Original Article

Validation by experts: importance in translation and adaptation of instruments

Validação por peritos: importância na tradução e adaptação de instrumentos

Validación por expertos: importancia en la traducción y adaptación de instrumentos

Carlise Rigon Dalla Nora[a]
Elma Zoboli[b]
Margarida M. Vieira[a]

How to cite this article:
Dalla Nora CR, Zoboli E, Vieira MM. Validation by experts: importance in translation and adaptation of instruments. Rev Gaúcha Enferm. 2017;38(3):e64851. doi: http://dx.doi.org/10.1590/1983-1447.2017.03.64851.

doi: http://dx.doi.org/10.1590/1983-1447.2017.03.64851

ABSTRACT

Objective: To present the content validation by experts as an essential step in validation, translation and cultural adaptation of psychometric instruments, having the example of the questionnaire of moral sensitivity in Portugal and Brazil.

Method: This is a methodological study, with a committee of twelve experts, seven from Brazil and five from Portugal. The data collection and analysis occurred in 2015, between the months of September and October in Portugal and November and December in Brazil.

Results: Of the 30 items presented to the experts, 20 had adaptation suggestions. Some adjustments were necessary so that the items were clear and easily comprehensible. The final version remained with 28 items.

Conclusion: The content validation of psychometry instruments by a committee of experts is essential for researchers and nurses, who are increasingly concerned about the use of reliable and appropriate measures for research and evaluation of care.

Keywords: Surveys and questionnaires. Validation studies. Nursing research. Peer review.

RESUMO

Objetivo: Apresentar a validação de conteúdo por peritos, como etapa essencial da validação, tradução e adaptação cultural de instrumentos de psicometria, tendo como exemplo o processo de adaptação realizado com o questionário de sensibilidade moral para Portugal e Brasil.

Método: Trata-se de estudo metodológico, com um comitê de doze peritos, sete do Brasil e cinco de Portugal. A coleta e análise dos dados ocorreu em 2015, entre os meses de setembro e outubro, em Portugal e novembro e dezembro, no Brasil.

Resultados: Dos 30 itens apresentados aos peritos, 20 tiveram sugestão de adaptação. Algumas adaptações foram necessárias para que os itens ficassem claros e de fácil compreensão. A versão final permaneceu com 28 itens.

Conclusão: A validação de conteúdo dos instrumentos de psicometria por um comitê de peritos é essencial para pesquisadores e enfermeiros, cada vez mais preocupados em utilizar medidas confiáveis e apropriadas para pesquisas e avaliação da assistência.

Palavras-chave: Inquéritos e questionários. Estudos de validação. Pesquisa em enfermagem. Revisão por pares.

RESUMEN

Objetivo: Presentar una validación de contenido por los expertos como un paso esencial en la validación, la traducción y adaptación cultural de los instrumentos psicométricos, tomando el ejemplo del cuestionario de la sensibilidad moral a Portugal y Brasil.

Métodos: Se trata de un estudio metodológico, con un comité de doce expertos, siete de Brasil y cinco de Portugal. La recolección y el análisis de los datos se llevó a cabo en 2015, entre los meses de septiembre y octubre en Portugal y en noviembre y diciembre, en Brasil.

Resultados: De los 30 ítems presentados a los expertos, 20 tuvieron sugerencia de adaptación. Algunos ajustes fueron necesarios para que los elementos quedaran claros y fácilmente comprensibles. La versión final se mantuvo con 28 ítems.

Conclusión: La validación de contenido de los instrumentos de psicometría por un comité de expertos es esencial para investigadores y enfermeras, cada vez más preocupados en utilizar medidas confiables y apropiadas para investigaciones y evaluación de la asistencia.

Palabras clave: Encuestas y cuestionarios. Estudios de validación. Investigación en enfermería. Revisión por pares.

[a] Universidade Católica Portuguesa, Centro de Investigação Interdisciplinar em Saúde, Instituto de Ciências da Saúde. Porto, Portugal.

[b] Universidade de São Paulo (USP), Escola de Enfermagem, Departamento de Enfermagem em Saúde Coletiva. São Paulo, São Paulo, Brasil.

INTRODUCTION

In the health area, there is a growing number of questionnaires and scales available that seek to verify and evaluate phenomena determined in different areas of assistance and research[1], and it is fundamental that these instruments have trustworthiness and credibility.

Many instruments are produced in one language and then translated into others. The validation by experts is an important step in these processes of translation and cultural and linguistic adaptation of scales and questionnaires. For the evaluation of the quality of the instruments, the most important attributes or properties are: validity; Reliability, practicality, sensitivity and responsiveness. The determination of these attributes is particularly essential in the translation and adaptation of a questionnaire, since it allows the verification of the methodological quality of the instrument used[1].

In the validation of instruments, psychometrists recommend, fundamentally, techniques that aim at verifying the validity of: construct; criterion and content[2]. The validation of content by experts seeks to improve the content of the instrument, making it more reliable, accurate, valid and decisive in what it proposes to measure[3]. The validation by experts is the judgment made by a group of experts experienced in the thematic area of the instrument, who can analyze the correctness, consistency and adequacy of the content[4].

The validation of content is essential in the development of a questionnaire, since it allows verifying how much the included items correspond to the theoretical construction that underlies the instrument, in order to make possible to evaluate the phenomenon of interest. That is, it allows to verify if the items included in the instrument are representative and relevant to cover the phenomenon, considering the possibilities of questions about the topic under study[1].

The term expert has been used to describe the study participants, who validated the content of the Moral Sensitivity Questionnaire (MSQ). The terms specialist or experts are used as synonyms of expert in the literature, but there are discrete differences between them. The word expert refers to the professional who has improved the knowledge and skills in the subject of the instrument as a result of the professional exercise, that is, the expert is the professional who has acquired mastery of different dimensions of his/her knowledge and who did it while exercising his/her profession. The term specialist refers to the professional who is dedicated, especially or exclusively, to the study or to a particular branch of his/her profession[5].

The moral sensibility object of the Moral Sensitivity Questionnaire (MSQ) is understood as the contextual and intuitive understanding of the patient's vulnerability situation, considering the ethical consequences of the decisions taken in the patient's name[6]. It is relevant to publicize and discuss instruments to verify the moral sensitivity of nurses, since the ethical responsibility often surpasses the technical responsibility in the practice of the profession. Thus, nurses are expected to be sensitive to the ethical problems that occur in patient care regarding the ethical and technical excellence of the care provided[7].

The moral sensitivity questionnaire is a self-administered questionnaire originally developed for Swedish nurses. It has 30 items with statements that refer to the inclusion of the patient's view, will and benefit in the decision making of the nurse. Each item is a Likert-type scale with 7 response options (1 being "completely in agreement" and 7 "Completely in disagreement")[6]. The items are distributed in six theoretical dimensions of moral sensitivity: interpersonal orientation, structuring of the moral meaning, benevolence, autonomy, experience of the moral conflict and confidence in the professional's knowledge[6].

In the literature, there is a considerable amount of research that used the MSQ with nurses in different countries[6-11] as in Sweden [6], Korea[9-10] and Turkey[11]. The article aims at presenting the validation of content by experts, as an essential step in the validation, translation and cultural adaptation of psychometrics instruments, taking as an example the adaptation process performed with the moral sensitivity questionnaire for Portugal and Brazil.

METHOD

This is a descriptive, methodological study developed within the scope of the nursing doctorate, which investigates the moral sensitivity of nurses in Primary Healthcare (PHC) in Portugal and Brazil. In this study, the participants were experts from Portugal and Brazil. The translation and adaptation of the MSQ into Portuguese from Portugal and Brazil followed a widely used translation and adaptation protocol[4]. In the first step, the authorization of the author of the original study was obtained[6]. The contact with the author of the scale, by electronic means, was maintained during all the stages of the translation of the instrument.

In the second stage, the 30 items of the MSQ were translated from the original in English into Portuguese by two independent and qualified translators in each country. In Portugal, one of the translators was a professional linguist, graduated in Languages, with specialization in English and with experience in the area. The second was a

master in nursing, proficient in English, and with experience in ethics. In Brazil, the two translators were professional linguists, being one of them graduated in Languages, with a specialization in English and experience in the field. The second was translator of a renowned company of simultaneous and written translation in Brazil. Each translator has received guidelines to carry out his work, and emphasis was placed on the semantic equivalence.

In the third stage, the committee of experts for the validation of the content of the translated instrument was constituted. This step is the subject of this article. The committee of experts reproduced a multidisciplinary team[1], with professionals who meet the requirements: to be in the area of nursing, health or bioethics; to have a minimum master degree; to be a researcher on issues related to ethical issues, with publication in the area[4].

The identification of the experts was made by searching the Lattes Platform for Brazil and De Góis, in Portugal. Professionals of the relational universe of the researchers have also been included. The data collection and analysis occurred in 2015, between September and October, in Portugal and November and December, in Brazil.

Of the 15 experts contacted, three from Brazil did not respond to the invitation, so the participants were 12 experts, seven from Brazil and five from Portugal. It has been decided the use of an odd number of experts to avoid tie in opinions. The contact, via e-mail, registered on the platforms, contained the invitation to participate in the study and clarified the objectives of the research. At the end of the email there was a questionnaire link, elaborated in Google Docs. The first item of the questionnaire was the Free and Informed Consent Term, in which the expert agreed or not to participate in the research (Figure 1). In case of non-agreement, the instrument was automatically closed.

The purpose of the committee, or panel, of experts was to consolidate the translated version of the questionnaire by means of equivalence in four areas: Semantics (evaluates the meaning of the words to preserve the meaning and the formulation of items); Idiomatic (translation of idiomatic and colloquial expressions that cannot be translated literally, but must be adapted); Cultural (coherence among the terms used and the experiences of the professionals to which the questionnaire is intended, in order to verify the adequacy of this to the cultural context); Conceptual (equivalence of meaning and concept, that is, the adequacy of concepts to the language of the specific context in which the translation is intended)[4].

In Brazil, the MSQ translated by the Brazilian translators was sent to the expert committee of Brazil. In Portugal, the MSQ translated by the Portuguese translators was sent to the expert committee of Portugal. For the committee of experts of each country, it was requested that: they selected one of the two translations presented, analyzed the

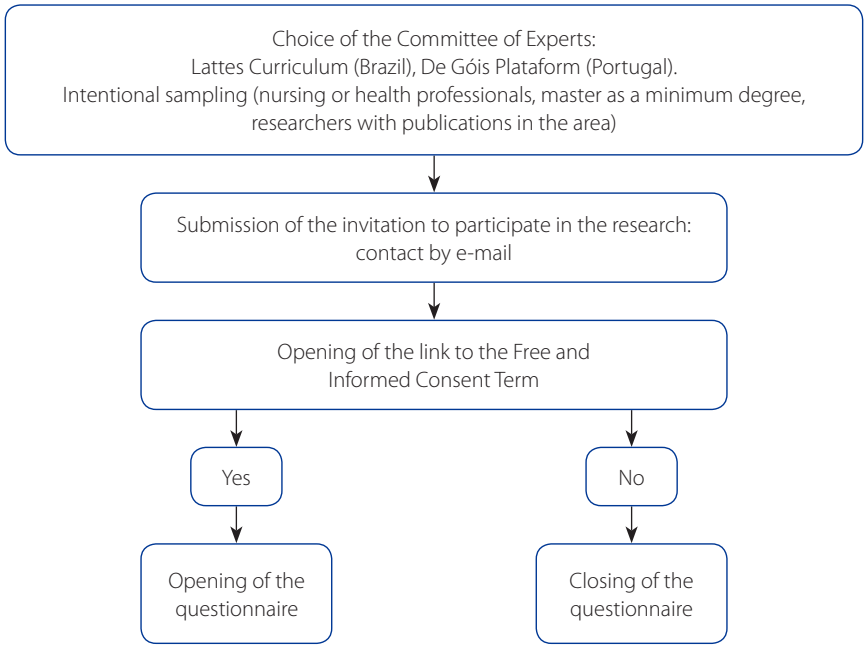

Figure 1 – Flowchart of the data collection stage with the Committee of Experts, Porto, Portugal

Source: Research data, 2015.

content of the instrument; modified or excluded items that are inappropriate for the questionnaire, and, if they wish, proposed a new version for the items.

The team of researchers determined that items with more than 51% of agreement would be selected to compose the "Portuguese" version of the MSQ[12]. When there was a suggestion for a new adaptation, these have been considered as long as they did not change the meaning of the item. Even though there were an odd number of experts, there was a tie in some items, this is justified because when an expert suggested a redrafting, they did not opt for the items of the translation. In these cases, the research team selected the item that was most similar to the new version.

The approval protocol of the research project was approved on August 11, 2015 by the Research Ethics Committee of the Nursing School of the Universidade de São Paulo, under the opinion No. 1,180,518. The ethical principles have been followed at all stages of the study.

RESULTS

Of the 12 experts, 11 had a PhD. The expert who did not have the title of doctor, was a master with a doctorate in progress. Seven of the 12 experts were university professors. As for the areas of training of the experts, seven were of the nursing, two of the bioethics, two of the medicine and one of the philosophy. As it was a criterion of inclusion of the study, everyone had at least one publication on the subject under study. Chart 1 shows an example of how the data collection was carried out with the experts. All the other 29 items followed the same presentation structure.

After the online return of the questionnaire completed by the experts, the responses were tabulated, comments and suggestions sorted into a table for analysis, as shown in chart 2.

In column 1, the items of the original questionnaire in English[6] were described. In the second column, the version of the translator 1 was presented and in the third column, the number of experts who chose this translation. The fourth column contained the translation carried out by translator 2, and in the fifth column the number of experts who chose this translation was recorded. The sixth column presented the number of experts who considered the appropriate item for the MSQ in the versions for Portuguese of Portugal and Brazil. In the seventh column, the suggestions for the adaptations of the items made by the experts were presented, and the last column presented the final version of the item into Portuguese of both countries.

Some adaptations were necessary to make the items of the questionnaire clear and easy to understand; the experts suggested adaptations for 20 of the 30 items presented. Chart 3 presents some of these suggestions.

After this stage, the final version of the MSQ for Portuguese, suitable for nurses, had 28 items, in Portugal and Brazil (Chart 4). The MSQ was retro-translated and compared to the original English version of the instrument by the researchers. The final translated retro version was sent to the MSQ author who gave a favorable opinion.

Some changes arise due to differences in the health systems of each country. In Portugal it is after the 1974 revolution that the right to protection and defense of health is recognized, through the creation of a universal, free and universal National Health Service. In 1989, this term was revised as "tendentially free". The health cen-

If I should lose the patient's trust I would feel that my work would lack meaning.
T_1: Se eu perdesse a confiança do paciente, eu sentiria que o meu trabalho não teria sentido.
T_2: Se eu perder a confiança do paciente, eu sentiria como se o meu trabalho não tivesse significado.
Do you consider this item appropriate for Brazilian/Portuguese nurses?
☐ Yes
☐ No
Suggestion for adaptation:
_____

Chart 1 – Model of data collection form sent to the committee of experts, Porto, Portugal

Source: Research data, 2015.

Original Version	Translation 1	Nº of experts	Translation 2	Nº of exper	Appropriate item	Suggestion	Final Version

Chart 2 – Instrument used for data analysis after the response of the committee of experts, Porto, Portugal

Source: Research data, 2015.

Original MSQ* Item	Suggestions from the Experts of Portugal (P) and Brazil (B)	Version of the Portuguese (P) and Brazilian (B) MSQ *after the committee of experts
8. If a patient does not have insight into the illness, there is little I can do for him or her.	• Se um doente não tem conhecimento/compreensão sobre a sua doença, devo adotar estratégias que lhe permitam ser adequadamente esclarecido. (Perito P) • Se um paciente não tem conhecimento sobre a doença, há muito o que fazer por ele ou ela. (Perito B)	• Se um paciente não aceita a sua doença, há pouco que eu possa fazer para ele(a). (Versão P e B)
9. I am often confronted by situations in which I experience conflict in how to approach the patient	• Substituir "experiencio" por "sinto". (Perito P) • Vivencio frequentemente situações conflituosas que não sei como abordar o paciente. (Perito B)	• Eu sou muitas vezes confrontado por situações em que experiencio conflitos no modo como abordar o paciente. (versão P) • Eu sou muitas vezes confrontado com situações em que me deparo com conflitos sobre como abordar o paciente. (versão B)
16. I think that good psychiatric care often includes making decisions for the patient.	• Penso que os bons cuidados de enfermagem incluem tomar decisões com o doente. (Perito P) • Penso que um bom cuidado de enfermagem frequentemente inclui tomar decisões pelo paciente. (Perito P) • Eu acredito que boa assistência de enfermagem inclui ter o consentimento do paciente. (Perito B) • Eu acredito que o bom cuidado de enfermagem inclui frequentemente tomar decisões para o paciente. (Perito B)	• Penso que o bom cuidado de enfermagem, muitas vezes inclui a tomada de decisões pelo paciente. (versão P) • Eu acredito que o bom atendimento de enfermagem, muitas vezes, inclui tomar a decisão pelo paciente. (versão B)
30. I find meaning in my role even if I do not succeed in helping a patient to gain insight into his or her illness.	• Eu encontro sentido na minha profissão mesmo se eu não conseguir ajudar um paciente a ter consciência de sua doença. (Perito P) • Substituir "função" por "atividade". (Perito B) • Eu encontro sentido na minha função, mesmo quando não consigo ajudar os meus pacientes a tomarem consciência da sua doença. (Perito B)	• Eu encontro sentido na minha atividade, mesmo quando não consigo ajudar um paciente a ter consciência de sua doença. (versão P) • Eu encontro sentido na minha atividade, mesmo quando não consigo ajudar um paciente a tomar consciência da sua doença. (versão B)

Chart 3 – Suggestions made by the committee of experts, Porto, Portugal

Source: Research data, 2015.
*MSQ – *Moral Sensitivity Questionnaire*

ters are the ones that most concretely realize the possibility of access to primary healthcare for the Portuguese population[13].

In Brazil, the Brazilian Federal Constitution enacted in 1988 defined the legal bases for the organization of the Unified Health System (SUS), following the doctrinal principles of universality, equity and completeness. The Family Health Strategy (FHS) became the official policy of SUS for the organization of primary health services, which has its family-centered and community-oriented assistance[14].

DISCUSSION

The results of the content validation the experts identified the need for some adaptations in the questionnaire due to the peculiarities of the Portuguese language in Portugal and Brazil. It is necessary to be attentive, in the adaptation of instruments, to the cultural context and the differences of the native language of each place, so that they are used in countries different from where they have been originally developed[4]. That is, it is not enough to car-

MSQ* Portugal	MSQ* Brazil
1. É da minha responsabilidade como enfermeiro conhecer o paciente na sua globalidade.	1. É minha responsabilidade como enfermeiro conhecer o paciente na sua globalidade.
2. O meu trabalho não teria sentido se eu não visse melhoria nos meus pacientes.	2. O meu trabalho não teria sentido se eu nunca visse melhoria nos meus pacientes.
3. É importante que eu obtenha uma resposta positiva do paciente em tudo o que eu faça.	3. É importante que eu obtenha uma resposta positiva do paciente em tudo o que eu faça.
4. Quando eu preciso de tomar uma decisão contra a vontade do paciente, faço-o de acordo com a minha opinião sobre o que é a melhor prática.	4. Quando eu preciso tomar uma decisão contra a vontade do paciente, eu faço de acordo com a minha opinião sobre o que é o bom cuidado.
5. Se eu perdesse a confiança do paciente, sentiria que o meu trabalho não teria sentido.	5. Se eu perdesse a confiança do paciente, sentiria que o meu trabalho não teria sentido.
6. Quando tenho de tomar decisões difíceis para o paciente, é importante ser sempre honesto com ele(a).	6. Quando eu tenho que tomar decisões difíceis para o paciente, é importante sempre ser honesto com ele (a).
7. Acredito que uma boa prática de enfermagem inclui o respeito pela decisão do paciente.	7. Acredito que a boa assistência de enfermagem inclui o respeito pela decisão do paciente.
8. Se um paciente não aceita a sua doença, há pouco que eu possa fazer para ele(a).	8. Se um paciente não aceita a sua doença, há pouco que eu possa fazer para ele(a).
9. Eu sou muitas vezes confrontado por situações em que experiencio conflitos no modo como abordar o paciente.	9. Eu sou muitas vezes confrontado com situações em que me deparo com conflitos sobre como abordar o paciente.
10. Acredito que é importante ter princípios firmes para cuidar de certos pacientes.	10. Acredito que é importante ter princípios firmes para cuidar de certos pacientes.
11. Muitas vezes enfrento situações em que é difícil saber qual ação é eticamente correta para um paciente em particular.	11. Muitas vezes eu enfrento situações em que é difícil saber qual ação é eticamente correta para um paciente em particular.
12. Se sou desconhecedor da história de um paciente, sigo as regras disponíveis.	12. Se eu não estiver familiarizado com o histórico do caso de um paciente, sigo as regras disponíveis.
13. O mais importante na minha prática de enfermagem é a minha relação com os pacientes.	13. O mais importante na minha prática de enfermagem é o meu relacionamento com os pacientes.
14. Muitas vezes encaro situações nas quais tenho dificuldade em permitir que o paciente tome a sua própria decisão.	14. Muitas vezes enfrento situações em que tenho dificuldade em permitir que o paciente tome a sua própria decisão.
15. Baseio sempre as minhas ações no conhecimento de enfermagem de qual é o melhor tratamento, mesmo que o paciente proteste.	15. Baseio sempre minhas ações no conhecimento de enfermagem de qual é o melhor tratamento, mesmo que o paciente proteste.
16. Penso que o bom cuidado de enfermagem, muitas vezes inclui a tomada de decisões pelo paciente.	16. Eu acredito que o bom atendimento de enfermagem, muitas vezes, inclui tomar a decisão pelo paciente.
17. Quando estou inseguro, confio maioritariamente no conhecimento dos médicos acerca dos pacientes.	17. Quando estou inseguro, confio principalmente no conhecimento dos médicos acerca dos pacientes.
18. Acima de tudo, são as reações dos pacientes que me mostram que eu tomei a decisão certa.	18. Acima de tudo, são as reações dos pacientes que me mostram que eu tomei a decisão certa.
19. Frequentemente penso acerca dos meus valores e normas que podem influenciar as minhas ações.	19. Frequentemente penso acerca dos meus valores e normas que podem influenciar as minhas reações.

Chart 4 – Moral Sensitivity Questionnaire (MSQ) translated and adapted into Portuguese of Portugal and Brazil, Porto, Portugal (continue)

MSQ* Portugal	MSQ* Brazil
20. A minha experiência é mais útil do que a teoria nas situações em que é difícil saber o que é eticamente correto.	20. A minha experiência é mais útil do que a teoria nas situações em que é difícil saber o que é eticamente correto.
21. Acredito que o bom cuidado de enfermagem inclui a participação do paciente mesmo daqueles com graves alterações mentais.	21. Acredito que o bom atendimento de enfermagem inclui a participação do paciente, mesmo daqueles com transtornos mentais graves.
22. Deparo-me muitas vezes com situações difíceis, quando tenho de tomar decisões sem a participação do paciente.	22. Muitas vezes me deparo com situações difíceis, onde tenho que tomar decisões sem a participação do paciente.
23. Considero difícil prestar um bom cuidado de enfermagem contra a vontade do paciente.	23. Considero difícil prestar um bom atendimento de enfermagem contra a vontade do paciente.
24. Por vezes há boas razões para ameaçar o paciente com uma injeção quando a medicação oral é recusada.	24. As vezes há boas razões para ameaçar um paciente com uma injeção quando a medicação oral é recusada.
25. Nas situações em que é difícil saber o que é certo, consulto os meus colegas acerca do que devo fazer.	25. Nas situações em que é difícil saber o que é certo, consulto os meus colegas sobre o que devo fazer.
26. Eu confio essencialmente na minha intuição quando tenho que tomar uma decisão difícil para um paciente.	26. Eu confio principalmente na minha intuição quando tenho que tomar uma decisão difícil para um paciente.
27. Como enfermeiro eu devo sempre saber como cada um dos meus paciente deve ser respeitosamente abordado.	27. Como um enfermeiro, devo sempre saber como cada um dos meus pacientes deve ser respeitosamente abordado.
28. Eu encontro sentido na minha atividade, mesmo quando não consigo ajudar um paciente a ter consciência da sua doença.	28. Eu encontro sentido na minha atividade, mesmo quando não consigo ajudar um paciente a ter consciência de sua doença.

Chart 4 – Moral Sensitivity Questionnaire (MSQ) translated and adapted into Portuguese of Portugal and Brazil, Porto, Portugal (continuation)

Source: Research data, 2015.
* MSQ – *Moral Sensitivity Questionnaire*

ry out the literal translation of the items from the questionnaire from the original language to another, it is necessary to adapt it to the local particularities of the language, the cultural context and work of the professionals who will use the instrument.

In this process, it is necessary to analyze the equivalence of meaning of the terms, since, for example, some items of the MSQ have undergone alteration of the original meaning with the suggestion of writing made by the experts. In that case, they were not accepted. Thus, in item 8, of the Portuguese version, the expert's suggestion was: "devo adotar estratégias que lhe permitam ser adequadamente esclarecido", while the Brazilian expert suggested: "há muito o que fazer por ele(a)". This new version suggested, albeit subtly, a way of solving the problem, which was not the objective of the item and inconsistent with the purpose of the MSQ.

In item 9, the suggestion of the Portuguese expert was not met, to use the expression "sinto conflitos", because it had a different meaning than "experiencio conflitos". The researchers believe that the use of the verb "experienciar" refers to the idea that the situation has already been experienced by nurses. In this item, the Brazilian experts used the expression "me deparo com conflitos", Being the differences maintained in the version of Portugal and Brazil. In items 1, 7, 13, 15, 16, 22, 25, and 29 of the questionnaire it was necessary to make a substitution from psychiatrist to nurse, since the originally published MSQ was prepared for psychiatrists in Sweden [6].

In item 16, an expert from Portugal suggested writing "tomar decisões com o doente". The suggestion was not considered, since it modified the meaning of the original that was "tomar decisões pelo doente", that is "lugar do doente" and not "com o doente". For the Brazil questionnaire it was decided to keep the term "bom atendimento de enfermagem", and in the Portuguese questionnaire it was used the term "bom cuidado de enfermagem", maintaining the semantic differences and the professional jargon of each country.

It is important to use experts in the translation and adaptation of instruments, as they collaborate to standardize the terms, making the items clearer and easier to under-

stand. The adaptation of instruments to another language is a complex process, since it involves taking into account the language, cultural context and lifestyle[1].

In this sense, items 21 and 24 of the questionnaire were specific to the care of psychiatric patients, so the researchers opted for the exclusion of both, considering that the instrument will be validated by nurses who work in Primary Healthcare. The literature shows that the committee of experts is autonomous to modify or eliminate irrelevant, inadequate, ambiguous items, suggest substitute words that better fit the item being evaluated, as long as it maintains the original concept of the items[4].

In item 30, it was decided to replace the terms: "função", (suggestion of a Brazilian expert) and "profissão", (suggestion of a Portuguese expert), for the term "atividade". This expression seems to be more used in practice and it is described in the regulation of the professional practice of nurses in Portugal[15] and in Brazil[16]. The health systems in force in the two countries are closely related in their public policies, however, the general organization of the work is differentiated and, therefore, these characteristics can determine differences in the professional performance and in the nomenclature of the activities developed in each country.

Obtaining experts in translation and adaptation studies is a difficulty task, as there is no consensus on the defining characteristics of an expert. The lack of uniformity in the criteria for considering a professional an expert is described in the literature[17], generating varied discussions and suggestions on the profile of an expert. For example, one may question the years of experience; the graduation time; the degree of titration; the research experience; the publications on the subject studied and place of work. A study[17] corroborates when affirming that there are doubts in the definition of the attributes of an expert.

A study[18] states that the choice of experts for having a certain number of years of clinical experience is a decision that has to be made with caution. For it is impossible to predict whether the professional has the necessary competence, knowledge or skills if "years of experience" is the sole criterion upon which they will be chosen.

In this context of indefinition, in order to enable the identification of experts, a study[19] reports that each researcher elaborates their own criteria as a way of directing them to the objectives of the study, respecting the requirements that are necessary to consider a professional an expert. In any case, the criteria must be clear, justifying the researcher's choices, in order to increase the credibility of future researches, it is essential that the definition of expert is established[19].

Taking into account the results of this study, it should be noted that the content validation is based on the opinion of experts on the subject under study, so it is fundamental that an adequate identification and selection of these professionals is made. The inadequate choice of the experts will interfere with the reliability of the results, because it is up to these professionals to judge the comprehensibility of the items of the questionnaire, which will later be confirmed by the validation step in a larger sample.

It is considered as attributes of an expert, in this study, to possess high academic qualifications (master's degree, doctorate or post-doctorate); to be a researcher on the subject in question and have publications in the area. For, it is considered that the moral sensibility is more studied in the academic scope and not so much in the practice of the services. That is, the selection criteria were established by academic production and not by years of professional clinical experience. A study corroborates our choice by stating that individuals may be in possession of knowledge without having clinical experience[18].

When it comes to cultural adaptation, it is suggested that a multidisciplinary expert committee is formed[4]. In the present study, as there is a small number of professionals working on the topic of moral sensitivity, they are unlikely to have the time to respond to all the researches for which they are invited.

There is also disagreement as to the number of experts to be consulted. There are recommendations to be at least five and at most 10. But there are guidelines for the decision to be taken after considering the characteristics of the instrument, the training, the qualification and the availability of the necessary experts[1].

In this context, the use of a software for data collection in an online way facilitates the access to the experts, especially in distant places, saving time and streamlining the process[20]. Software that enables online data collection makes research much easier and faster. On the other hand, there are disadvantages such as uncertainty about the veracity of the data and issues related to the design, implementation and evaluation of an online survey[20]. Some of the disadvantages are problems with the sample, as some individuals respond to the invitation to participate, while others may ignore it. Some of the online search software packages are paid, in addition to limiting the number of data stored[20].

As the MSQ is an instrument already used in different languages (English, Turkish, Korean) and applied in nursing, it was considered that the 51% agreement criterion among experts could be used[12]. Studies that carried out the validation of the MSQ in Turkey[11] and Korea[9] used the experts' opinion to determine the validity of the content, being the

items confirmed as easy to understand and without any problems. The experts who were nurses were invited to assess whether the items had inadequate expressions or were difficult to understand for the context of the Korean nurses, and the experts have not reported any difficulty in this review process.[9].

The measurement instruments used in researches must be consistent and reliable in order to guarantee the validity and quality of the results. These instruments can serve as a support for the planning of new researches, make possible the comparisons between different cultures and the application of the knowledge in the different nursing, management and teaching contexts.

CONCLUSIONS

It was possible to understand that content validation by experts is an essential tool for the validation, translation and cultural adaptation of psychometric instruments in nursing, since it increases their reliability. This study explained the adaptation process carried out with the moral sensitivity questionnaire for Portugal and Brazil. It is important to use experts to confirm that the questionnaire constitutes a universe of items that clearly delimits the subject under study, as well as it collaborates to standardize the terms, maintaining the linguistic differences of each country. A detailed description of all the steps in the expert selection process, data collection, and analysis is essential for readers and researchers to assess the reliability of the translation and the adaptation of instruments.

The results of this validation of content by experts are useful for nursing assistance, teaching and research, as they allow the offering of a standardized instrument to measure the moral sensitivity of nurses from Portugal and Brazil, making international comparisons possible. Understanding the procedure for validating the content of psychometrics instruments by a committee of experts is essential for researchers and nurses, who are increasingly concerned about the use of reliable and appropriate measures for research and evaluation of care.

As limitations of this research, we mention the small number of experts in the area of moral sensitivity, as well as the studies of content validation in the area of Primary Healthcare in literature.

REFERENCES

1. Alexandre NMC, Coluci MZO. Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. Cienc Saude Coletiva, 2011;16(7):3061-8.
2. Pasquali L. Psicometria. Rev Esc Enferm USP. 2009;43(Esp.):992-9.
3. Moreira RP, Guedes NG, Lopes MVO, Cavalcante TF, Araújo TL. Diagnóstico de enfermagem estilo de vida sedentário: validação por especialistas.Texto Contexto Enferm, 2014;23(3):547-54.
4. Guillemin F, Bombardier C, Beaton D. Cross-cultural adaptation of health-related quality of life measures: literature review and proposed guidelines. J Clin Epidemiol. 1993;46(12):1417-32.
5. Weiszflog W. Michaelis: moderno dicionário da língua portuguesa. São Paulo: Melhoramentos; 2009. p.992.
6. Lützén K, Evertzon M, Nordin C. Moral sensitivity in psychiatric practice. Nurs Ethics. 1997;4(6):472-82.
7. Van Der Zande M, Baart A, Vosman F. Ethical sensitivity in practice: finding tacit moral knowing. J Adv Nurs. 2014;70(1):68-76.
8. Lützén K, Dahlqvist V, Eriksson S, Norberg A. Developing the concept of moral sensitivity in health care practice. Nurs Ethics. 2006;13(2):187-96.
9. Han SS, Kim J, Kim YS, Ahn S. Validation of a Korean version of the Moral Sensitivity Questionnaire. Nurs Ethics. 2010;17(1):99-105.
10. Kim YS, Kang SW, Ahn JA. Moral sensitivity relating to the application of the code of ethics. Nurs Ethics. 2013;20(4):470-8.
11. Sahin SY, Iyigun E, AcikelC. Validity and reliability of a Turkish version of the Modified Moral Sensitivity Questionnaire for Student Nurses. Ethics Behav. 2015;25(4):351-9.
12. Keeney S, Hasson F, Mckenna H. Consulting the oracle: ten lessons using the Delphi technique in nursing research. J Adv Nurs. 2006;53(2):205-12.
13. Varela R, Pereira LB. O 'direito ao trabalho', saúde, educação e o nascimento do estado social. Trab Educ Saúde. 2016;14(1):11-32.
14. Ministério da Saúde (BR). Política Nacional de Atenção Básica. Brasília; Ministério da Saúde; 2011.
15. Decreto-Lei nº 161/96, de 4 de setembro (com as alterações introduzidas pelo Decreto-lei nº 104/98 de 21 de abril). Regulamento do Exercício Profissional dos Enfermeiros (REPE). Lisboa: Ordem dos Enfermeiros, 1998.
16. Presidência da República (BR). Decreto no 94.406, de 8 de junho de 1987. Regulamenta a Lei nº 7.498, de 25 de junho de 1986, que dispõe sobre o exercício da Enfermagem, e dá outras providências.Diário Oficial da União [da] República Federativa do Brasil. 1987 jun 9;124(Seção 1):8853-5.
17. Pompeo DA, Rossi LA, Paiva L. Validação de conteúdo do diagnóstico de enfermagem náusea. Rev Esc Enferm USP. 2014;48(1):49-57.
18. Baker J, Lovell K, Harris N. How expert are the experts? an exploration of the concept of'expert' within Delphi panel techniques. Nurse Res. 2006;14(1):59-70.
19. Melo RP, Moreira RP, Fontenele FC, Aguiar ASC, Joventino ES, Carvalho EC. Critérios de seleção de experts para estudos de validação de fenômenos de enfermagem. Rev Rene. 2011;12(2):424-31.
20. Wright KB. Researching internet-based populations: advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. J Comput-Mediat Commun. 2005;10(3):00.

Corresponding author:
Carlise Rigon Dalla Nora
E-mail: carliserdn@gmail.com

Received: 05.20.2016
Approved: 05.12.2017