaning
Scale type	סוג סולם דירוג	Type of Scoring Scale	Same meaning

Goal	מטרה	Goal	Same
Task	משימה	Task	Same
Bond	קשר	Bond	Same
WAI-SR Item	פריט SR-WAI	SR-WAI item	Same
Score Patient version	שאלון תוצאת מטופל	Results of patient questionnaire	Same meaning
Score Family Physician version	שאלון (רופא מטפל משפחה)	Results of therapist (Family Physician) questionnaire	Same meaning
To derive a scale or total score, simply sum and take the mean of the items.	על מנת לחשב תוצאות יש לסכום את התוצאות ולחשב ממוצע	To calculate results, sum the results and calculate the average.	Same meaning, precisions were made, discussed with the other participant countries: Hebrew was changed to be: על מנת לחשב תוצאה סופית יש לסכום את הפריטים ולחשב ממוצע.

Table 7 **WAI SR Scoring sheet** - Cultural check. Modifications as a matter of clarification in the last item.

This last item (see above) was made clearer in Hebrew and so the English translation is different. The original version was considered difficult to understand. This was discussed in the leading group and with the other European participants.

The Hebrew version was found clear and true to the original.

Discussion

1. Main Result

As a result, a translation of the original English WAI SR was performed into Hebrew. The Hebrew WAI SR has two versions, a female one and a male one. The complete document is in annex 2.

2. Strengths and limitations of the study

Translation was performed following a Delphi survey technique, which is often used in health science(23).It is a well-structured, academically rigorous process using the judgment of qualified experts, and has a significant control over bias. It can be used in quantitative or qualitative realms, as in this study. It was found that it produced accurate and reliable results when the method is applied carefully.(24)

There is no information bias. Experts were contacted by e-mails, separately. They all received the same documents explaining the study and its different stages. They would answer the survey on their own. They had no interactions with the other experts. This way, there was no dominance effect or group pressure. It also allowed more creativity in their answers and comments. Anonymity was maintained.

There was no selection bias. In this type of survey, members of the panel need to have specific knowledge and willing to invest themselves in the study(25).

Only thirteen experts were recruited in Israel. It is just enough to consider this translation valid. But the panel is exhaustive of the Israeli GP Population. There was as many women as men. They were all fluent in English (as it is often the case in Israel, English is the second common language). They practiced family medicine in different

ways (on their own, or in a group, or in another way). According to sampling data, they mostly came from an urban environment but not only. Most of them had teaching activities (92%). They were fewer to have research activities (31%). As this was a qualitative study, the group did not have to be representative of any kind of population but exhaustive of the population and so it was.

A confusion bias could have happened. The local coordinator of the study recruited the members. They were his peers. It could explain the first and only round because participants could easily follow their colleague, and maybe friend, in his work. Nevertheless, this also happened in some other country within the TATA survey and as the Israeli team strictly followed the protocol this bias stayed unlikely.

3. Key points

It was known that TA was essential in medical care.(1,2). The WAI SR was considered as the best tool, measuring TA, to be used in research and in education in order to broaden knowledge in this area. To build large and proper studies, the tool was to be translated in many European languages, on a wide scale.

A Hebrew version of the WAI SR seemed to be fair as it is the common language in Israel before American English. Israel is historically a multicultural and a plurilingual country. Hebrew became the first common language answering the need for mutual understanding within the Israeli society in the 1950's. English is the linguistic manifestation of globalization but not spoken by everyone.(26,27)

This version could be used in multinational future studies, to compare Israel and the other countries with how they are teaching and how they practice therapeutic alliance's competences.

4. Implications for practice, medical training and further research

In primary care, an efficient patient-physician relationship is associated with better medication compliance. An emphasis on understanding and facilitating agreement between physician and patient may benefit outcomes.(28) The WAI SR questionnaire is a valid tool to evaluate and to analyse this alliance. Scoring sheet may be useful to understand its strengths and weaknesses in terms of tasks, bonds and goals.

In Israel, there are lots of immigrant physicians, they are a valued resource for physician workforces, and their integration into the health care system is important. Few studies have explored the education, training needs and ways to facilitate their integration.(29) TA might be a challenge and needs to be learned.

According to researches, there is a need for curricula that foster patient-centred attitude given the emphasis placed on patient satisfaction and on patient-centred care in the current medical environment.(30) More and more, simulations, roleplays, redesign programs in order to learn and practice communication before starting practice.(31) In Israeli medical schools, reforms and innovations have taken place, as the fifth medical school in the country was opening. It included simulation training programs.(32) Furthermore, undergraduate medical education in Israel has been shifting towards ambulatory education.(33) The WAI SR could be helpful, as a regular check, to improve and maintain a good medical training. And so, to ensure the quality of the patient-physician relationship.

In another area, there is also a need for future research in communication. Indeed, studies brought up the fact that medical students were showing changes of attitude towards patients as they progressed through the clinical curriculum. From a patient-centred attitude to more authoritarianism.(34) It could be interesting to compare and to

explore these changes of attitudes towards the doctor-patient relationship in different European countries, using the different WAI SR translations, as a standardized and reproducible tool of great value.

Conclusion

Nowadays, a patient-centred approach appears crucial in order to treat, to comfort and to support patients. The quality of TA is the key. TA, as a communication skill should be taught, learned and carried out from now on.

The TATA (Tool Assessment for Therapeutic Alliance) study selected and then approved (on an European level) a tool to assess therapeutic alliance, the WAI SR. The following step was to translate it in several European languages.

Here, a translation of the original English WAI SR was performed into Hebrew, using a Delphi procedure, a backward translation and, then, was culturally adapted. It includes a patient questionnaire, a therapist questionnaire and a scoring sheet.

The Hebrew version can be applied in clinical practice, in medical training, and could be used for further research.

The project can now continue on a new level using this tool all over Europe, especially comparing results across countries in terms of TA.

Bibliographie

1. Fuertes JN, Mislowack A, Bennett J, Paul L, Gilbert TC, Fontan G, et al. The physician-patient working alliance. *Patient Educ Couns*. 2007;66(1):29–36.
2. Fuertes JN, Anand P, Haggerty G, Kestenbaum M, Rosenblum GC. The physician-patient working alliance and patient psychological attachment, adherence, outcome expectations, and satisfaction in a sample of rheumatology patients. *Behav Med Wash DC*. 2015;41(2):60–8.
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. Sylvia LG, Hay A, Ostacher MJ, Miklowitz DJ, Nierenberg AA, Thase ME, et al. Association between therapeutic alliance, care satisfaction, and pharmacological adherence in bipolar disorder. *J Clin Psychopharmacol*. 2013;33(3):343–50.
5. Cook S, Heather N, McCambridge J, United Kingdom Alcohol Treatment Trial Research Team. The role of the working alliance in treatment for alcohol problems. *Psychol Addict Behav J Soc Psychol Addict Behav*. 2015;29(2):371–81.
6. van Andel P, Erdman RAM, Karsdorp PA, Appels A, Trijsburg RW. Group cohesion and working alliance: prediction of treatment outcome in cardiac patients receiving cognitive behavioral group psychotherapy. *Psychother Psychosom*. 2003;72(3):141–9.
7. Almas A, Bhamani F, Khan AH. Better physician-patient communication; an important milestone in control of hypertension, a multicenter study from Karachi, Pakistan. *J Coll Physicians Surg--Pak JCPSP*. 2014;24(12):952–4.

8. Jones A, Vallis M, Cooke D, Pouwer F. Working Together to Promote Diabetes Control: A Practical Guide for Diabetes Health Care Providers in Establishing a Working Alliance to Achieve Self-Management Support. *J Diabetes Res.* 2016;2016:2830910.
9. Fuertes JN, Rubinstein S, Reyes M, Iampornpipopchai P, Mujeeb S, Smith CR, et al. The Physician-Patient Working Alliance in Hemodialysis Treatment. *Behav Med Wash DC.* 2017;43(4):242–50.
10. Ferreira PH, Ferreira ML, Maher CG, Refshauge KM, Latimer J, Adams RD. The therapeutic alliance between clinicians and patients predicts outcome in chronic low back pain. *Phys Ther.* 2013;93(4):470–8.
11. 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.
12. 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.
13. Le Borgne E. Selection of a reproducible 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. Waitzman R. Ethical dilemmas in physician-patient relationship in multi cultural society. *Med Law.* 2014;33(4):1–10.

15. Ohana S, Mash R. Physician and patient perceptions of cultural competency and medical compliance. *Health Educ Res.* 2015;30(6):923–34.
16. Maneesriwongul W, Dixon JK. Instrument translation process: a methods review. *J Adv Nurs.* 2004;48(2):175–86.
17. Jones J, Hunter D. Consensus methods for medical and health services research. *BMJ.* 1995;311(7001):376–80.
18. Bourrée F, Michel P, Salmi LR. Consensus methods: review of original methods and their main alternatives used in public health. *Rev Epidemiol Sante Publique.* 2008;56(6):415–23.
19. McMillan SS, King M, Tully MP. How to use the nominal group and Delphi techniques. *Int J Clin Pharm.* 2016;38(3):655–62.
20. Skulmoski GJ, Hartman FT, Krahn J. The Delphi Method for Graduate Research. *J Inf Technol Educ Res.* 2007;6:1–21.
21. WHO. Process of translation and adaptation of instruments. WHO. Available from: http://www.who.int/substance_abuse/research_tools/translation/en/ (cited 2018 February 20)
22. 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. *J Eval Clin Pract.* 201;17(2):268–74.
23. Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. *J Adv Nurs.* 2000;32(4):1008–15.

24. Hallowell M. Techniques to Minimize Bias When Using the Delphi Method to Quantify Construction Safety and Health Risks. In: Building a Sustainable Future - Proceedings of the 2009 Construction Research Congress. 2009. p. 1489–98.
25. Euréval - SCIENCE PO. Présentation du panel d'experts. Séance recommandations. 2007. Available from: <https://eureval.files.wordpress.com/2014/12/ft-panel-dexperts-et-enquc3aate-delphi.pdf> (cited 2018 September 19)
26. Aslanov C. Langues européennes et dynamiques identitaires en Israël, 1948-2008. *Lang Société*. 2010;(132):101–16.
27. Chiswick BR. Hebrew language usage: Determinants and effects on earnings among immigrants in Israel. *J Popul Econ*. 1998;11(2):253–71.
28. Kerse N, Buetow S, Mainous AG, Young G, Coster G, Arroll B. Physician-patient relationship and medication compliance: a primary care investigation. *Ann Fam Med*. 2004;2(5):455–61.
29. Castel OC, Ezra V, Alperin M, Nave R, Porat T, Golan AC, et al. Can outcome-based continuing medical education improve performance of immigrant physicians? *J Contin Educ Health Prof*. 2011;31(1):34–42.
30. Haidet P, Dains JE, Paterniti DA, Hechtel L, Chang T, Tseng E, et al. Medical student attitudes toward the doctor-patient relationship. *Med Educ*. 2002;36(6):568–74.
31. Butollo MA, Holzinger A, Wagner-Menghin M. Doctor-Patient Communication Training in Simulated Situations: Emotions and Perceptions of Simulated Patients during Patient-Centered Conversations. *Psychother Psychosom Med Psychol*. 2018

32. Reis S, Borkan JM, Weingarten M. The current state of basic medical education in Israel: implications for a new medical school. *Med Teach*. 2009;31(11):984–9.
33. Karkabi K, Castel OC, Reis S, Shvartzman P, Vinker S, Lahad A. A shift to ambulatory medical education in Israel. *Clin Teach*. 2010;7(2):126–30.
34. 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;41(2):146–53.

Serment d'Hippocrate

Au moment d'être admise 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 le demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admise dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçue 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 déshonorée et méprisée si j'y manque.

Annexes

1. Original English WAI SR

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 (English Version)

Scoring Key for the Hatcher-Gillaspy Short Form of the WAI

H&G Item	Scale	Direction
1	T	+
2	T	+
3	B	+
4	G	+
5	B	+
6	G	+
7	B	+
8	G	+
9	B	+
10	T	+
11	G	+
12	T	+

Notes: G=Goal T=Task B=Bond

Direction= To derive a scale or total score, simply sum or take the mean of the items

2. WAI SR Hebrew Version

WAI SR Patient – Male version

נספח A - שאלון ברית טיפולית מקוצר (WAI-SR) – מטופל
Working Alliance Inventory – Short Revised (WAI-SR)- Patient - ל

הוראות: לפניך רשימת היגדים ושאלות לגבי חוויות שאנשים עשויים לחוות במסגרת טיפול או מול מטפל/ת שלהם. חלק מן הפריטים יכללו קו תחתון, ומתייחסים ישירות למטפל/ת שלך. בעת קריאתך, השלם את שם המטפל/ת שלך במקום ה_____ בטקסט. חשוב על החוויות שלך בטיפול, והחלט איזו תשובה מתארת הכי טוב את החוויה שלך.

חשוב מאוד!!! בבקשה קח את הזמן ושקול כל שאלה בקפידה.

1. כתוצאה מהמפגשים הללו, יותר ברור לי כיצד אני אוכל להשתנות.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

2. מה שאני עושה/עובר בטיפול מאפשר לי להסתכל על הבעיה שלי בדרכים חדשות.

⑤	④	③	②	①
---	---	---	---	---

3. אני מאמין ש _____ מחבבת אותי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

4. _____ ואני משתפים פעולה בקביעת מטרות הטיפול שלי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

5. _____ ואני מכבדים אחד/ת את השני/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

6. _____ ואני פועלים להשגת מטרות שהסכמנו עליהן יחדיו.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

7. אני מרגיש ש _____ מעריכ/ה אותי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

8. _____ ואני מסכימים לגבי הדברים שחשוב שאעבוד עליהם.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

9. אני מרגיש של _____ אכפת ממני אפילו כשאני עושה דברים שאינם לרווחו/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

10. אני מרגיש שהדברים שאני עושה בטיפול יעזרו לי להשיג את השינויים שאני רוצה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

11. ואני גיבשנו הבנה טובה של סוג השינויים שיהיו טובים בעבורי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

12. אני מאמין שהדרך שבה אנחנו מתמודדים עם הבעיה שלי היא נכונה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

נספח A- שאלון ברית טיפולית מקוצר (WAI-SR) – מטופלת

תרגום ל- Working Alliance Inventory – Short Revised (WAI-SR)- Patient

הוראות: לפניך רשימת היגדים ושאלות לגבי חוויות שאנשים עשויים לחוות במסגרת טיפול או מול מטפל/ת שלהם. חלק מן הפריטים יכללו קו תחתון, ומתייחסים ישירות למטפל/ת שלך. בעת קריאתך, השלימי את שם המטפל/ת שלך במקום ה _____ בטקסט. חשבי על החוויות שלך בטיפול, והחליטי איזו תשובה מתארת הכי טוב את החוויה שלך.

חשוב מאוד!!! בבקשה קחי את הזמן ושקלי כל שאלה בקפידה.

1. כתוצאה מהמפגשים הללו, יותר ברור לי כיצד אני אוכל להשתנות.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

2. מה שאני עושה/עוברת בטיפול מאפשר לי להסתכל על הבעיה שלי בדרכים חדשות.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

3. אני מאמינה ש _____ מחבב/ת אותי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

4. _____ ואני משתפים פעולה בקביעת מטרות הטיפול שלי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

5. _____ ואני מכבדים אחד/ת את השני/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

6. _____ ואני פועלים להשגת מטרות שהסכמנו עליהן יחדיו.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

7. אני מרגישה ש _____ מעריכה אותי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

8. _____ ואני מסכימים לגבי הדברים שחשוב שאעבוד עליהם.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

9. אני מרגישה של _____ אכפת ממני אפילו כשאני עושה דברים שאינם לרווחו/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

10. אני מרגישה שהדברים שאני עושה בטיפול יעזרו לי להשיג את השינויים שאני רוצה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

11. _____ ואני גיבשנו הבנה טובה של סוג השינויים שיהיו טובים בעבורי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

12. אני מאמינה שהדרך שבה אנחנו מתמודדים עם הבעיה שלי היא נכונה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

נספח B- שאלון ברית טיפולית מקוצר (WAI-SRT) – מטופל/ת
תרגום ל- Working Alliance Inventory – Short Revised (WAI-SRT)-
Therapist

הוראות: לפניך רשימת היגדים לגבי חוויות שאנשים עשויים לחוות עם המטופל/ת שלהם. חלק מן הפריטים יכללו קו תחתון, ויתייחסו ישירות למטופל/ת שלך. בעת קריאתך, השלמי את שם המטופל/ת שלך במקום ה _____ בטקסט.

חשוב מאוד!!! בבקשה קח/י את הזמן ושקול/י כל שאלה בקפידה.

1. _____ ואני מסכימים לגבי הצעדים הנחוצים לשיפור מצבו/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

2. אני דואג/ת בכנות לשלומ/ה של _____ .

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

3. אנחנו פועלים להשגת מטרות שהסכמנו עליהן יחדיו.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

4. _____ ואני מרגישים בטוחים שההתנהלות הנוכחית של הטיפול מועילה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

5. אני מעריכה את _____ כאדם.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

6. גיבשנו הבנה טובה של סוג השינויים שיהיו טובים בעבור _____.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

7. _____ ואני מכבדים אחד/ת את השני/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

8. יש ל_____ ולי תפיסה משותפת לגבי המטרות שלו/ה.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

9. אני מכבד/ת את _____ גם כשהוא/היא עושה דברים שאינם לרוחי.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

10. אנחנו מסכימים לגבי מה חשוב ש_____ יעבוד/תעבוד עליו.

⑤	④	③	②	①
תמיד	לעתים קרובות מאוד	לעתים קרובות	לפעמים	לעתים רחוקות

נספח C - דף חישוב תוצאות WAI SR - מטופל/ת

Scoring Key for the Hatcher-Gillaspy Short Form of the WAI - ל

מפתח לחישוב תוצאות עבור טופס WAI-SR גירסאת האטצ'ר-גילאספי

פריט האטצ'ר-גילאספי	סולם	כיוון פריט
1	T	+
2	T	+
3	B	+
4	G	+
5	B	+
6	G	+
7	B	+
8	G	+
9	B	+
10	T	+
11	G	+
12	T	+

הסבר:

G=Goal = מטרה

T=Task = משימה

B=Bond = קשר

הוראות: על מנת לחשב תוצאות יש לסכום את התוצאות או לחשב ממוצע.

MILHADE (Marion) - Traduction aller-retour en Hébreu de la Working Alliance Inventory Short Revised (WAI-SR) par une méthode de consensus Delphi.

Th.: Méd.: Brest 2018

RESUME :

Introduction : Une alliance thérapeutique (AT) efficace permet une meilleure adhérence au traitement, et plus encore, une meilleure qualité de soins. Un des projets de la faculté de médecine de Brest était la recherche d'un outil qui permettrait d'évaluer l'alliance thérapeutique. C'était l'étude TATA (*Tool Assessment for Therapeutic Alliance*). L'échelle WAI SR (*Working Alliance Inventory Short Revised*) a été retenue et devait être traduite en plusieurs langues, de façon à être fidèlement utilisée dans des pays non anglophones. Le but de la présente étude était de réaliser la traduction de la WAI SR en hébreu.

Méthode : Une traduction aller-retour de la WAI SR en hébreu via une procédure Delphi et un contrôle culturel a été réalisé. Un panel d'experts a été sollicité pour évaluer la traduction selon les règles de la méthode Delphi. Puis, la version en Hébreu a été rétro traduite en Anglais pour comparer cette dernière à la version originale et s'assurer de l'équivalence linguistique et culturelle.

Résultats : Afin de respecter les particularités linguistiques, la version en Hébreu contient une version au féminin et une au masculin. Un panel de 13 experts a participé à une ronde Delphi, mettant en évidence un consensus. Après le contrôle culturel, la version en Hébreu a été considérée fidèle à l'originale.

Conclusion : La WAI SR en Hébreu est disponible. Elle peut être utilisée, en Israël, en médecine générale au quotidien, comme outil pédagogique dans la formation des étudiants, et dans de nouvelles recherches sur l'AT. Elle peut aussi être utilisée dans une étude multinationale, en effet, la WAI SR est aujourd'hui traduite dans de nombreuses langues européennes.

MOTS CLES :

Alliance thérapeutique – Working alliance Inventory Short Revised – Traduction aller/retour – Méthode de consensus Delphi – Israël – Hébreu.

JURY :

Mr le Professeur Jean-Yves **LE RESTE**

Mr le Professeur Bernard **LE FLOC'H**

Mr le Docteur Benoît **CHIRON**

Mme la Docteur Pauline **CUEFF**

DATE DE SOUTENANCE : 8 Novembre 2018

