

Cross-cultural cultural adaptation of the “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers” in Brazil

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ABSTRACT

Objective: to make across-cultural adaptation of the “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers” scale in Brazil. **Method:** the scale was tested regarding conceptual, item, semantic, and operational equivalence. **Results:** content validation was conducted by an expert committee with a minimum consensus level of 80%. This process resulted in a 35-item scale divided into 6 factors. The experts reached 100% consensus on the scale’s clarity of language, practical pertinence and theoretical relevance, as well as on the need for excluding one factor. Data were collected in 2013 in the city of Londrina, Paraná, Brazil. **Conclusion:** the instrument was cross-culturally adapted to Brazilian Portuguese and presented satisfactory content validity. We propose further studies on the scale’s psychometric properties, such as construct validity, internal consistency and reliability.

Key words: Psychiatric Nursing; Validation Studies; Education, Higher; Scales.

RESUMO

Objetivo: realizar a adaptação transcultural a escala *Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers* no Brasil. **Métodos:** os dados foram coletados em 2013, na cidade de Londrina-PR. As etapas metodológicas foram as de equivalência conceitual e de itens, equivalência semântica e equivalência operacional. **Resultados:** a validade de conteúdo realizada por um grupo de juízes, com o consenso mínimo de 80% resultou numa escala composta por 35 itens divididos em 6 fatores. Houve concordância de 100% dos juízes quanto aos parâmetros de clareza de linguagem, pertinência prática, e relevância teórica, assim como para exclusão de um fator. **Conclusão:** o instrumento está adaptado culturalmente para o Brasil, assim como apresenta validade de conteúdo satisfatória. São sugeridos estudos das propriedades psicométricas como a validade de construto, consistência interna e a confiabilidade do instrumento.

Descritores: Enfermagem Psiquiátrica; Estudos de Validação; Educação Superior; Escalas.

RESUMEN

Objetivo: hacer la adaptación transcultural de la escala “Nursing Students Attitudes Toward Mental Health Nursing and Consumers” en Brasil. **Métodos:** los datos fueron recogidos en 2013, en Londrina, Brasil. Los pasos metodológicos fueron la equivalencia conceptual y equivalencia semántica y operativa. **Resultados:** la validez de contenido hecho por uno grupo de

jueces, con un consenso de 80% resultó en una escala de 35 ítems, divididos en 6 factores. Hubo un acuerdo del 100% de los jueces para los parámetros de la claridad del lenguaje, la relevancia práctica y relevancia teórica, así como para la exclusión de uno factor. **Conclusión:** este instrumento ha sido culturalmente adaptado en Brasil, así como también presenta validez de contenido satisfactoria. Los estudios futuros se sugieren la evaluación de las propiedades psicométricas y validez de constructo, la consistencia interna y la fiabilidad del instrumento.

Palabras clave: Enfermería Psiquiátrica; Estudios de Validación; Educación Superior; Escalas.

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INTRODUCTION

Brazil has been upholding its commitment to follow the guiding principles for improving mental health services. However, as in many other countries, there are also barriers to this goal, which are, for the most part, political in nature. There is also the need for improving human resources, a process that should begin at the undergraduate level, as was indicated by an important scientific journal⁽¹⁾.

Nursing professionals are crucial to the articulation and consolidation of the principles of psychiatric reform and should thus invest in several strategies to change and revert the biological model on which psychiatric nursing has been built throughout its history. To this end, several approaches have been found to be necessary, such as honing work processes, nursing knowledge and undergraduate teaching. The latter was suggested by a study that presented a reflection on the role of nurses as educators and in reducing the stigma associated with mental illness and on the mental health nursing career⁽²⁾.

From a qualitative perspective, there is a great amount of research on mental health education and the conclusions are, in general, very similar. As an example, one researcher⁽³⁾ concluded that mental health courses are in a phase of transformation, seeking changes and at the same time, facing several obstacles. Above all, however, they have presented positive aspects for transforming the training of future nurses. Nonetheless, few recent quantitative studies have been conducted on the theme, and fewer still on mental health competencies, as was demonstrated by a literature review study with 215 articles⁽⁴⁾.

In Australia, studies on the same theme have demonstrated with more reliability that which has been detected by the Brazilian studies mentioned above. These studies also found that theoretical content and practical experience were important factors in the development of more positive attitudes before individuals affected by mental illness on behalf of nursing students. In Australia, such studies were influenced by the curricular remodeling of undergraduate nursing programs, suggested by a national survey aimed at improving the quality of mental health care provided by mental health services⁽⁵⁻⁸⁾.

Nevertheless, there are several factors that help form a panorama of poor nursing care, factors that are too complex to be studied globally. However, within the (in)direct relationship between academic training and improved professional practice, there are some particular/specific aspects that can be isolated and researched, such as the improvement of professional training, which indirectly influences in providing care

to individuals with mental illness that is based on the principles of decentralization of mental health services.

In Brazil, a pioneer study called "*Opinions about Mental Illness*"⁽⁹⁾ studied the attitudes and conceptions of health professionals regarding mental illness. The researchers validated a scale, also adapted for Brazilian reality, called Opinions about Mental Illness (OMI). This instrument is structured on factors such as authoritarianism and benevolence towards others to measure and qualify the opinions of health professionals about individuals with mental illness.

Since then, this instrument has been used in only one academic publication⁽¹⁰⁾. The authors used the instrument with nursing and medicine students, identifying changes in opinion regarding mental illness in terms of Authoritarianism, Benevolence and Social Restrictiveness⁽⁹⁾. In other countries⁽¹¹⁻¹²⁾, theoretical content and practical experience were important factors for developing more positive attitudes regarding individuals affected by mental illness, reducing the stigma presented by graduating nursing students. This result was also observed in a cohort study⁽¹²⁾.

In Victoria, Australia, a survey conducted with 703 students⁽¹³⁾ at the conclusion of their clinical experience in mental health assessed the contribution of the clinical internship to mental health services. The results revealed that several factors were involved in promoting a more favorable attitude towards mental health as a field of work for nursing. Such factors that contributed to a greater appreciation of mental health nursing included: amount of time spent with a preceptor, increased length of placement, such as eight hours, for example, and being a male student.

As theoretical framework, we adopted that which has been suggested by the empirical studies in the field of mental health education mentioned above. In terms of Brazilian studies, highlighting the latter⁽¹⁴⁾, and on the international level, the Australian studies^(5-6,8,11-13). In the main and most recent/last Brazilian study⁽¹³⁾, a wide-reaching survey was conducted on the theme, in which the researchers considered the complexity of the phenomenon of mental health education. They concluded that professionals should effectively adhere to the psychosocial model at the detriment of the biological model, as such models influence teaching methodologies, theoretical content and curricular organization. Consequently, they also influence the theoretical and practical discourse of teaching staff, which should guide the training of future nurses in the direction of deconstructing the stigma surrounding mental illness⁽²⁾.

Although the OMI is the only known and divulged instrument in the academic environment with this goal, and considering its non-specificity to nursing students, we searched all

currently available psychometric instruments on the theme in the field of psychiatric nursing, as needed to use an instrument directed at the area of psychiatric nursing and mental health. Thus, we found the “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers”⁽¹⁴⁾, which was translated as “*Atitudes dos estudantes de Enfermagem frente a Enfermagem de Saúde Mental e Usuários*”. However, in order to make it easier to be found when searching for adapted versions of the scale, we have kept the name in English, adding a BR at the end.

The goal of this instrument is to explore the relationships between preparedness, attitudes towards mental health nursing and consumers, and interest in a mental health nursing career, as well as the influence of the phase following clinical experience in this context. Thus, the concept being measured is nursing students’ attitudes toward mental health nursing, services, consumers and practice. The developer of the original instrument did not define the term “competence” as part of the subjective construct. Thus, we did not conduct a survey focused on mental health competencies, as we did not consider this the object of study.

The original scale was constructed through a study that conducted interviews with 687 nursing students in their mental health placement in 21 mental health services in Victoria, Australia⁽¹⁵⁾. The attitudes of these students toward mental health were measured with this instrument at two times: on the first day of the placement, the first 24 items of the instrument were given, and on the last day, when 14 additional items (items 25 to 29) were included, to assess the post clinical placement period.

The instrument consists of 24 statements (Section A) and four demographic questions (Section B), encompassing gender, university and year of study. The statements investigate the following three areas of the students’ perceptions and experiences: preparedness for the mental health field, attitudes toward mental illness and consumers and, finally, attitudes toward mental health nursing, including career preferences. On the last day of the clinical placement, the instrument was given to the students once more. Items 1, 10, 11 and 22 presented altered verb tenses and the other items were the same, with the exception of the added items 25 to 29. These items correspond to a subscale that assesses the nursing team’s availability to students, assessing how the clinical experience contributed to the students’ training and career choice.

The students responded to each of the statements using a seven-point Likert scale, in which 1 = completely disagree, 2 = strongly disagree, 3 = disagree, 4 = neither agree nor disagree, 5 = agree, 6 = strongly agree, 7 = completely agree. The final phase for assessing the structure of the pre-test questionnaire consisted in calculating Cronbach’s alpha to evaluate the internal consistency of the items that composed the subscales.

- Preparedness for mental health field (PMHF) – comprising statements 1, 4, 7, and 10 (higher scores represent a greater sense of preparedness);
- Knowledge of mental illness (KMI) – comprising statements 9, 18, 19, and 23 (higher scores represent a more informed attitude);
- Negative stereotypes (NS) – comprising statements 8, 21, and 24 (lower scores represent less-stereotyped beliefs);

- Future career (FC) – comprising statements 6 and 12 (higher scores represent a greater desire to pursue a career in mental health nursing);
- Course effectiveness (CE) – comprising statements 14 through 17 (higher scores represent the degree to which students’ university courses had prepared them for various areas of nursing);
- Anxiety surrounding mental illness (ASMI) – comprising items 3 and 5 (both reverse scored) and item 22 (higher scores represent lower levels of anxiety);
- Valuable contributions (VC) – comprising items 2, 11, and 20 (higher scores represent a stronger belief that psychiatric nurses provide a valuable service to consumers, the community, and students’ nursing careers);
- Strength of clinical placement (SP) – comprising statements 25 to 39 (higher scores indicate a greater readiness of staff for students on placements and a higher perceived level of clinical skill in staff involved with students).

OBJECTIVE

To conduct cross-cultural adaptation of the “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers” with undergraduate nursing students in Brazil.

METHOD

The original English version of the “*Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers*” was used for the Brazilian Portuguese translation and back-translation process to obtain an initial Brazilian version of the scale. Although there is no standardized procedure for the cross-cultural adaptation of scales, the framework adopted here came from the work of authors with experience in the field⁽¹⁶⁻¹⁹⁾ of cross-cultural adaptation of instruments measuring subjective constructs.

These researchers proposed that the following steps for cross-cultural adaptation be conducted sequentially, beginning with conceptual equivalence (literature review regarding the study of object and publications related to the original instrument, discussion with experts and target population), item equivalence (discussion with experts and target population), semantic equivalence (translation, back-translation, expert committee, pre-test), operational equivalence (assessment on the format, mode of application and categorization, instructions and application scenario conducted by a group of researchers), measurement equivalence (psychometric studies such as validity, reliability, internal consistency, etc.). Finally, functional equivalence is assessed, a result of the previous steps. This process can then be replicated with different populations than that studied originally so that the instrument can also be relevant to populations other than those used in the validation process.

Conceptual and item equivalence

In this phase, we conducted a literature review of publications from the cultures of the source instrument and that of the target-population (psychiatric/mental health nursing in Australia and Brazil). We also analyzed pedagogical teaching

proposals in Australia, particularly those from the universities that participated in the scale's construction. Furthermore, we requested permission via e-mail from the instrument's developer, Brenda Happel, for conducting the adaptation and validation of the scale in Brazil.

The instrument was chosen due to the researcher's commitment to research on the topic, a feature also identified in the studies mentioned before. Our literature review revealed that there have also been changes in the field of mental health education in the form of curricular reform, which has also defined the competencies to be developed by students in the field of psychiatric/mental health nursing.

Semantic equivalence

In light of the above, three independent forward translations into Brazilian Portuguese were produced by professionals with ample experience and knowledge of the English language. We ensured that none of the translators knew each other before the translation process. One translator was a psychologist and university professor who conducted research in the field of mental health. The second translator was a nurse and university professor fluent in English, and the third held a BA in Languages and Literature and was fluent in English as well.

This process resulted in translation 1 (T1), translation 2 (T2) and translation 3 (T3). After this phase, we arranged a meeting with the translators and the researchers of the study to compare any possible discrepancies between the original scale and T1, T2 and T3. This analysis resulted in translation 1-2-3, or T(1-2-3), the first version of the Brazilian Portuguese scale. The next step in the process of verifying semantic equivalence was producing back-translations of T1-2-3. To this end, two bilingual translators residing in Brazil, one from the United States (responsible for BT1) and the other from the United Kingdom (responsible for BT2), and who had no had any prior contact with the original instrument, produced back-translation 1 (BT1) and back-translation 2 (BT2). Next, the translations and back-translations were submitted to the appraisal of an expert committee and of the original scale's developer, who agreed with the version presented and did not express any opinion on the back-translations.

A committee of five experts, all of whom were university professors, assessed the instrument. The first worked with education, another was a psychologist specialized in behavioral analysis and psychometrics and the other three were doctors of psychiatric nursing with experience in psychiatric and mental health nursing education. For this process, the experts were given the validation material in its entirety (assessment spreadsheet, original version, T2, T3, T1-2-3, BT1 and BT2). They also received instructions on the parameters for assessing the items, how to use the scale, and calculate and interpret the scores, in addition to conceptual definitions on each of the scale dimensions, in accordance with its original version.

In this phase, the experts assessed the instrument regarding its semantic and idiomatic equivalence, and conceptual and cultural equivalence. To this end, the experts had to reach a consensus with respect to the clarity of the language (if the item was clear to the target population); practical pertinence (if the item was important to the practice of the object of study); the theoretical

relevance of each of item on the instrument; (if it was suited to the theory and construct it intended to measure). The experts were given a form to record their opinions on each of the items.

Following this phase, the second preliminary version of the instrument was produced. In order to verify content validity, that is, if the items that composed the instrument adequately represented the instrument's content of interest, calculating the percentage of consensus among the experts on each item, according to the aforementioned parameters.

Content validity

Content validity refers to the degree to which a test constitutes a representative sample of a finite universe of behaviors. In this phase, the researcher must assess if all of the relevant aspects to the object of study are included in the instrument and if there are any irrelevant items.

Although there is no method recommended for conducting content validity, researchers⁽¹⁷⁻¹⁸⁾ have suggested simple mathematical methods for increasing the reliability of this validation phase, which is subjective in nature. The recommendation is to calculate the percent of consensus, which is equivalent to the ratio of experts who agreed to those who did not agree with each item multiplied by 100%, thus indicating the experts' percentage of consensus.

We adopted an 80% minimum consensus level (at least four of the five experts had to agree) in order to maintain or re-evaluate an item, according to the parameters of practical and theoretical relevance and clarity of language.

On finishing the semantic equivalence phase, or the pilot study, the items in the second preliminary version were adjusted to the target population of the scale. This adjustment was aimed to ensure satisfactory comprehension of the items on the questionnaire.

Operational equivalence

Based on the suggestions of the research group, an open question was formulated, asking for the opinion of the subject on the instrument's items. Furthermore, an introductory heading explaining the purpose of the instrument and the absence of right or wrong answers was included in order to obtain the most sincere answers possible. The next steps for determining equivalence will be conducted in future studies and published posteriorly.

Ethical aspects

This study was approved by the research ethics committee of the State University of Londrina (UEL), as per Certificate of Ethical Appreciation (CAAE)no.12795513.6.0000.5231.

Sample characteristics

We included students enrolled in the mental health course at the time of the study and excluded any students diagnosed with a severe mental illness. No subjects were excluded at this point of the study.

The pilot study was conducted with 30 undergraduate nursing students in their 4th and final year of training, in the state of Paraná, Brazil. The students were given the scale on the first and last day of their mental health discipline, separated by a 29-day interval.

RESULTS

As the scale was applied at two different times, items no. 01, 10, 11 and 22 were written using different verb tenses,

as they aimed to assess the beginning and end of the course. Therefore, the following table presents these variations in verb tense, as they are the same item. Table 1 presents the prefinal version of the adapted instrument.

Table 1 - Prefinal version of the scale “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers”-BR, for use in Brazil, Londrina, Paraná, 2013

Item	Factor/statements
	Capacitação para o campo de saúde mental (Preparedness for mental health field)
01	Eu me sinto/me senti bem preparado para meu estágio clínico em psiquiátrica/saúde mental. (I feel/felt well prepared for my psychiatric/mental health clinical placement).
04	Eu tenho boa compreensão do papel do enfermeiro psiquiátrico. (I have a good understanding of the role of a psychiatric nurse).
07	Eu me sinto confiante quanto a minha habilidade de cuidar de pessoas que vivenciam um problema de saúde mental. (I will apply for a Graduate Program in psychiatric/mental health nursing).
10	As aulas teóricas de enfermagem psiquiátrica/saúde mental irão me preparar/me prepararam bem para o estágio clínico. (My theoretical component of psychiatric/mental health nursing has prepared me well for my clinical placement).
	Conhecimento sobre saúde mental (Knowledge of mental illness)
09	Transtorno mental não é sinal de fraqueza em uma pessoa. (Mental illness is not a sign of weakness in a person).
18	Alguém que conheço vivenciou um problema de saúde mental. (Someone I know has experienced a mental health problem).
19	Quando uma pessoa desenvolve um transtorno mental, não é culpa dela. (When a person develops a mental illness it is not their fault).
23	O modo como as pessoas com transtorno mental se sentem pode ser afetado pelas atitudes das outras pessoas em relação a elas. (The way people with mental illness feel can be affected by other people’s attitudes towards them).
	Estereótipos negativos (Negative stereotypes)
08	Pessoas com transtornos mentais são imprevisíveis. (People with mental illness are unpredictable).
21	Pessoas com transtorno mental não conseguem lidar com muitas responsabilidades. (People with mental illness can’t handle too much responsibility).
24	Pessoas com transtorno mental são mais propensas a cometer delitos ou crimes. (People with mental illness are more likely to commit offences or crimes).
	Carreira futura (Future career)
06	Eu vou fazer a Pós-graduação em enfermagem psiquiátrica/saúde mental. (I will apply for a Graduate Program in psychiatric/mental health nursing).
12	Eu pretendo seguir uma carreira em enfermagem psiquiátrica/saúde mental. (I intend to pursue a career in psychiatric/mental health nursing).
	Ansiedade em relação ao transtorno mental (Anxiety surrounding mental illness)
03	Estou ansioso quanto ao trabalho com pessoas que vivenciam um problema de saúde mental. (I am anxious about working with people experiencing a mental health problem).
05	Eu tenho boa compreensão do papel do enfermeiro psiquiátrico. (I am uncertain how to act towards someone with a mental illness).
22	Eu me sinto/senti seguro para/durante este estágio clínico de psiquiatria/saúde mental. (I feel safe about this psychiatric/mental health placement).
	Contribuições valiosas (Valuable contributions)
02	A enfermagem psiquiátrica/saúde mental traz uma contribuição positiva para pessoas que vivenciam um problema de saúde mental. (Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem).
11	O estágio clínico em enfermagem psiquiátrica/saúde mental irá me proporcionar/me proporcionou uma experiência valiosa para a minha prática em enfermagem. (This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice).

Continues

Table 1 (cont.)

20	Serviços de saúde mental oferecem assistência valiosa a pessoas que vivenciam problemas de saúde mental. (Mental health services provide valuable assistance to people experiencing a mental health problem).
	Pós-estágio clínico (Strength of placement)
25	Eu fui encorajado pela equipe de enfermagem a considerar a enfermagem psiquiátrica/saúde mental como uma carreira. (I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career).
26	Eu fui bem supervisionado em meu estágio clínico. (I was well oriented to my placement).
27	Eu me sentia colhido pela equipe de enfermagem durante meu estágio clínico. (I felt supported by nursing staff during my clinical placement).
28	Meu estágio clínico foi longo o suficiente para consolidar meu conhecimento de enfermagem psiquiátrica/saúde mental. (My clinical placement was long enough to consolidate my understanding of psychiatric/mental health nursing).
29	A equipe de enfermagem estava muito ocupada para me oferecer apoio adequado. (Nursing staff were too busy to provide me with proper support.)
30	Eu me senti mais acolhido neste estágio clínico do que me senti em outros estágios. (I felt better supported in this clinical placement than I have on other clinical placements).
31	Eu me senti acolhido por meu supervisor clínico/professor. (I felt supported by my clinical teacher/preceptor).
32	Fui encorajado a me envolver no cuidado aos pacientes durante o estágio clínico. (I was encouraged to become involved with patients care whilst on placement).
33	A equipe de enfermagem foi acolhedora com os alunos no estágio clínico. (Nursing staff were welcoming of students on placement).
34	A equipe de enfermagem estava preparada para me receber. (Nursing staff were prepared for my arrival).
35	A equipe de enfermagem estava familiarizada com os objetivos de aprendizagem do meu curso (Nursing staff were familiar with the learning objectives of my course).
36	Eu gostei do meu estágio em psiquiatria/saúde mental. (I enjoyed my psychiatric/mental health placement).
37	A equipe de enfermagem demonstrou um alto nível de habilidades clínicas. (The nursing staff demonstrated a high level of clinical skill).
38	A equipe de enfermagem tratou os pacientes com respeito e dignidade. (The nursing staff treated patients with respect and dignity).
39	A equipe de enfermagem foi sensível aos meus pedidos de esclarecimento ou ajuda. (The nursing staff were responsive to my requests for clarification or assistance).

DISCUSSION

Regarding the assessment of the back-translations, one researcher⁽²⁰⁾ suggested two important parameters for comparing between them. The first is language comparability, which refers to the formal similarity between words, phrases and sentences. The second parameter is similarity of interpretability, which refers to the level at which the two versions produce the same response, should they be written with different wording. In theory, back-translated items can differ from the original linguistic form and from the original meaning. Ideally, the corresponding items should present similar meaning and similar language forms.

When assessing the comparability of language and similarity of interpretability, the U.S. translator used the word "eager" in item three to translate the Portuguese word "*ansiedade*," while the other back-translation produced by the U.K. translator used the word "anxious". However, the U.S. translator commented that "eager" has a positive connotation, and that the authors of the scale should choose the word according to the meaning they intended. In the original instrument, the word is meant with a negative connotation as attributed by the developer of the scale and, according to her preference, the word "anxious" was maintained as the back-translated term.

The subjects' opinion on the scale

The students were presented with the following question: "*What is your opinion on the items of the scale? Are they important, clear, useful, etc.? Should you feel the need, leave a comment for each item.*" The answers provided are summarized below. Of the 30 subjects, 13 manifested doubt regarding the clarity of items 14 and 17, indicating that 43% of the interviewed subjects, who are object of the study, had difficulties related to the comprehension and relevance of those items. The other 17 subjects (57%) reported that the items were clear and pertinent.

The expert committee made a unanimous decision to re-assess items 14-17, suggesting that a request be sent to the developer of the original scale regarding the objective of these items in the instrument, who responded that the questions are aimed at comprehending the students' opinions about the fields of practice before beginning their clinical placement. In this manner, comparisons can be conducted between different specialties. However, the author suggested that, in case the researchers did not consider the items pertinent, they could be removed from the instrument.

Thus, one more meeting was held with the expert committee, who unanimously decided to exclude the subscale

“effectiveness of clinical practice,” consisting of items 14, 15, 16 and 17.

Such a decision is not common in cross-cultural adaptations of instruments measuring subjective constructs, although it has been reported by researchers with broad experience in the field^(17,19). However, considering the debate and assessment made by the expert committee and also those of the pre-test subjects, the authors of this study consider this to have been an appropriate decision that can eventually take place in this kind of study^(17,19). The basic principles for creating psychometric items were also taken into consideration, which recommend that they be clear, concise, relevant and useful^(17,19). Thus, the fact that 13 out of 30 students reported doubt, together with the debate conducted by the expert committee and support of the developer of the scale, ensures the legitimacy of this decision.

The four eliminated items made sense within the educational context of the country of origin, as Australia has gone through transformations that led to the creation of a general basic curriculum with content in areas considered fundamental (medical-surgical, pediatrics, mental health and older adult care), called the pre-registration curriculum. On the conclusion of this initial phase of academic training and being qualified for basic work, the professional must choose which of these careers to follow and to specialize in⁽²¹⁾. Although the Australian curriculum encompasses the same view of general nursing as that recommended in the Brazilian national curricular directives for undergraduate nursing programs, it does not include the field of collective health, which is considered important⁽²²⁾ according to these guidelines. Thus, as professional nursing practice in Australia is completely different from that in Brazil, these items were not adequate to the academic and professional context of Brazilian nurses.

FINAL CONSIDERATIONS

The “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers” scale was successfully translated and cross-culturally adapted for Brazil. The methodological process was based on international guidelines for this type of study, which allows us to conclude that the translated and cross-culturally adapted scale presents satisfactory content validity.

This study paves the way for further research related to the use of the “Nursing Students’ Attitudes Toward Mental Health Nursing and Consumers”-BR scale in Brazil, among them the validation of its psychometric properties, such as construct validity and reliability. Other studies can also investigate the attitudes of graduating nurses in Brazil toward mental health nursing and individuals affected by mental illness. Such studies can contribute to improving the academic training of future nurses and help strengthen the effort to increase the appreciation given to the mental health nursing specialty, guided by the principles of the Brazilian psychiatric reform.

The present study represents a significant advance in psychiatric nursing, specifically in the theme of mental health education. Having a validated instrument available in the Brazilian Portuguese language to measure the attitudes and conceptions regarding mental health nursing can help improve the mental health specialty, education and care, which ultimately contributes to enhancing the care and training provided in the field.

Lastly, we emphasize that the translated scale has great potential for application in the academic environment, providing a more objective method to assess mental health education and to increase the appreciation given to this specialty within the field of nursing, a specialty that has received very little attention in Brazil.

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