

ORIGINAL

Cross-cultural adaptation and content validation of the Patient Satisfaction Questionnaire (PSQ) into Chilean Spanish to assess communication skills in health students

Adaptación transcultural y validación de contenido del Patient Satisfaction Questionnaire (PSQ) al español chileno para evaluar habilidades comunicativas en estudiantes de salud

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ABSTRACT

Introduction: communication and empathy are essential competencies in the clinical training of health professionals. To evaluate these skills from patient's perspective, culturally appropriate and methodologically validated instruments are required.

Objective: this study aimed to evaluate the validity of the Patient Satisfaction Questionnaire (PSQ) survey translated into Spanish.

Method: a descriptive methodological study was conducted, including direct translation, linguistic synthesis, back-translation, and semantic review of the original English-language instrument. Subsequently, a panel of 12 experts in clinical education in speech-language pathology assessed the clarity, relevance, and cultural adequacy of each item through a structured evaluation process. Consensus was reached after two rounds of review.

Results: the adaptation process yielded a Spanish version of the PSQ comprising 11 items with a four-point Likert scale, excluding the neutral option. The expert panel approved all items, suggesting minor wording adjustments in four of them. No items were removed or added, and the adapted instrument was deemed appropriate for use in formative clinical settings.

Conclusions: the adapted Spanish version of the PSQ demonstrates adequate content validity for assessing communication and empathy skills from the patient's perspective. Further empirical validation is recommended to evaluate its psychometric properties in applied contexts.

Keywords: Cross-Cultural Adaptation; Content Validation; Clinical Communication; Active Listening; Empathy; Health Sciences; Patient-Centered Care.

RESUMEN

Introducción: la comunicación y la empatía son competencias esenciales en la formación clínica de los profesionales de la salud. Para evaluar estas habilidades desde la perspectiva del usuario, se requieren instrumentos culturalmente pertinentes y metodológicamente validados.

Objetivo: este estudio tuvo como objetivo evaluar la validez de la encuesta Patient Satisfaction Questionnaire (PSQ) traducida al español.

Método: se desarrolló un estudio metodológico de tipo descriptivo, que incluyó traducción directa, síntesis lingüística, retrotraducción y revisión semántica del instrumento original en inglés. Posteriormente, un comité de 12 expertos en educación clínica de Fonoaudiología evaluó la claridad, pertinencia y adecuación cultural de los ítems mediante juicio estructurado. El consenso fue alcanzado tras dos rondas de revisión.

Resultados: el proceso de adaptación resultó en una versión preliminar del PSQ en español, compuesta por 11 ítems y una escala Likert de cuatro puntos, sin opción neutral. El comité de expertos aprobó la totalidad de los ítems, sugiriendo ajustes menores de redacción en cuatro de ellos. No se propusieron eliminaciones ni adiciones al contenido original, y se consideró que el instrumento es adecuado para su uso en contextos clínicos formativos.

Conclusiones: la versión adaptada del PSQ presenta una adecuada validez de contenido para evaluar habilidades comunicativas y empatía desde la experiencia del usuario. Se propone su futura aplicación empírica para completar el proceso de validación psicométrica.

Palabras clave: Adaptación Transcultural; Validación de Contenido; Comunicación Clínica; Escucha Activa; Empatía; Ciencias de la Salud; Trato Humanizado.

INTRODUCTION

Effective communication between healthcare professionals and users has been widely recognized as an essential skill for quality of care and patient safety. In recent decades, multiple studies have shown that communication and interpersonal skills not only strengthen the professional-user relationship, but also significantly influence treatment adherence, satisfaction with the care received, and overall clinical outcomes.^(1,2,3)

In line with this evidence, contemporary medical education has increasingly incorporated the teaching of communication skills as a cross-cutting dimension of professional training. However, their systematic teaching and assessment remain a challenge in many health sciences training programs, particularly in disciplines such as speech-language pathology.^(4,5) This profession, dedicated to the study and rehabilitation of human communication, presents a unique context for the development and assessment of communication skills, as its very foundations are anchored in the quality of verbal, paraverbal, and nonverbal exchanges.

In fact, speech-language pathology involves working with people with communication, language, voice, hearing, and swallowing disorders, which requires future professionals to have not only technical knowledge but also the ability to establish clear, empathetic, and humanized therapeutic interactions. Systematically evaluating these skills in initial training is essential, as the quality of professional-user communication has a direct impact on the effectiveness of interventions and the patient's experience in rehabilitation processes.

International guidelines for professional accreditation and certification in health, such as those proposed by the American Speech-Language-Hearing Association (2012) and the Conselho Federal de Fonoaudiologia (2002), agree that communicative competence should be assessed using explicit criteria, from a comprehensive perspective that includes not only technical performance, but also empathy, listening skills, and humanized treatment.^(3,6,7) These guidelines have led to the development and validation of specific assessment tools that allow teachers and trainers to observe, provide feedback, and measure the progressive development of these skills during the clinical training process.

In this context, the user experience has become a valuable and complementary source of information for evaluating the clinical performance of students in training. The so-called 360° evaluation, originally used in management settings, has been incorporated into medical education to capture, from multiple sources, a holistic assessment of professional performance, including the users' perspective.⁽⁸⁾ This methodology provides relevant information on dimensions such as empathy, clarity in the delivery of information, active listening, and shared participation in decision-making.

In relation to user satisfaction, multiple determinants of patient satisfaction have been identified, including quality of communication, empathy, and active participation.^(9,10) In Latin America, a trend toward low levels of health user satisfaction has been found, which impacts the level of health care received in health centers.⁽¹¹⁾

One of the instruments that has been widely used to collect this feedback from the user's perspective is the Patient Satisfaction Questionnaire (PSQ), initially developed in the United Kingdom by the Royal College of General Practitioners (RCGP) to be applied in real clinical contexts with students and doctors in training.⁽¹²⁾ This questionnaire, consisting of 11 items evaluated on a Likert scale, allows key aspects of the therapeutic relationship to be assessed from the patient's experience. It has been validated in contexts such as India, Germany, and Spain, showing adequate psychometric indicators.^(13,14)

However, in the Spanish-speaking world, and particularly in speech-language pathology training programs, there are no adapted and validated versions of this instrument available to assess communication skills and

empathy from the user's experience. This lack limits the possibilities for systematic and reliable feedback in the context of supervised clinical training, especially in stages such as professional internships, where the transition from the role of student to autonomous practice is consolidated.

The validation of instruments in medical education requires not only linguistic translation but also cross-cultural adaptation, ensuring the conceptual, semantic, and functional equivalence of the instrument in the target culture.^(15,16) In addition, it is essential to verify the psychometric properties of the instrument, such as content validity, construct validity, and internal reliability, to ensure that it accurately measures what it is intended to evaluate.^(17,18)

Given this scenario, the present study aimed to evaluate the validity of the Patient Satisfaction Questionnaire (PSQ) translated into Chilean Spanish for use in university clinical contexts. The validation of this instrument will allow, in the future, not only to provide feedback on student performance in real environments, but also to contribute evidence for the design of training strategies aimed at developing communication skills in health.

METHOD

Study design

A descriptive, cross-sectional methodological study was conducted at the School of Speech Therapy of the University of San Sebastián, Concepción campus (Chile), during 2019. The objective was to cross-culturally adapt the *Patient Satisfaction Questionnaire* (PSQ) and evaluate its content validity through expert judgment. This research corresponds to a preliminary phase of the validation process, focused exclusively on the linguistic, cultural, and conceptual adequacy aspects of the instrument.

Instruments

The original *Patient Satisfaction Questionnaire*, developed by the Royal College of General Practitioners,⁽¹²⁾ consists of 11 items that evaluate user perceptions of the communicative and empathetic performance of students in clinical practice, using a Likert scale. For this validation, a forced 4-point version (1=poor, 4=outstanding) was adapted, removing the neutral option to favor categorical assessment decisions, considering psychometric recommendations for forced scales in contexts with possible social desirability biases and the educational level of the participants.^(19,20)

Transcultural adaptation process

The adaptation followed international recommendations for the validation of health instruments,^(15,16) and consisted of the following stages:

- Direct translation: two bilingual translators produced independent versions of the PSQ from English into Spanish.
- Synthesis and reconciliation: a linguist with a doctoral degree in philology reviewed both translations, unifying them into a preliminary version that incorporated cultural and lexical adjustments relevant to the Chilean context.
- Back-translation: a third bilingual translator, with no knowledge of the original instrument, performed the reverse translation into English.
- Equivalence review: the back-translated version was compared with the original instrument, verifying semantic, conceptual, and content equivalence.
- Pre-final version: a preliminary version was generated in Spanish, consisting of 11 items with a four-point Likert scale (1 = poor, 4 = outstanding), eliminating the neutral option to encourage clearer judgment decisions by users.

Content validation

A panel of 12 experts was formed through purposive sampling from various universities in the Bío-Bío region of Chile. The inclusion criteria were: (a) At least five years of teaching experience in health education; (b) Master's degree or higher; (c) Active participation as clinical tutors in university speech therapy programs; (d) Representation of the main clinical areas of the discipline (audiology, voice, adult, child).

The committee reviewed each item of the PSQ for clarity, relevance, and cultural appropriateness using a structured guideline. A 4-point Likert scale was used for this purpose: 1 = not relevant/not clear/not appropriate; 2 = somewhat relevant/somewhat clear/somewhat appropriate; 3 = relevant/clear/appropriate; 4 = very relevant/very clear/very appropriate. The ratings were consolidated in two successive rounds, with consensus being considered when $\geq 80\%$ of the experts rated an item with scores of 3 or 4 in all dimensions.

Any comment that questioned the conceptual relevance of the item or its applicability in the clinical context, beyond minor lexical adjustments, was considered a relevant objection. In cases where there were discrepancies, these were discussed in a second round of review. If the level of agreement did not reach 80% or relevant objections persisted, the item was reformulated by the research team and reevaluated until consensus

was reached.

Ethical aspects

This study corresponds to a methodological phase of adaptation and validation of an instrument, without the involvement of patients or users in the application stage. The invited experts received information about the objectives of the study, the voluntary nature of their participation, and the confidentiality of the data. All gave their verbal informed consent before participating. No signed consent was required, as the research was part of a preliminary methodological phase without the collection of sensitive personal data, in accordance with the ethical guidelines for instrument validation studies.

RESULTS

Cross-cultural adaptation of the questionnaire

The comparison between the back-translated version and the original PSQ showed high semantic and conceptual equivalence. No relevant discrepancies were identified in the meaning of the items, allowing us to move on to the expert validation stage with a pre-final version of 11 items, written in clear Spanish that is accessible to users of health care centers.

A summary of the stages of the cross-cultural adaptation process is presented in table 1.

Stage	Description	Participants	Key outcome
Direct translation	Two independent versions of the PSQ translated from English into Spanish.	Two bilingual translators	Obtaining two preliminary versions.
Reconciliation	Review and synthesis of the two previous versions.	Linguist with a PhD in philology	Unified version in Spanish, culturally appropriate.
Back-translation	Reverse translation into English.	1 independent bilingual translator	High semantic equivalence with the original.
Final review	Comparison between the original and back-translated versions.	Committee of authors and researchers	Approval of the pre-final version for expert validation.

During the cross-cultural adaptation process, some discrepancies were identified between the initial translation, the back-translation, and the original instrument, highlighting the need for linguistic and cultural adjustments. For example, the expression “*put you at ease*” was initially translated as “*le dio tranquilidad*” (*gave you peace of mind*), but after back-translation into English (“*gave you peace of mind*”), “*lo hizo sentir cómodo*” (*made you feel comfortable*) was chosen, as it was considered more natural in the local context.

Similarly, the item “*Did the student involve you in decisions?*” was finally adapted to “*They made an action plan together,*” emphasizing the active participation of the user. Some overly literal terms, such as “*¿escuchó cuidadosamente?*” (*did you listen carefully?*), were adjusted to expressions more commonly used in Chile, such as “*Escuchó atentamente*” (*you listened attentively*).

Table 2 shows examples of these discrepancies and the solutions adopted.

Original item (English)	Initial Spanish translation	Back-translation into English	Final adjustment (adapted version)
“Put you at ease”	“Gave you peace of mind”	“Gave you peace of mind”	“Did the student involve you in decisions?”
“Did the student involve you in decisions?”	“The student involved you in decisions”	“The student included you in decisions”	“They made an action plan together” (more participatory and contextualized)
“Did the student listen carefully?”	“Did he/she listen carefully?”	“Did he/she listen carefully?”	“He/she listened attentively” (more natural in Chilean usage)
“Put you at ease”	“Gave you peace of mind”	“Gave you peace of mind”	“Did the student involve you in decisions?”

Content validation by expert judgment

The committee of 12 experts reviewed the 11 items of the adapted questionnaire in two successive rounds. In the first round, minor wording adjustments were suggested in 4 of the 11 items, mainly to improve semantic accuracy or to adapt technical language to expressions that are understandable to users.

For example:

- The item “*Provided clear explanations*” was initially proposed as “*Did they explain clearly?*”, but the experts recommended maintaining a more complete structure to better reflect the intention of the original.
- The item “*They developed a joint action plan*” was slightly modified to emphasize the active participation of the user, incorporating the expression “*he/she involved him/her.*”

Table 3 shows the details of the revised items, the adjustments suggested during the first round, and their final approval after review by the expert committee.

Item	Adapted version (summary)	Suggested adjustments (1st round)	Final approval (2nd round)
P1	Made him feel comfortable	—	Approved
P2	It allowed him to explain his story	Revised wording (more direct) incorporating “It allowed him to explain his problem.”	Approved
P3	He listened attentively	—	Approved
P4	He was interested in you as a whole person	Suggestion for simplification by incorporating “He showed interest in you.”	Approved
P5	He fully understood your concerns	—	Approved
P6	Showed concern and empathy	—	Approved
P7	Was optimistic about their situation	—	Approved
P8	Did he explain clearly?	Minor lexical adjustment incorporating “He gave clear explanations.”	Approved
P9	Helped him take control of the situation	—	Approved
P10	They made a joint action plan	Accuracy of the statement incorporating “he got him to participate.”	Approved
P11	Overall assessment of care	—	Approved

After incorporating these recommendations, in the second round, total consensus was achieved (>90 % approval) regarding the clarity, relevance, and cultural appropriateness of all items. No deletions or additions to the original questionnaire were proposed.

In general terms, the experts gave a positive assessment of:

- The conceptual fidelity of the adapted items with respect to the original instrument;
- The applicability of the questionnaire in clinical training contexts;
- The relevance of the dimensions assessed (communication and empathy) in supervised speech-language pathology practice.

DISCUSSION

This study documents the cross-cultural adaptation into Spanish and content validation of the *Patient Satisfaction Questionnaire* (PSQ) (Appendix 1), with the aim of providing a valid and culturally relevant instrument for assessing communication skills and empathy in health students from the users’ perspective. This initial stage is a fundamental step in the instrument validation process, as proposed by Carvajal et al.⁽¹⁵⁾ and Maneesriwongul et al.⁽¹⁶⁾, as it guarantees semantic and conceptual equivalence prior to empirical application.

The translation and adaptation process was carried out in accordance with international standards, including direct translation, reconciliation by an expert linguist, back-translation, and expert review. This methodology has been widely supported in previous studies on the adaptation of instruments in health and medical education.^(21,22) The decision to use a four-point Likert scale without a neutral option responds both to psychometric recommendations and to the desire to avoid intermediate responses that may obscure the user’s real perception.⁽¹⁹⁾

Validation by experts from various clinical areas of speech therapy with relevant teaching experience ensured the relevance and clarity of the items in educational contexts. The final approval of 100 % of the items after two rounds of review reflects an adequate level of consensus and a favorable evaluation of the adapted

instrument. In addition, the qualitative comments provided by the judges were key to refining aspects of the wording and ensuring the applicability of the items to the local clinical reality.

One of the main contributions of this study is the availability of a culturally adjusted Spanish version of the PSQ, with potential for use in multiple health training programs. Unlike other instruments that focus on technical aspects of performance, the PSQ incorporates subjective and relational dimensions—such as empathy, respect, or user participation—that are difficult to capture through direct observation or traditional rubrics.^(3,23) This is especially valuable in the field of clinical training, where the aim is not only to assess knowledge and skills, but also attitudinal aspects that are fundamental to person-centered care.^(2,4)

The results obtained in this study coincide with the validation of the PSQ in physical therapy in Spain, where semantic adjustments were also necessary.⁽²⁴⁾ Furthermore, research on empathy and medical training reinforces the relevance of having instruments focused on the user experience to complement traditional academic assessment.⁽²⁵⁾

From a pedagogical perspective, having a validated instrument that provides feedback to students based on the experience of users opens up possibilities for promoting reflective processes, improving therapeutic communication, and strengthening professional commitment. As authors such as Haq et al.⁽²⁶⁾ and Salazar-Blanco et al.⁽²⁷⁾ have pointed out, the incorporation of assessment tools focused on the patient experience can contribute significantly to a more comprehensive and humanized education.

Limitations

This study corresponds to a preliminary phase of the validation process, so empirical analyses of construct validity and internal reliability tests are not included, which should be addressed in future research. Likewise, although the expert committee was diverse in terms of clinical areas, all participants belonged to a single university institution, which may limit the generalization of the results. Finally, as the instrument has not been applied to real users at this stage, its performance in the field and its sensitivity in discriminating between levels of communicative performance have not yet been explored.

CONCLUSION

This study enabled the cross-cultural adaptation of the *Patient Satisfaction Questionnaire (PSQ)* into Spanish and the validation of its content through expert judgment.

The adapted version of the PSQ is a significant contribution to health sciences education, as it provides a user-centered tool for evaluating relational dimensions of student clinical performance, such as communication and empathy. Its potential use in training environments could strengthen feedback processes, professional reflection, and humanized training.

We recommend moving forward with a second phase of validation, which would include the empirical application of the instrument to real users in clinical contexts and the evaluation of its psychometric properties—such as construct validity and internal reliability—to confirm its robustness as an assessment tool.

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FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHOR CONTRIBUTION

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ANNEXES

Appendix 1.

Final version of the User Satisfaction Questionnaire, cross-culturally adapted to Chilean Spanish from the original English version Patient Satisfaction Questionnaire.

Instructions: Please mark with an “X” your opinion regarding the statements presented below. Consider the last healthcare you received.

Remember that this is an anonymous survey and that there are no right or wrong answers. Please evaluate the following:

- Poor: Did not achieve the expected level of communication and empathy for the care provided.
- Adequate: The level of communication and empathy expected for the care provided was achieved.
- Good: The level of communication and empathy exceeded what I expected for the care provided.
- Outstanding: The level of communication and empathy was outstanding and exceptional for the care provided.

Areas	Poor (1 point)	Adequate (2 points)	Good (3 points)	Outstanding (4 points)
1. Made him feel comfortable (was friendly, approachable, and respectful; not rude or indifferent).				
2. Allowed you to explain your problem openly (gave you time to describe it in your own words, without interrupting or distracting you).				
3. He listened attentively to what you said (he did not look at his notes or the computer while you were talking).				
4. They showed interest in you as a person (they asked about or knew relevant details about your life and situation; they did not treat you as just another “patient/user”).				
5. They fully understood your concerns (they did not ignore or dismiss anything).				
6. They showed concern and empathy (they were genuinely concerned; you connected on a personal level; they were not indifferent or distant).				
7. They were optimistic (they maintained a positive attitude about your situation; they were honest but not pessimistic about it).				
8. He gave clear explanations (he answered your questions completely with clear explanations and provided the right information; he was not vague).				
9. Helped you take control of the situation (they discussed together what you can do to improve your health; they motivated you instead of scolding you).				
10. They made an action plan together (they analyzed the options, involved you in the decisions as much as you expected to be involved; they did not ignore your opinion).				
11. Overall, how would you rate your visit to the specialist?				