Translation and Validity Content Testing of The Quality Clinical Placement Evaluation Instrument

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Abstract

Clinical learning environments are fundamental to nursing education, and their quality must be systematically evaluated. The Quality Clinical Placement Evaluation (QCPE) instrument is widely used to assess clinical placements; however, an Indonesian version has not been previously available. This study aimed to translate, culturally adapt, and assess the content validity of the QCPE instrument in the Indonesian context. A methodological study was conducted using a structured translation process comprising forward translation, synthesis, backward translation, and developer review to ensure conceptual equivalence. Content validity was evaluated by three Nursing Professional Practice experts who assessed each item for relevance, clarity, and essentiality. Quantitative analysis was performed using the Item Content Validity Index (I-CVI), Scale Content Validity Index (S-CVI/UA and S-CVI/Ave), and Content Validity Ratio (CVR). The Indonesian QCPE demonstrated good content validity. Most items achieved an I-CVI of 1.00, indicating high relevance. S-CVI/UA values ranged from 0.82 to 0.95, and S-CVI/Ave values ranged from 0.94 to 0.98, reflecting strong overall agreement among experts. CVR values ranged from 0.33 to 1.00. One item from each questionnaire was removed due to limited relevance to the Indonesian nursing education context, resulting in a final version with 20 items for the Professional Student Questionnaire and 16 items for the Supervisory Nurse Questionnaire. The Indonesian version of the QCPE instrument demonstrates strong content validity and is suitable for evaluating clinical learning environments. Further studies are recommended to establish construct validity and reliability prior to widespread use.

Keywords: Content Validity, Clinical Learning Environment, Cross-Cultural Adaptation, Nursing Education

Introduction

The nursing education program is an essential part of preparing them to become competent nurses in the future. In addition to classroom learning, students must also undergo a clinical practice learning program called Nursing Professional Practice. This aims to improve clinical competence and skills in dealing with various patient conditions in real environments (McKenna et al., 2019). The study by Arieli (2013) states that Nursing Professional Practice helps students develop technical skills, knowledge, and confidence in dealing with clinical situations. Thus, Nursing Professional Practice is a crucial step for students to enter the world of professional nursing.

During the Nursing Professional Practice, nursing students are guided by a clinical instructor, who is a professional nurse with the task of being a facilitator and mentor for students (Sweet & Broadbent, 2017). The role of clinical instructor is very important in facilitating students' clinical learning, including monitoring progress, providing emotional support, and communicating with other clinical staff. According to Oktorullah et al., (2020), students' clinical learning success is greatly influenced by the quality of guidance from clinical instructors and the clinical environment that supports the teaching and learning process. This shows that the role and perception of clinical instructors have a direct impact on the success of students' clinical learning.

However, various obstacles are often faced by clinical instructors in guiding students during the Nursing Profession Practice. Some of these include excessive workload, lack of recognition from hospital management, and limited time to carry out the role as an educator (Anderson et al., 2016; Cusack et al., 2020). Other factors such as lack of understanding of the role of a facilitator and lack of preparation to address student needs also pose significant challenges (Mathisen et al., 2023). These barriers can affect the effectiveness of mentoring during the clinical learning process.

Nursing students also face challenges during their Nursing Profession Practice. Some students feel anxious and confused when they have to adapt to a new clinical environment. A non-conducive clinical environment can create emotional stress that hinders the learning process (Lekalakala-Mokgele & Caka, 2015). If not addressed immediately, this problem could have a negative impact on students' learning and development of clinical competence. Therefore, an effective evaluation of the clinical learning environment is needed to ensure the success of Nursing Professional Practice so that the quality of evaluation and nursing education can be more optimal.

One of the instruments that can be used to evaluate the quality of the clinical learning environment is the Quality Clinical Placement Evaluation (QCPE) (Courtney-Pratt et al., 2014). QCPE is different from other instruments because it is able to assess the quality of Nursing Professional Practice from the perspective of both students and supervising nurses. Currently, the Indonesian version of the QCPE instrument is not yet available, so translation and content validity testing are needed so that this instrument can be used in Indonesia. This study aims to translate and test the validity of the QCPE in Indonesian, which is expected to help improve the quality of clinical learning for nursing students in Indonesia.

Methods

Research Design

This research method is divided into two stages, namely the translation process and validity content testing to adapt and test the content validity of the Indonesian version of the Quality Clinical Placement Evaluation (QCPE) questionnaire.

Population and Sample

For the translation process, the authors asked four translators who had a nursing background, were bilingual, and had studied abroad, to perform forward translation (CK and NM) and the backward translation process (RD and HR). In addition, the authors recruited a language expert (RA) who carried out the Indonesian translation synthesis process. In the second stage, the Indonesian

version instruments was assessed by three experts who are the coordinators of the Nursing Profession Practice for the Medical Surgical Nursing (SH), Critical Nursing (RM), and Basic Nursing (TE).

Instrument

The Quality Clinical Placement Evaluation (QCPE) instrument is an instrument in Australia for evaluating the quality of clinical learning from nursing profession students, supervisors, and clinical instructors perspective (Courtney-Pratt et al., 2014). This instrument is a Likert scale consisting of 5 points ranging from strongly agree (5) to strongly disagree (1). QCPE instrument consists of three subconcepts related to statements for clinical instructors or supervisors (17 items), namely, support to meet learning needs, competence and self-confidence, welcome, and belonging. QCPE for nursing profession students also consists of three sub concepts (21 items), namely nurse support during placement, clinical instructor support during placement, welcome, and belonging.

Research Procedure

Data collection began with the process of translating the QCPE instrument according to the method of Gjersing et al. (2010). The first stage was a forward translation, where two translators (CK and NM) translated the instrument into Indonesian. The results of the two translations were synthesized into one by a linguist (RA). Furthermore, the synthesized instrument was translated back into English by two other translators (RD and HR). After that, the results of the backward translation were sent to the original developer of the questionnaire for approval. After receiving approval, three experts (SH, TE, and RM) assessed the relevance, clarity, and essentiality of each item of the Indonesian version instrument. The experts were given a deadline of seven days, although the work took up to two weeks, with researchers conducting routine follow-ups. After that, a content validity test was carried out with the help of Microsoft Excel to calculate the CVI and CVR.

Data analysis

In this study, the data analysis conducted was a content validity test of the Quality Clinical Placement Evaluation instrument that had been translated into Indonesian. The analysis process was carried out after all experts completed the instrument assessment, and the researcher manually calculated using Microsoft Excel 2013. To calculate the I-CVI, the researcher added up the number of experts who gave a relevance or clarity rating of 3 or 4, then divided it by the total number of experts. S-CVI/UA was calculated by adding up items that had an I-CVI value of 1 divided by the total number of items, while S-CVI/Ave was calculated by adding up the total I-CVI of all items and dividing it by the total number of items. The calculation of CVR follows the formula: CVR = (Ne - (N/2)) / (N/2), where Ne is the number of experts who gave the item a value of "important" and N is the total number of experts.

Ethical Clearance

The ethical principles applied in this study prioritize respect for human rights, in accordance with the concept of respect for human dignity (Polit & Beck, 2018). One important aspect is autonomy, where research subjects have full rights to decide whether or not they want to be involved in this study without any coercion. To fulfill this principle of autonomy, the researcher ensured that each subject was given informed consent, which included complete information about the background, purpose of the study, and guidelines for the translation and assessment process of the instrument. Before the subjects agreed to participate, the researcher briefly explained the study and asked for their willingness to act as translators or expert assessors of the instrument. After consent was given, the researcher distributed the relevant instrument guidelines and forms. In addition, to protect the privacy of the subjects, their full names were not included, but only their initials were used in the research documentation.

Result

Translation Phase Results

After the researcher obtained ethical clearance, the first step taken was to recruit two translators (CK and NM) to carry out forward translation. Both translators have nursing and bilingual backgrounds, as evidenced by their experience studying abroad. The translation results in Indonesian were then synthesized by a linguist (RA), who has a literary background and is experienced in carrying out translation synthesis. After the synthesis process is complete, the next stage is backward translation, which is carried out by two different translators (RD and HR) who also have nursing and bilingual backgrounds, with educational experience abroad. After all stages of translation are complete, the results of the translated instrument back into English are sent to the instrument developer via email. On the seventh day, March 29, 2024, the instrument developer responded to the researcher. In the reply, the developer provided input regarding inappropriate tense usage in the backward translation. In addition, the developer also suggested that there be consistency in the use of the term "unit" and the choice of words between "acceptance" and "welcome" as listed in Table 1.

Table 1. Backward Translation Results and Developer Input

Backward Translation translator 1	Backward Translation translator 1	Developer Feedback	Language Translation Results in Indonesia
I feel welcome in the ward/unit	I feel welcome in the room/care unit	Acceptance is different to welcome. Q1 has already asked about being welcome Aim for consistency in terminology for the setting – unit is used in Q1	Saya merasa diakui di ruang perawatan
I'm encouraged to be an active learner	I'm encouraged to be an active learner	Here the tense is different-consistency intense – I was encouraged... (use past tense)	Saya didorong untuk menjadi pembelajar yang aktif

Results of Content Validity Assessment Stage

After the translation process was completed, the researcher proceeded to the second stage, namely the assessment of the instrument by three experts (SH, TE, and RM) who are experienced experts in guiding students during the Nursing Profession Practice. These three experts have master's degrees in nursing and serve as coordinators of the Nursing Profession Practice course at a state university in Bandung. The instrument assessment process lasted for 21 days with a non-face-to-face method, where the researcher sent guidelines and assessment forms to the experts (Table 2).

Table 2. CVI and CVR Values on QCPE Questionnaire Items

	Questionnaire for Professional Students n = 21	Questionnaire for Supervising Nurses n = 17
Essentiality		
0.33	**2**	**4**
1.00	**19**	**13**
CVR	**0.93**	**0.84**
Relevance		
0.67	**1**	**1**

1.00	**20**	**16**
S-CVI/UA	**0.95**	**0.94**
S-CVI/Ave	**0.98**	**0.98**
Clarity		
0.67	**8**	**3**
1.00	**13**	**14**
S-CVI/UA	**0.87**	**0.82**
S-CVI/Ave	**0.61**	**0.94**

Table 2 presents the results of the Content Validity Index (CVI) and Content Validity Ratio (CVR) assessments on the QCPE questionnaire items for Professional Students (n = 21) and Supervisory Nurses (n = 17). The results show that 20 of the 21 items in the Professional Students questionnaire have a relevance I-CVI of 1, while 16 items in the Supervisory Nurse questionnaire also obtained the same value, indicating a high consensus on the relevance of the items. The CVR values reached 0.93 and 0.84, indicating that the items were considered essential. In terms of clarity, the I-CVI values varied between 0.67 and 1, with several items in both questionnaires requiring more attention. The S-CVI/UA values ≥ 0.80 and S-CVI/Ave ≥ 0.90 indicate that the questionnaire as a whole has met good standards of relevance and clarity, although item number 4 with a relevance I-CVI value of 0.67 indicates the need for further revision.

The results showed that there were questionnaire items that received an I-CVI clarity value of less than 1 and a CVR of less than 0.78, indicating that they were not appropriate for the Indonesian context. The item, namely "My previous experience was recognized during clinical practice learning," had an I-CVI of 0.67 and a CVR of 0.33, and was stated as unclear by 1/3 of the experts, so the decision to delete this item was taken. The assessment showed that other items with an I-CVI value of 0.67, such as those related to confidence and competence in practice, were retained but needed revision. This table as a whole reflects a careful evaluation process in filtering questionnaire items to ensure relevance and clarity according to local needs, taking into account input from experts. Numbering tables and figures using the numbers 1, 2, 3 and so on.

Discussion

This study contributes to the growing need for culturally and linguistically appropriate instruments to evaluate clinical learning environments in nursing education. The use of forward and backward translation ensured conceptual equivalence between the original QCPE instrument and its Indonesian version, highlighting the importance of linguistic structure in cross-cultural adaptation.

One key issue identified during the backward translation process was the absence of tense markers in Indonesian grammar, which influenced verb usage in translated items (General Guidelines for Indonesian Spelling, 2016). This finding underscores that translation challenges are not merely linguistic but conceptual, requiring careful alignment with the intent of the original instrument rather than literal word-for-word equivalence.

Feedback from the instrument developer played a critical role in refining semantic accuracy, particularly in the use of terms such as "acceptance," "welcome," and "recognition." These refinements emphasize the need for terminological consistency to preserve construct meaning, especially in instruments assessing subjective experiences such as inclusion and support within clinical learning environments. Similarly, standardizing the use of the term "room" rather than "unit" reflects contextual adaptation to the Indonesian healthcare setting, reinforcing the importance of cultural relevance in measurement tools.

In the assessment of content validity test, the I-CVI value of both questionnaires, both Professional Students and Nurses and/or Clinical Instructors, showed good relevance. However, in the Professional Students questionnaire there was one item that received

an I-CVI value of 0.67, namely in statement item related to acknowledgment of prior clinical experience were less essential within the Indonesian nursing education context. Unlike some international nursing programs, Indonesian students typically gain substantial clinical exposure at the professional education stage rather than during undergraduate study. This contextual difference explains why certain items, although relevant in other settings, were considered non-essential by expert reviewers. These findings highlight that content validity is inherently context-dependent and that instruments must reflect local educational structures to maintain meaningful assessment. Thus according to Osborn & Schneider (2013), in the instrument development process, including items that are not relevant to the context of the instrument setting will be used very inappropriately. Also, the CVR value for this item is 0.33, which means that this item is not essential and can be removed.

Issues related to item clarity further indicate that literal translation may reduce comprehensibility, affecting experts' judgments of essentiality. The ambiguity may be due to the translation method which was carried out word for word, where the translation only focused on the words and not the meaning of the statement (Kalfoss, 2019). This supports the view that clarity is a crucial component of content validity and should be addressed through qualitative refinement. Revising ambiguous items based on expert feedback demonstrates an iterative approach to instrument adaptation, strengthening conceptual precision without prematurely eliminating potentially important constructs. Therefore, it is necessary to improve items in terms of clarity using qualitative evaluation. Research with the same method was conducted by Novrianda et al., (2024) And Tappy and Bonito (2024), where they conducted a pilot study to test understanding and acceptance of the items. This is in line with what was stated by DeVellis, (2017), which states that pilot studies are very useful for finding potential problems and improving instruments before full-scale implementation. The translated results are suitable for use if the questionnaire statement items are easy for respondents to understand (Novrianda et al., 2024). Based on this, a pilot study needs to be conducted to ensure the clarity of each item.

In summary, this study demonstrates that content validation is not a purely statistical exercise but a reflective process that integrates expert judgment, educational context, and linguistic considerations. Although CVI and CVR indices provided valuable quantitative evidence to support content validity, decisions regarding item retention, revision, or elimination were primarily guided by conceptual relevance and clarity. Consequently, further pilot testing involving target respondents is necessary to establish face validity and optimize to enhance applicability and interpretability prior to its wider implementation.

Conclusion

This study produced an Indonesian version of the Quality Clinical Placement Evaluation (QCPE) instrument with good content validity in terms of relevance, clarity, and essentiality (I-CVI: 1,00; S-CVI/UA: 0.82-0.95; S-CVI/AVE: 0.94-0.98; and CVR: 0.33-1,00). Through a systematic translation and expert-based content validation process, the instrument was contextually adapted to Indonesian nursing education, resulting in a refined version comprising 20 items for the Professional Student questionnaire and 16 items for the Supervisory Nurse questionnaire. The removal of non-contextual items represents a key contribution, ensuring the instrument's conceptual alignment with local educational and clinical practice settings. A trial of the Indonesian language questionnaire needs to be conducted on a sufficient number of respondents to improve and correct the clarity of each item.

Future research should focus on empirical testing with a representative sample to further refine item clarity and to establish face validity. Additional psychometric evaluation, including construct validity testing using Exploratory Factor Analysis, Confirmatory Factor Analysis, or the RASCH model, as well as reliability assessment through internal consistency or RASCH-based analysis, is recommended to support the broader application of the Indonesian QCPE instrument.

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