

Vali-D

Translation, adaptation, and content validation
of a French version of the
Nurse Competence Scale in Canada

Research report

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Table of content

1.	ABSTRACT.....	2
2.	KEYWORDS.....	2
3.	INTRODUCTION	2
	3.1 CONTEXT	2
	3.2 RELEVANT LITERATURE REVIEW	3
4.	STUDY DESIGN.....	3
	4.1 DESIGN	3
	4.2 SCALE TO TRANSLATE	3
	4.3 TRANSLATION, BACK-TRANSLATION AND INITIAL VALIDATION	4
	4.3.1 SETTINGS AND SAMPLE	5
	4.3.2 DATA COLLECTION	6
	4.3.3 DATA ANALYSIS	6
	4.4 ETHICAL CONSIDERATIONS	7
5.	RESULTS	7
	5.1 PARTICIPANTS CHARACTERISTICS	7
	5.2 FACE/CONTENT VALIDITY	8
	5.3 PRE-FINAL FRENCH VERSION OF THE NCS (NCS-FR)	8
6.	CONCLUSION	8
7.	REFERENCES	9
8.	ANNEX 1: ENGLISH VERSION OF THE NCS.....	11
	8.1 HEADER LINES AND RESPONSE FORMAT	11
	8.2 LIST OF ITEMS AND CATEGORIES	11
9.	ANNEX 2: PERMISSION TO USE THE NCS	14
	9.1 COMMUNICATION WITH R. MERETOJA	14
	9.2 COMMUNICATION WITH WILEY	15
10.	ANNEX 3: PRE-FINAL VERSION OF NCS (NCS-FR).....	16

1. Abstract

Background: While everyone agrees that it is important for nurses to be competent practitioners, no validated French questionnaire measuring nurse competence is available to date. Internationally, one of the most frequently used questionnaires used to measure the competence level of nurses working in a clinical setting is the Nurse Competence Scale (NCS).

Objective: The objective of this study was to translate and culturally adapt a French version of the NCS (NCS-Fr) with nurses working in the province of Quebec (Canada).

Methods: It had a multi-method design, inspired by guidelines for translation, adaptation, and validation of scales in health research. The scale instructions and items were translated from English to French by two translators knowledgeable in nursing/healthcare and then back-translated to English by two other translators. Versions were compared; ambiguities and discrepancies were resolved during a synthesis discussion. A convenience sample of registered nurses ($n=8$) and experts in nursing education ($n=10$) assessed instructions and items for comprehensibility.

Results: Content validity index (CVI) for items (I-CVI) of the preliminary version ranged from 0.56 to 1, with most items ($n=64$) meeting the threshold of 0.78. The scale CVI (S-CVI) was 0.89.

Conclusion: This study used a rigorous method to translate and adapt a French version of the NCS. The next step will be to evaluate the psychometric properties and items performance of the NCS-Fr.

2. Keywords

Nurse competence scale, psychometric testing, translation, cross-cultural validation, nursing, competence

3. Introduction

3.1 Context

While everyone agrees that it is important for nurses to be competent practitioners, no validated French questionnaire measuring nurse competence is available to date. Such questionnaire could be useful to study the competence level of nurses practicing in Quebec and compare the results with those of other international studies. Such a questionnaire could also be useful in evaluating training or transition programs for newly graduated nurses.

Internationally, one of the most frequently used questionnaires used to measure the competence level of nurses working in a clinical setting is the Nurse Competence Scale (NCS), developed by Meretoja, et al.¹. Developed in Finnish, the tool has been translated into many languages, including English²; however, no French version is available, and no research team is currently working on a translation (personal communication with R. Meretoja). In order to be considered valid, a translated questionnaire should be empirically tested and its psychometric properties calculated³, and not simply rely on the validity and reliability measurements of the original questionnaire.

3.2 Relevant literature review

Competence assessment

In order to ensure quality of care, it is important to be able to attest of the competence of health professionals and practitioners, including nurses. Since the concept of competence is an abstract one, authors do not agree on a single definition or on a single way to measure it. However, based on a concept analysis of the recent nursing education literature, Charette, et al. ⁴ stated that a competence is a systemic set of skills, attitude and values, context-bound and lifelong developing, which Tardif ⁵ calls a complex and integrating know-how. Thus, a competence should not be seen as equivalent to a technical skill but is rather a much more complex concept.

Competences are continually developing^{5 - 6}; it should therefore be possible to measure the competence level demonstrated by a practitioner. In nursing, competence assessment remains a problematic subject, both in academic institutions and in clinical settings. In clinical facilities, educators usually use homemade tools they developed to assess the competences of the nurses they hired. These tools are developed with the aim of evaluating the performance of their employees and are generally not empirically validated. The validity and reliability of these tools is therefore questionable, and they can't be used in research projects.

Valid and reliable tools could be used by educators in clinical facilities to evaluate employees, as well as being used to assess the effectiveness of training or transition programs on outcomes such as competence. In the last 20 years, many researchers have developed such tools, like the Nurse Competence Scale¹ or the Casey-Fink Graduate Nurse Experience Survey⁷.

To this date, none of these tools have been translated in French, limiting the possibility of conducting studies that provide information on the level of competences of French-speaking nurses. Therefore, the main objective of this study was to translate and culturally adapt a French version of the NCS (NCS-Fr) with nurses working in the province of Quebec (Canada). Psychometric properties will be measured in a subsequent study.

4. Study Design

4.1 Design

This study had a multi-method design, inspired by Sousa and Rojjanasrirat⁸ guidelines for translation, adaptation and validation of scales in health research. This study reports the translation and initial content validation of the translated scale. Another study will be done to process with the psychometric validation of the pre-final version of the NCS.

4.2 Scale to translate

The scale to be translated is the NCS, developed by Meretoja, et al. ¹ in Finnish, but published in English. The questionnaire was developed partly on the basis of the work of Patricia Benner⁶, a recognized nurse researcher for having developed a model detailing the development of professional expertise, commonly referred to as the novice to expert model.

The 73 items of the scale are divided into 7 categories (see details in Annex 1):

- Helping role (7 items);
- Teaching-supervision (16 items);
- Diagnostic functions (7 items);
- Managing situations (8 items);
- Therapeutics interventions (10 items);
- Ensuring quality (6 items);
- Working role (19 items);

Each item is assessed in two ways: on competence level with a visual analogue scale ranging from 0 (very low level of competence) to 100 (very high level of competence) and on the frequency of use of each item in clinical practice using a 4-point Likert scale ranging from “not applicable in my work” to “used very often in my work”.

In 2017, a systematic review of the psychometric properties of the NCS² confirmed the reliability and internal consistency with a Cronbach alpha coefficient of 0.83 to 0.92 at the category level. The NCS has been used in more than 30 studies in various countries to measure the competence level of nurses and nursing students. Usually completed by the participant himself (self-assessment/self-report), it can also be completed by a third party (e.g., a supervisor). The original Finnish version has been translated into English^{1 9 10}, Lithuanian¹¹, Norwegian¹², German¹³, Swedish¹⁴, Persian¹⁵ and Italian¹⁶. Among these studies, many do not detail the method of translation and cultural validation used. In addition, some researchers did not evaluate the internal consistency or the structural validity of the translated version of the questionnaire, which is a recommendation when translating a questionnaire⁸.

The permission to use and translate the NCS was obtained from the publishing house Wiley, which holds the exclusive rights of the English version of the NCS.

4.3 Translation, back-translation, and initial validation

The translation and back-translation of the scale was done according to Sousa and Rojjanasrirat⁸'s guideline. The scale instructions and items were first translated from English to French by two independent certified translators knowledgeable in nursing/healthcare. Both translated versions were compared with the English version; ambiguities and discrepancies were resolved during a synthesis discussion with three members of the research team (MC, PL, TM), which led to an initial French version.

This initial version was then back-translated to English by two different independent certified translators, also knowledgeable in nursing/healthcare. All versions (the original English, both French translated versions, the initial French version and both back-translated versions) were compared by three team members (MC, PL, and TM) who are all bilingual. Discrepancies and ambiguities were resolved by discussion, which led to a preliminary French version of the NCS that was deemed conceptually and semantically equivalent with the English version. The developer of the scale (R. Meretoja) was invited to participate but was not able to participate.

The next step was to pilot-test this preliminary version with a participant from the target population, i.e., RN practicing in a clinical context, who provided feedback on the comprehensibility of the instructions and items. The preliminary version was then revised by the

research team, keeping in mind the conceptual, semantic, and content equivalence. This revised preliminary version was assessed by a group of nursing education experts for comprehensibility and relevance. This version was again revised, which resulted in a pre-final French version of the NCS to be tested in Phase 2. Steps of the process are illustrated in Figure 1.

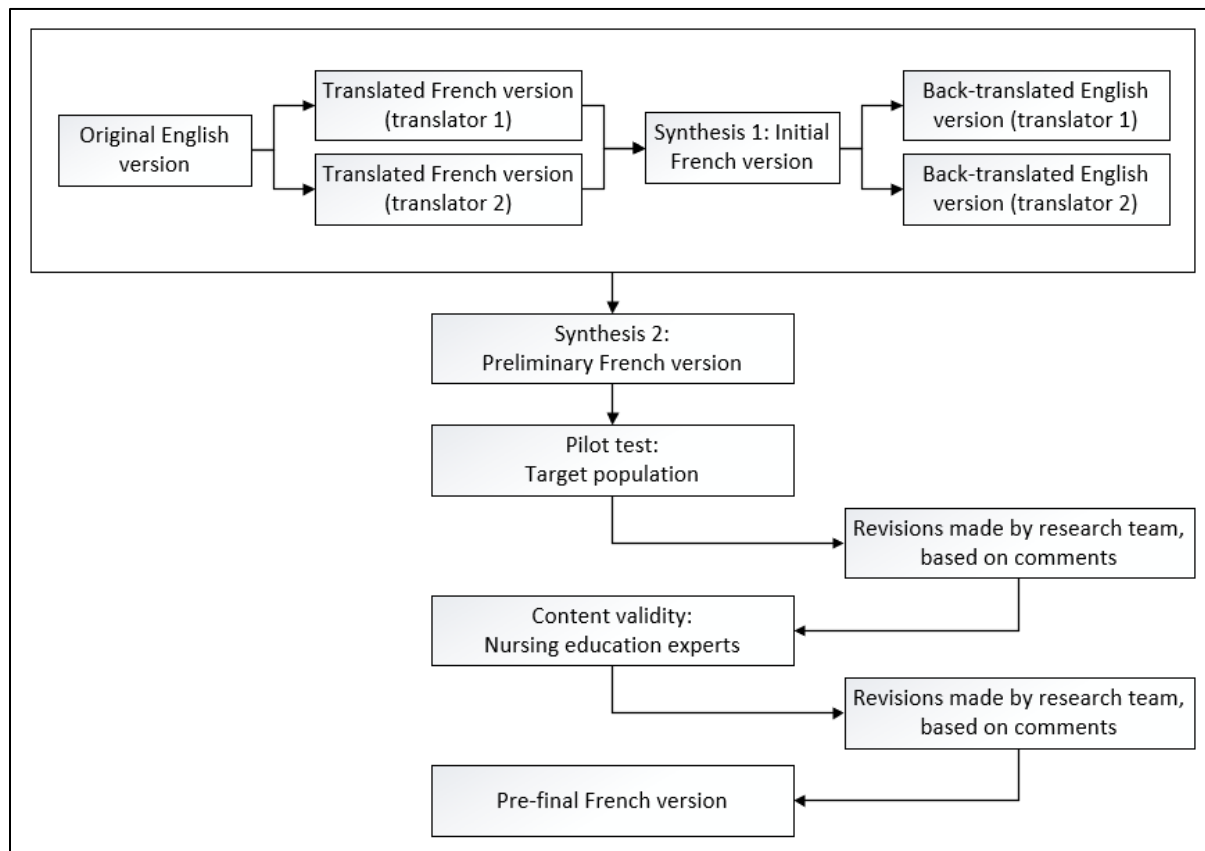


Figure 1: Steps of the process

4.3.1 Settings and sample

Two groups of participants were recruited. First, a convenience sample of RN representing the target population was recruited among graduate students at a Canadian university in November 2019. The invitation was sent through the graduate student union academic platform and eight accepted to participate. As per guidelines, a target of between 10 and 40 participants were needed, so a reminder was sent after 2 weeks with no additional participant. Participants were RN with clinical experience within the last 12 months and whose native language was French.

The second group of participants were nursing education experts, recruited among teaching staff at the same Canadian university. A convenience sample was recruited by sending an email to all professors and lecturers whose profile were publicly available on the university website. Fourteen participants agreed (response rate: 11.2%), which was more than the recommended 10 experts⁸. While this sample was designed to be purposive using a maximal variation strategy (based on title, gender, experience and expertise), with only 14 participants agreeing, a decision was made to

include them all to compensate for possible attrition. Participants had to be RN with a minimal of 5 years of clinical experience and one year of competence assessment experience (either in academic or clinical settings) and whose native language was French.

4.3.2 Data collection

Participants from the target population were provided with a link to an online anonymous survey. First, they had to answer demographic questions (age, gender, education level, domain of activity and professional experience). Then, they had to assess the instructions and each item of the preliminary version of the NCS for comprehensibility using a dichotomous choice (clear or ambiguous). If ambiguous, they were invited to reformulate or comment the item. Items judged ambiguous by at least 20% of participants were reviewed, which resulted in a revised preliminary version.

Experts judged this revised preliminary version, but the process was slightly different. Experts were also provided with a link to an online anonymous survey. They had to answer the same demographic questions, but a question was added on competence assessment experience. Then, they had to assess the instructions and each item of the preliminary version of the NCS for comprehensibility using a dichotomous choice (clear or ambiguous). If ambiguous, they were invited to reformulate or comment the item. They were also asked on the relevance of each item on a 4-point scale (1=not relevant, 2=somewhat relevant, 3=quite relevant and 4=highly relevant). They could also comment each item. Again, items who were judged ambiguous by at least 20% of participants were reviewed and submitted again to the same group of experts for the same comprehensibility and relevance assessment. This resulted in the pre-final French version.

Data collection for both group was done through the REDCap (Research Electronic Data Capture) platform, which is a secure web application designed to collect research data, providing an intuitive and validated interface, audit trail for data verification, automated data export procedure and procedure to import data from external sources ¹⁷.

4.3.3 Data analysis

SPSS software (version 25) was used to calculate all statistics. Descriptive statistics (frequency and percentage) were used to describe participants. Comprehensibility was assessed by a dichotomous answer (clear or ambiguous) and calculated by a percentage of ambiguity.

Relevance was used to calculate content validity index. Content validity indices were calculated for each item (I-CVI) using the following formula ¹⁸:

$$I-CVI = (n \text{ of experts answering } 3 \text{ or } 4) / (n \text{ total of experts}).$$

Different methods can be used to calculate total scale content validity index (S-CVI), the averaging calculation (S-CVI/Ave) being the recommended one ^{8 18}:

$$S-CVI = (\Sigma I-CVI) / (n \text{ of items}).$$

With 10 experts, the minimal indices sought are an I-CVI of 0.78 and an S-CVI of 0.90 ⁸.

4.4 Ethical considerations

This study was approved by three human research ethics committee (HREC), one from Australia, where the first author was affiliated (La Trobe University HREC; HEC19118) and one from Canada, where data collection took place (University of Montréal HREC; CERSES-19-041-D).

All participants were informed and provided with a participant information statement. Consent was implicit, which is in accordance with the Canadian Tri-Council Statement¹⁹ and the Australian National Statement²⁰ on Ethical Conduct in Human Research: by completing the survey and submitting their answers, participants were consenting. Data was collected anonymously through a secure web-based research electronic data capture tool (REDcap).

5. Results

5.1 Participants characteristics

Eight RN, considered to be from the target population, and 10 nursing education experts participated in this study. Mean age was respectively 32.5 years (SD: 5.61) and 41.9 years (SD: 15.93). Most participants were female (62.5% of RN and 90% of experts), with RN having a mean nursing experience of 7.75 years (SD: 4.59) and experts having 20 years of nursing experience (SD: 16.76) and 10.8 years of competence assessment experience (SD: 7.89). Most RN (87.5%) were working in clinical settings while one was working in research. Participants' characteristics are presented in Table 1.

Table 1: Participants' characteristics

	Target population (n=8)			Experts (n=10)		
	n	%	M (SD)	n	%	M (SD)
Age (years)			32.5 (5.61)			41.9 (15.93)
Gender						
Female	5	62.5		9	90	
Male	3	37.5		1	10	
Nursing education level						
Bachelor/Undergraduate diploma	4	50		0	0	
Masters/Graduate diploma	3	37.5		8	80	
Doctorate/Postgraduate diploma	1	12.5		2	20	
Nursing domain						
Clinical	7	87.5				
Teaching	0	0				
Management	0	0				
Research	1	12.5				
Nursing experience (years)			7.75 (4.59)			20 (16.76)
Competence assessment experience (years)						10.8 (7.89)

5.2 Content validity

Eight RN, considered to be target population, participated in this part of the study. No component of the instructions met the threshold of 20% ambiguity to be revised, but one participant commented the frequency of use could be more precise to ensure a common interpretation. Frequency statements were then changed for “1=Not applicable in my work, 2= Used very seldom (few times per year), 3=Used occasionally (few times a month) and 4=Used very often (every week)”. Of the 73 items, 12 were deemed ambiguous by at least 20% of the participants and were revised. An additional 6 items were modified based on comments of some participants, even if they were not deemed ambiguous. Therefore, a total of 18 items were revised (items #2, 4, 6, 13, 21, 22, 23, 24, 27, 32, 33, 41, 48, 51, 60, 66, 70, 72) and resulted in the revised preliminary French version which was sent to experts.

Fourteen experts agreed to participate, but only 10 completed the survey. No component of the instructions met the threshold of 20% ambiguity. Of the 73 items, 39 were deemed ambiguous by at least 20% of the participants; 28 items were revised (#2, 3, 5, 6, 8, 9, 14, 17, 18, 22, 23, 25, 26, 28, 29, 35, 38, 39, 42, 45, 46, 47, 52, 56, 57, 63, 69, 73) and re-submitted to experts for assessment; after this second round, all 73 items were deemed clear. I-CVI of the revised preliminary French version ranged from 0.56 to 1, with most items ($n=64$) meeting the threshold of 0.78. The S-CVI was 0.89. Items that did not meet the threshold (see Table 2) were analysed by the research team and kept, since the S-CVI was 0.89.

Table 2: I-CVI of items not meeting the threshold of 0.78

Items	I-CVI
6	0.70
12	0.70
19	0.75
37	0.67
42	0.67
44	0.56
48	0.63
51	0.67
70	0.67

5.3 Pre-final French version of the NCS (NCS-Fr)

Pre-final French version of the NCS (NCS-Fr) is copied in Annex 3 of this report.

6. Conclusion

This study used a rigorous method to translate and adapt a French version of the NCS. To our knowledge, no validated scale was previously available in French to assess nurses' competences in clinical settings. The systematic process used in this study is consistent with several guidelines for translation and adaptation of health scales. The next step will be to evaluate the psychometric properties and items performance of the NCS-Fr.

7. References

1. Meretoja R, Isoaho H, Leino-Kilpi H. Nurse Competence Scale: development and psychometric testing. *Journal of Advanced Nursing* 2004;47(2):124-33. doi: 10.1111/j.1365-2648.2004.03071.x
2. Flinkman M, Leino-Kilpi H, Numminen O, et al. Nurse Competence Scale: a systematic and psychometric review. *Journal of Advanced Nursing* 2017;73(5):1035-50. doi: 10.1111/jan.13183
3. McKenna SP, Doward LC. The translation and cultural adaptation of patient-reported outcome measures. *Value Health* 2005;8(2):89-91. doi: 10.1111/j.1524-4733.2005.08203.x [published Online First: 2005/04/05]
4. Charette M, Goudreau J, Alderson M. Une analyse évolutionniste du concept de compétence. *Rech Soins Infirm* 2014(116):27-39. doi: 10.3917/rsi.116.0028
5. Tardif J. L'évaluation des compétences - Documenter le parcours de formation. Montréal, Québec: Chenelière Éducation 2006.
6. Benner P. From novice to expert: excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley Publishing 1984.
7. Casey K, Fink R, Krugman M, et al. The graduate nurse experience. *J Nurs Adm* 2004;34(6):303-11.
8. 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* 2011;17(2):268-74. doi: 10.1111/j.1365-2753.2010.01434.x
9. Cowin LS, Hengstberger-Sims C, Eagar SC, et al. Competency measurements: testing convergent validity for two measures. *Journal of Advanced Nursing* 2008;64(3):272-77. doi: 10.1111/j.1365-2648.2008.04774.x
10. Stobinski J. Competency and work environments among military and civilian perioperative registered nurses: A predictive model. TUI University, California, United States, 2011.
11. Istomina N, Suominen T, Razbadauskas A, et al. Competence of nurses and factors associated with it. *Medicina (Kaunas)* 2011;47(4):230-37.
12. Wangensteen S, Johansson IS, Nordström G. Nurse Competence Scale – Psychometric testing in a Norwegian context. *Nurse Education in Practice* 2015;15(1):22-29. doi: 10.1016/j.nepr.2014.11.007
13. Müller M. Nursing competence: Psychometric evaluation using Rasch modelling. *Journal of Advanced Nursing* 2013;69(6):1410-17. doi: 10.1111/jan.12009

14. Karlstedt M, Wadensten B, Fagerberg I, et al. Is the competence of Swedish Registered Nurses working in municipal care of older people merely a question of age and postgraduate education? *Scand J Caring Sci* 2015;29(2):307-16.
15. Bahreini M, Shahamat S, Hayatdavoudi P, et al. Comparison of the clinical competence of nurses working in two university hospitals in Iran. *Nurs Health Sci* 2011;13(3):282-88.
16. Dellai M, Mortari L, Meretoja R. Self-assessment of nursing competencies - validation of the Finnish NCS instrument with Italian nurses. *Scand J Caring Sci* 2009;23(4):783-91.
17. Harris PA, Taylor R, Thielke R, et al. Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform* 2009;42(2):377-81. doi: 10.1016/j.jbi.2008.08.010
18. Polit DF, Beck CT. Nursing research : generating and assessing evidence for nursing practice. 10th ed. Philadelphia, PA: Wolters Kluwer Health 2017.
19. Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), Social Sciences and Humanities Research Council of Canada (SSHRC). Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2018 [Available from: https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html].
20. National Health and Medical Research Council, Australian Research Council, Universities Australia. National Statement on Ethical Conduct in Human Research. Australia: National Health and Medical Research Council, 2007/2018.

8. Annex 1: English Version of the NCS

8.1 Header lines and response format

No	Item	Level of competence 0 for very low level and 100 for very high level of competence	The frequency with which individual items are actually used in clinical practice (0) not applicable in my work; (1) used very seldom; (2) used occasionally; (3) used very often in my work.
Helping role			
1	Planning patient care according to individual needs	0 ————— 100	0 1 2 3

8.2 List of items and categories

Category 1: Helping role

1. Planning patient care according to individual needs
2. Supporting patients' coping strategies
3. Evaluating critically own philosophy in nursing
4. Modifying the care plan according to individual needs
5. Utilizing nursing research findings in relationships with patients
6. Developing the treatment culture of my unit
7. Decision-making guided by ethical values

Category 2: Teaching/Coaching

8. Mapping out patient education needs carefully
9. Finding optimal timing for patient education
10. Mastering the content of patient education
11. Providing individualized patient education
12. Co-ordinating patient education
13. Able to recognize family members' needs for guidance
14. Acting autonomously in guiding family members
15. Taking student nurse's level of skill acquisition into account in mentoring
16. Supporting student nurses in attaining goals
17. Evaluating patient education outcome together with patient
18. Evaluating patient education outcomes with family
19. Evaluating patient education outcome with care team
20. Taking active steps to maintain and improve my professional skills
21. Developing patient education in my unit
22. Developing orientation programmes for new nurses in my unit
23. Coaching others in duties within my responsibility area

Category 3: Diagnostic functions

24. Analysing patient's well-being from many perspectives
25. Able to identify patient's need for emotional support
26. Able to identify family members' need for emotional support
27. Arranging expert help for patient when needed
28. Coaching other staff members in patient observation skills
29. Coaching other staff members in use of diagnostic equipment
30. Developing documentation of patient care

Category 4: Managing situations

31. Able to recognize situations posing a threat to life early
32. Prioritizing my activities flexibly according to changing situations
33. Acting appropriately in life threatening situations
34. Arranging debriefing sessions for the care team when needed
35. Coaching other team members in mastering rapidly changing situations
36. Planning care consistently with resources available
37. Keeping nursing care equipment in good condition
38. Promoting flexible team cooperation in rapidly changing situations

Category 5: Therapeutic interventions

39. Planning own activities flexibly according to clinical situation
40. Making decisions concerning patient care taking the particular situation into account
41. Co-ordinating multidisciplinary team's nursing activities
42. Coaching the care team in performance of nursing interventions
43. Updating written guidelines for care
44. Providing consultation for the care team
45. Utilizing research findings in nursing interventions
46. Evaluating systematically patient care outcomes
47. Incorporating relevant knowledge to provide optimal care
48. Contributing to further development of multidisciplinary clinical paths

Category 6: Ensuring quality

49. Committed to my organization's care philosophy
50. Able to identify areas in patient care needing further development and research
51. Evaluating critically my unit's care philosophy
52. Evaluating systematically patients' satisfaction with care
53. Utilizing research findings in further development of patient care
54. Making proposals concerning further development and research

Category 7: Working role

55. Able to recognize colleagues' need for support and help
56. Aware of the limits of my own resources
57. Professional identity serves as resource in nursing
58. Acting responsibly in terms of limited financial resources

59. Familiar with my organization's policy concerning division of labour and co-ordination of duties
60. Co-ordinating student nurse mentoring in the unit
61. Mentoring novices and advanced beginners
62. Providing expertise for the care team
63. Acting autonomously
64. Guiding staff members to duties corresponding to their skill levels
65. Incorporating new knowledge to optimize patient care
66. Ensuring smooth flow of care in the unit by delegating tasks
67. Taking care of myself in terms of not depleting my mental and physical resources
68. Utilizing information technology in my work
69. Co-ordinating patient's overall care
70. Orchestrating the whole situation when needed
71. Giving feedback to colleagues in a constructive way
72. Developing patient care in multidisciplinary teams
73. Developing work environment

9. Annex 2: Permission to use the NCS

9.1 Communication with R. Meretoja

Martin Charette

From: Meretoja Riitta <Riitta.Meretoja@hus.fi>
Sent: Wednesday, 29 August 2018 10:23 PM
To: Martin Charette
Subject: VS: Nurse Competency Scale: French adaptation?

Dear Martin

Thank you for your interest in the Nurse Competence Scale. There is no French version of the NCS, not to my knowledge.

You can get the official permission to use the NCS from Wiley permission department, permissions@wiley.com. Wiley holds the copyright for the English version. There are no costs associated to the use. You will have the permission within a couple of days.

I would be happy to help you with the translation process by validating the content validity of the back translated NCS version when you are in that phase.

We are conducting two studies with multi-country comparisons in Europe upon graduating nurses, so it would be most interesting to compare our results in the near future.

Keep me posted!

Riitta Meretoja, Director of nursing research and science, Professor, PhD, RN

9.2 Communication with Wiley

Martin Charette

From: Wiley Global Permissions <permissions@wiley.com>
Sent: Tuesday, 4 September 2018 7:22 PM
To: Martin Charette
Subject: RE: Permission to adapt and validate a French version of the Nurse Competency Scale

Dear Martin,

Thank you for your email.

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Best wishes,

Kelly Hoff
Sales Specialist – Permissions
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WILEY

10. Annex 3: Pre-final version of NCS (NCS-Fr)

Échelle d'évaluation des compétences infirmières

Niveau de compétence

Pour chaque composante ci-dessous, veuillez indiquer à quel niveau de compétence vous estimez être, en faisant glisser le curseur. 0 correspond à un niveau de compétence très bas et 100 à un niveau de compétence très élevé

Fréquence d'utilisation dans la pratique clinique

De plus, veuillez identifier la fréquence d'utilisation de chaque composante dans votre pratique clinique, selon l'échelle suivante:

- (0) ne s'applique pas à mon travail;
(1) utilisé très rarement (quelques fois par année);
(2) utilisé occasionnellement (quelques fois par mois);
(3) utilisé très fréquemment dans mon travail (à toutes les semaines).

Items :

- (1) Planifier mes soins selon les besoins individuels des patients
- (2) Soutenir les patients dans leur recherche de stratégies d'adaptation pour faire face à leur situation de santé
- (3) Faire preuve d'esprit critique pour évaluer ma philosophie (ou vision) de soins
- (4) Modifier le plan de soins en fonction des besoins individuels du patient
- (5) Utiliser une approche basée sur des résultats probants pour entrer en relation et accompagner les patients
- (6) Contribuer au développement de la culture de soin de mon unité/milieu de soins
- (7) Prendre des décisions appuyées sur des valeurs éthiques
- (8) Établir un plan d'enseignement à partir des connaissances et des besoins des patients
- (9) Identifier un contexte opportun (moment, endroit) pour l'enseignement aux patients
- (10) Maîtriser le contenu de l'enseignement donné aux patients
- (11) Offrir un enseignement personnalisé aux patients
- (12) Coordonner l'enseignement aux patients
- (13) Reconnaître les moments où les membres de la famille (ou proches aidants) ont besoin d'être guidé/accompagné
- (14) Accompagner et guider les membres de la famille (ou proches aidants)
- (15) Tenir compte du niveau de compétences de l'étudiant(e) en soins infirmiers en contexte de préceptorat/stage
- (16) Soutenir les étudiant(e)s stagiaires en soins infirmiers dans l'atteinte de leurs objectifs de stage
- (17) Valider la compréhension du patient quant à l'enseignement reçu

- (18) Valider la compréhension des membres de la famille (ou proches aidants) quant à l'enseignement reçu
- (19) Évaluer les résultats de l'enseignement au patient en collaboration avec l'équipe de soins
- (20) Prendre des mesures concrètes pour maintenir et améliorer mes compétences professionnelles
- (21) Développer ou mettre à jour le contenu ou le matériel destiné à l'enseignement des patients
- (22) Contribuer au développement des programmes d'intégration pour les nouveaux infirmier(ère)s de mon unité/milieu de soins
- (23) Accompagner mes collègues (infirmiers ou autres) dans l'acquisition d'habiletés techniques
- (24) Évaluer la santé des patients selon diverses perspectives (physique, psychologique, émotionnelle, sociale, spirituelle, etc.)
- (25) Reconnaître lorsque le patient a besoin de soutien émotionnel
- (26) Reconnaître lorsque des membres de la famille (ou proches aidants) ont besoin de soutien émotionnel
- (27) Déterminer lorsque la situation du patient nécessite une consultation avec un autre professionnel de la santé
- (28) Accompagner mes collègues infirmiers dans l'acquisition d'habiletés d'évaluation de la santé des patients
- (29) Accompagner mes collègues infirmiers dans l'utilisation du matériel de soins
- (30) Élaborer des outils pour la documentation des soins aux patients
- (31) Reconnaître rapidement les situations susceptibles de mettre la vie du patient en danger
- (32) Prioriser mes activités de soins en demeurant flexible lors de situations imprévues et changeantes
- (33) Agir de manière appropriée dans les situations mettant la vie du patient en danger
- (34) Organiser des séances de débriefing pour l'équipe de soins, au besoin
- (35) Accompagner mes collègues (infirmiers ou autres) dans la gestion des situations imprévues et changeantes
- (36) Planifier les soins selon les ressources disponibles
- (37) Maintenir le matériel de soins en bon état
- (38) Favoriser un travail d'équipe flexible dans les situations imprévues et changeantes
- (39) Planifier les soins selon la situation clinique du patient, tout en demeurant flexible
- (40) Prendre des décisions concernant les soins aux patients en tenant compte des particularités de chaque situation
- (41) Coordonner les activités de soins d'une équipe interdisciplinaire
- (42) Accompagner mes collègues infirmiers dans l'exécution de techniques de soins ou d'interventions infirmières
- (43) Mettre à jour les méthodes de soins et guides de pratique
- (44) Offrir des services de consultation à l'équipe de soins
- (45) Appuyer mes interventions infirmières sur des résultats probants
- (46) Évaluer systématiquement les résultats des soins prodigués aux patients en collaboration avec ceux-ci
- (47) Acquérir de nouvelles connaissances pertinentes pour améliorer la qualité des soins
- (48) Contribuer au développement de nouveaux parcours de soins interdisciplinaires
- (49) Promouvoir la philosophie (ou vision) de soins de mon organisation

- (50) Identifier les sujets qui devraient faire l'objet de plus de recherche
- (51) Évaluer la philosophie de soins de mon unité/milieu de soins en faisant preuve d'esprit critique
- (52) Évaluer la satisfaction des patients et des membres de la famille (ou proches aidants) à l'égard des soins reçus
- (53) Utiliser des résultats de recherche pour améliorer les soins aux patients
- (54) Proposer des idées pour le développement de la pratique infirmière ou la recherche
- (55) Reconnaître lorsque mes collègues ont besoin d'aide ou de Soutien
- (56) Être conscient de mes propres limites (personnelles, professionnelles, émotionnelles, etc.)
- (57) Utiliser mon identité professionnelle comme une ressource dans ma prestation de soins
- (58) Agir de manière responsable compte tenu des ressources financières limitées de l'organisation
- (59) Connaître la politique de mon organisation en matière de répartition et de coordination du travail
- (60) Coordonner le préceptorat des étudiant(e)s en soins infirmiers au sein de l'unité/milieu de soins
- (61) Agir comme mentor auprès des étudiant(e)s et des infirmier(ère)s débutant(e)s
- (62) Offrir mon expertise à l'équipe de soins
- (63) Agir de manière autonome lorsque la situation le permet
- (64) Déléguer des tâches à mes collègues selon leur niveau de compétences
- (65) Intégrer des nouvelles connaissances pour optimiser les soins aux patients
- (66) Déléguer des tâches pour assurer le bon déroulement des soins sur l'unité/milieu de soins
- (67) Prendre soin de moi en veillant à ne pas épuiser mes ressources mentales et physiques
- (68) Utiliser les technologies de l'information dans le cadre de mon travail
- (69) Coordonner les soins de plusieurs patients sous ma responsabilité
- (70) Prendre le contrôle de l'ensemble de la situation de soins au besoin
- (71) Donner de la rétroaction constructive à mes collègues
- (72) Participer à l'analyse de cas cliniques avec l'équipe interdisciplinaire
- (73) Contribuer au développement d'un environnement de travail sain