Translation and Testing of the Verbal and Social Interaction for Nursing Students Questionnaire in Thailand

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Abstract: A measure to assess the verbal and social caring interactions, and communication skills of nursing students is important as a baseline in nursing education, but until this study, there was no instrument available in Thailand. We translated the revised Verbal and Social Interaction for Nursing Students questionnaire into Thai, using a back-translation method. Participants included 158 consenting senior nursing students at an Eastern Thailand university who were caring for people with psychiatric-mental health problems. Internal consistency reliability and construct validity were tested, using descriptive statistics, confirmatory factor analysis, correlation coefficients, and Cronbach's alpha for internal reliability.

Results revealed that the Verbal and Social Interaction for Nursing Students (Thai) version was well-understood by the nursing students. The translated scale yielded acceptable reliability values ranging from 0.88-0.93. The measurement models were modified through modification indices and the final model fit the data, thus confirming construct validity. The translated scale was evidenced to be a valid and reliable instrument. Nurse educators in Thailand may use this scale to assess the competency of nursing students interacting with clients requiring not only psychiatric-mental health care but routine care as well. We recommend further testing of the scale with different groups of nursing students across Thailand.

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Background

Good communication is fundamental to nursing practice. Nursing students learn good communication skills as a means of giving effective care for patients, especially for those with psychiatric-mental health problems because most people with such problems could have altered perception and interaction affecting their communication.[1] Students need to be prepared to interact therapeutically with patients/clients and families and to use their verbal and social caring skills to confront a variety of clinical challenges.[1] Whether nurses care for those suffering from psychiatric-mental health problems or practice in other healthcare settings, effective psychosocial interaction skills learned during

coursework are essential for a professional nursing career.[2]

For nurse educators, the assessment of verbal and social caring interactions is an important and necessary part of nursing student development. Not only does the enhancement of good communication skills develop, improve, and prepare nursing students to begin practice upon graduation, but students' progress in acquiring those skills helps nurse educators also reflect on their teaching-learning processes, learning outcomes, and professional communication competencies.[3-5] However, studies have shown that newly graduated nurses do not typically recognize that they have been adequately prepared to take on the role of a nurse. For example, they have described their experiences of starting a nursing career as being in shock or startled by what they encounter.[3, 6-9] New nurses recognize, especially in the first year after graduation, often find that nursing practice is challenging beyond their expectations and often feel overwhelmed; they are excited, nervous, and afraid of not doing well.[10-11] Remembering to incorporate verbal and social interaction skills in their clinical practice will give, in part, new nurse graduates a strong basis to overcome multiple challenges.

Nurse educators recognize that professional competence is an important aspect of nursing.[12] To prepare students to develop and strengthen communication and interactional skills, it is incumbent on nurse educators to know which skills may need reinforcement. A measurement tool is useful for nurse educators for assessing such skill acquisition. The Verbal and Social Interaction for Nursing Students questionnaire (VSI-NS) is one such instrument. Developed by researchers at a university in southern Sweden, the questionnaire is based on a conceptual model of nurse-patient interactions with people requiring psychiatric-mental health care.[13] The questionnaire has gone through several iterations of measurement development focusing on nursing students' verbal, social, and caring interaction skill acquisition.[14,15]

The conceptual model of nurse-patient interactions explains that during the interaction between a nurse and a person with a psychiatric-mental health illness, a relationship forms while giving patient care. The nurse accepts, understands, and respects the patient as a person. In turn, the patient learns to acknowledge and trust the nurse based on the authenticity of the relationship.[2] The content of the VSI-NS evaluates nursing students during their clinical learning practice by measuring the acquisition of their caring and interaction skills.[15]

We found there was no instrument in Thailand to assess verbal and social caring interaction between nursing students and people with psychiatric-mental health problems. Thus, we considered that a Thai version of the VSI-NS would benefit nursing students to gain insight into their caring behaviours. In addition, nurse educators could examine the effectiveness of their introducing communication and interaction skills during psychiatric-mental health nursing coursework, as well as other nursing subjects that need such these skills. Therefore, the objectives of this study were to translate the VSI-NS questionnaire from English into Thai, examine the validity and reliability of the Thai version, and assess the verbal and social caring interactions among Thai nursing students.

Methods

Design: The study employed a methodological design that included a four-step translation process, a pilot test with face validity confirmation, data collection, and data analysis. Determining the validity and reliability of a cross-culturally translated instrument is crucial before using it with the intended population, especially in terms of a new language and cultural context. Permission to translate and use the VSI-NS was received from the developer (personal communication, M. Rask, 30 November 2018).

Ethical considerations: This study was approved by the Burapha University (Thailand) Institutional Review Board for Human Subjects (Code #: Sci 012/2562). Eligible nursing students were invited to voluntarily participate and received a full explanation of all aspects of the study. The participants had the right to refuse to answer any items or to withdraw from the study at any time without any negative consequences. In addition, data were kept strictly confidential, only code numbers were used in data analyses, and all findings were reported as group data. After understanding and agreeing to participate, the participants signed an informed consent form.

Data Collection: the **Verbal and Social Interaction for Nursing Students Questionnaire (VSI-NS)** is a 31-item, self-report instrument measuring the extent of nursing students' reflections on their perceived caring, communication, and interaction with those requiring psychiatric-mental health care.[15] Based on exploratory factor analysis using orthogonal rotation, the VSI-NS has four subscales: (a) Inviting to talk about feelings and thoughts (12 items, #8-11, 14-20, 22), (b) Building a caring relationship (7 items, #1-7), (c) Encouraging social and practical aspects in daily life (6 items, #21, 23-25, 28, 30), and (d) Caring towards health and well-being (6 items, #12, 13, 26, 27, 29, 31). Item numbers indicate the most recent ordering. Face validity of the VSI-NS was shown to meet acceptable criteria and is in accordance with relevant theories and literature.[15] In 2018, developers reported the four-factor (subscales) solution accounted for 71.1% of the 31 items total variance.[15] Cronbach's alphas for internal consistency for each of the four subscales were 0.89, 0.87, 0.86 and 0.81, respectively, and 0.93 for the entire questionnaire. However, a recent revision of the VSI-NS (unpublished, and its psychometric properties have not reported yet) has added four dimensions to each item of the four existing subscales. The four subscales remain intact only as measured by each dimension. The newly revised VSI-NS classifies interactions into the following dimensions: Frequency, Importance, Difficulty, and Ability

to carry out. Respondents rate each of the 31 items across these dimensions using a 4-point rating scale ranging from 1 (not at all) to 4 (very often or always). The dimensions of Importance, Difficulty, and Ability to carry out are rated on a separate 4-point rating scale ranging from 1 (not at all) to 4 (very high). All items of the Difficulty dimension are reversed-scored before summing. Summed scores for individual items of each of the four dimensions could range from 31–124. For logical comparison, a summed score of each dimension per subscale is divided by the numbers of items of that subscale, so a total score could range from 1–4. Higher scores indicate better verbal and social caring interactions of nursing students on their Frequency, Importance, Difficulty and Ability to carry out. No cut point for academic remediation has been determined. Nurse educators can evaluate an individual score's deviation from the arithmetic mean of the 4-point scale (i.e., 2.5).

Translation process: A back-translation method was used to translate the most recent VSI-NS from English into Thai.[16,17] The method is used in cross-cultural research to translate research instruments and questionnaires developed in other languages and cultural contexts into the target language and cultures. The purpose of the back-translation is to demonstrate an instrument's content validity with language and cultural comparability. Our translation process took four steps. Three researchers, who were knowledgeable about the content, independently translated the VSI-NS English version into Thai. Two of the three were doctorally-educated in the USA and one in a Thai-international (English) program with one year in Canada. They were nurse educators and university faculty members. This forward translation produced three distinct, preliminary VSI-NS (Thai) versions. Next, the same three researchers met to discuss their individual translations' word usages, meanings, accuracy, understandability, and acceptability in Thai culture. They reached consensus to produce a draft VSI-NS (Thai) version. Then, two bilingual professors, one a professional linguist with a doctorate in English and

the other with a doctorate in educational psychology and fluent in English, independently back-translated the draft Thai version into English. Neither professor had prior knowledge of the questionnaire. Finally, two researchers compared the two English back-translated versions with the original English VSI-NS for comparability, meaning, and understandability. The two English back-translated versions were combined into one English document and sent to the VSI-NS's developer/owner (M. Rask) to confirm equivalence in language and meaning; his feedback was entirely satisfactory.

Pilot testing and face validity confirmation: A pilot test was administered anonymously to a sample of 15 senior nursing students because they had completed their psychiatric-mental health clinical experience. At the end of each item of the VSI-NS (Thai) questionnaire, there was the opportunity to write comments to suggest improvement of understandability. Based on student feedback, the researchers modified the writing style on some items for better clarity and understanding, but the meaning was retained. This improved the questionnaire's face validity for content, cultural acceptability, and semantic equivalence, and so we used this for subsequent testing.

Data collection: A convenience sample of 161 senior nursing students, beginning their second semester at a public university in Eastern Thailand after completion of a practicum course of psychiatric-mental health nursing in the first semester, volunteered to participate. The adequacy of the sample size was determined by a rule of thumb for confirmatory factor analysis (CFA) that 5–10 participants per item was statistically sufficient.[18] The nursing students consented to complete the anonymous questionnaires at their dormitory residence, away from faculty/researcher influence. The nursing students returned the questionnaires the next day to a dormitory basement dropbox in a sealed envelope provided to them. Three questionnaires were removed from further consideration due to error responses and obvious outliers, leaving a total sample size of 158 for analysis.

Data analysis: Descriptive statistics, internal consistency reliability, and construct validity were determined by means, standard deviations, Cronbach's alpha coefficients and confirmatory factor analysis (CFA) using IBM® SPSS® version 26 bundled with Amos. CFA with maximum likelihood was performed to confirm the data's structure fit using five standard goodness-of-fit indices and commonly used cut-off values: χ^2 (CMIN $p \geq .05$), χ^2/df (CMIN/$df < 2$), Comparative Fit Index (CFI ≥ 0.95), Root Mean Square Error of Approximation (RMSEA ≤ 0.08), and Standardized Root Mean Square Residual (SRMR ≤ 0.08).[19] Multiple fit indices were assessed for the model's goodness-of-fit to avoid bias caused by sample size or model complexity. We tested the a priori hypothesis that the data would fit the predetermined four dimensions.[15] Correlation coefficients were calculated to assess for relationships between the four dimensions of the VSI-NS (Thai): Frequency, Importance, Difficulty, and Ability to carry out.

Results

Participants' characteristics: Participants were a batch of 161 senior nursing students studying at a university in Thailand. Most were female (96.3%) with a mean age of 22.01 ($\pm$ 0.55) years. However, 158 of the sample were used for subsequent analyses after error responses and outliers have been removed.

Descriptions of the outcome variable: The means of total scores of each dimension of the VSI-NS (Thai) ranged from 2.3 – 3.4. Mean scores for dimension by subscale ranged from 2.3 – 3.6 with all means above the arithmetic mean (i.e., 2.5), except for the Difficulty dimension. Scores for Difficulty were reversed scored; thus, values below the arithmetic mean indicated items in each scale were perceived to be less difficult. The Frequency and Ability dimensions for the first subscale (Inviting to talk about feelings and thoughts) had the lowest mean scores compared to other dimensions and their subscales. The Importance dimension of the second subscale (Building a caring relationship) had the highest mean score. (**Table 1**)

Table 1   Means and standard deviations of total and subscales' scores of four dimensions of verbal and social interactions among Thai nursing students (N = 158)

VSI-NS (Thai)	Dimensions			
	Frequency M (SD)	Importance M (SD)	Difficulty M (SD)	Ability M (SD)
Total scores of four dimensions	3.2 (± 0.32)	3.4 (± 0.31)	2.3 (± 0.47)	3.1 (± 0.34)
Four subscales by four dimensions				
1. Inviting to talk about feelings and thoughts	2.9 (± 0.46)	3.1 (± 0.44)	2.3 (± 0.48)	2.9 (± 0.44)
2. Building a caring relationship	3.5 (± 0.33)	3.6 (± 0.32)	2.3 (± 0.63)	3.2 (± 0.39)
3. Encouraging social and practical aspects in daily life	3.3 (± 0.44)	3.4 (± 0.40)	2.2 (± 0.57)	3.1 (± 0.42)
4. Caring towards health and well-being	3.5 (± 0.34)	3.6 (± 0.36)	2.3 (± 0.59)	3.2 (± 0.38)

Before conducting further analysis, data management and assumption testing for uni- and multi-variate statistic were performed. The results showed that missing data and outliers were not found. The study variables met the criteria of multivariate normality. Multicollinearity among all variables was not found. Pearson correlations between total scores of three of the four dimensions showed strong positive interrelationships: Frequency and Importance ($r = .744$), Frequency and Ability ($r = .658$), and Importance and Ability ($r = .641$), with all correlation coefficients significant ($p < .001$). The Difficulty dimension showed low relationships with the other dimensions across all subscales with coefficients ranging from $-.025$ to $.005$ ($p > .05$).

Internal consistency reliability: The Cronbach's alpha coefficients for the four dimensions of the VSI-NS (Thai) ranged from 0.88–0.93 for the total scores, and 0.70–0.86 for the subscales' scores. The highest coefficients in the 0.80s were in the dimensions for the first subscale (Inviting to talk about feelings and thoughts). The lowest coefficients in the 0.70s range were in the dimensions associated with the second, third, and fourth subscales. In the analysis of CFA for the model fit, item #18 of the Difficulty dimension was deleted; however, after recalculating a total of 30 items, and 11 items of the first subscale, their reliabilities did not change. (**Table 2**)

Table 2   Internal consistency reliability of total scores and dimension scores by subscale

Scales	Cronbach's alpha coefficient of the VSI-NS (Thai) Dimensions			
	Frequency	Importance	Difficulty	Ability
Totals of four dimensions	0.88	0.90	0.93	0.91
Four subscales by four dimensions				
1. Inviting to talk about feelings and thoughts	0.84	0.85	0.84	0.86
2. Building a caring relationship	0.75	0.70	0.82	0.79
3. Encouraging social and practical aspects in daily life	0.72	0.70	0.78	0.72
4. Caring towards health and well-being	0.70	0.74	0.78	0.73

Construct validity: Initially, the CFA with maximum likelihood model did not fit the VSI-NS (Thai) data. We reconfigured the model several times. For example, item #18 in the Difficulty dimension was deleted because of its low loading (0.143). The final model was accepted based on achieving

the recommended cut-off values for five standard goodness-of-fit indices (**Table 3**). Standardized estimates ranged from 0.29–0.73 (**Table 4**), indicating that all items (except item #18 of the Difficulty dimension) were strong indicators of each of the four dimensions by subscale.[20]

Table 3 Indices of VSI-NS (Thai) model fit for confirmatory factor analysis

Model fit criterion	Acceptable score[†]	Dimensions			
		Frequency	Importance	Difficulty[‡]	Ability
CMIN		$x^2 = 423.667$	$x^2 = 437.255$	$x^2 = 381.101$	$x^2 = 329.546$
	$p \geq .05$	p = .090	p = .057	p = .076	p = .754
		$(df = 386)$	$(df = 392)$	$(df = 343)$	$(df = 348)$
CMIN/df	< 2	1.098	1.115	1.111	0.947
CFI	≥ 0.95	0.970	0.967	0.981	1.00
RMSEA	≤ .08	0.025	0.027	0.027	0.000
SRMR	≤ .08	0.036	0.029	0.042	0.023

CMIN = The minimum Chi-square value; CMIN/df = CMIN/degrees of freedom;
CFI = Comparative Fit Index; RMSEA = The Root-Mean-Square Error Approximation;
SRMR = The Standardized Root Mean Square Residual; [†] Hooper et al., (2008); [‡] Deleted item #18

Table 4 Standardized estimates of the VSI-NS (Thai) final model

Subscales and items	Standardized estimates Dimensions (Factor loadings)			
	Frequency	Importance	Difficulty	Ability
Inviting to talk about feelings and thoughts (12 items)				
# 8 You talk to the patients about things/situations that they seem to experience as unpleasant to talk about.	.55	.49	.53	.67
# 9 You talk to the patients about things/situations that they seem to be embarrassed about or feel bad about.	.39	.36	.29	.59
# 10 You talk to the patients about situations they have experienced earlier in life.	.45	.46	.58	.52
# 11 You talk to the patients about how they perceive their problems and difficulties.	.50	.45	.54	.61
# 14 You talk to the patients about things/situations that they experienced as unpleasant and seem to make them feel sad.	.43	.53	.62	.73
# 15 You talk to the patients about things/situations that they seem to experience as frightening.	.46	.52	.43	.58
# 16 You talk to the patients about how they think and feel about other people.	.62	.64	.53	.64
# 17 You talk to the patients about their feelings.	.45	.57	.67	.44
# 18 You talk to the patients about their sexuality.	.36	.42	deleted	.48
# 19 You talk to the patients about how they perceive themselves.	.70	.72	.58	.63
# 20 You show interest in the patients' social situation in general.	.61	.57	.65	.58
# 22 You talk to the patients about possible difficulties they have when being with other people.	.56	.62	.53	.62
Building a caring relationship (7 items)				
# 1 You show the patients that you care about them.	.56	.54	.60	.56
# 2 You show the patients that you want to get to know them.	.42	.52	.61	.53

Table 4 Standardized estimates of the VSI-NS (Thai) final model (Cont.)

Subscales and items	Standardized estimates Dimensions (Factor loadings)			
	Frequency	Importance	Difficulty	Ability
# 3 You show the patients that you are there for them.	.52	.46	.77	.59
# 4 You show the patients that you have time for them and want to make contact with them.	.49	.46	.69	.72
# 5 You show the patients that they can trust you.	.41	.52	.64	.57
# 6 You show the patients that you are honest.	.38	.51	.70	.59
# 7 You remind the patients about positive experiences from their past.	.36	.42	.59	.56
Encouraging social and practical aspects in daily life (6 items)				
# 21 You talk to the patients about their experiences of being together with other people.	.49	.58	.62	.53
# 23 You encourage the patients to keep in contact with their relatives and friends.	.50	.45	.53	.32
# 24 You encourage the patients to do things together with other people.	.50	.53	.68	.58
# 25 You encourage the patients to take part in group activities.	.57	.47	.64	.58
# 28 You encourage/support the patients in coping with daily life through routines and keeping in order things they need.	.49	.48	.62	.62
# 30 You encourage the patients to learn new practical skills.	.57	.58	.51	.62
Caring towards health and well-being (6 items)				
# 12 You talk to the patients about how they experience their illness.	.25	.49	.63	.37
# 13 You talk to the patients about how they/you together find solutions to enhance their well-being.	.61	.46	.69	.57
# 26 You inform and support the patients to eat and drink healthily.	.50	.61	.60	.51
# 27 You support the patients to do physical exercise that benefits their health and well-being.	.55	.53	49	.49
# 29 You talk to the patients about how they can manage their medication.	.62	.69	.53	.64
# 31 You talk to the patients about how they sleep.	.63	.55	.61	.45

Discussion

This study determined through psychometric testing that the VSI-NS (Thai) displayed evidence of validity and reliability. The questionnaire permits nurse educators to assess nursing students as they care for, especially people requiring psychiatric-mental health care mainly because it was tested with nursing students practising a subject of psychiatric and mental health subject.

We conclude that measures of reliability provide evidence that internal consistency within the four dimensions is entirely acceptable[21], which are similar to the original. Results of confirmatory factor analysis show that the empirical data fit with the models of four dimensions by four subscales, except for item #18 (*You talk to the patients about their sexuality*) related to the Difficulty dimension and subscale 1 (*Inviting to talk about feelings and thoughts*). In well-mannered Thai culture, speaking openly with someone about

sexuality is unusual and questionably appropriate, especially as a trusting, therapeutic relationship is being fostered. It would be considered impolite and embarrassing for young Thai nursing students to engage in this topic of conversation. Future studies should consider not including this item in the VSI-NS (Thai).

The purpose of the translated scale is to assess Thai nursing students' communication and social caring interactions as they practice the skills they learned in coursework. The results indicate that Thai nursing students at one university understood that verbal and social caring interactions are important with people with psychiatric-mental health illness. They discovered that they can interact frequently when called upon, but they perceived that communication and interaction skills are not easy to put into practice (**Table 1**). They perceive that *Caring towards health and well-being* (subscale 4) is most important in nurse-patient relationships and practice this interaction most frequently. The students also seem confident in their ability to carry this out, having learned communication skills in their psychiatric-mental health coursework.

Although the concept of caring is strong, nursing students perceive they are somewhat reluctant to initiate talking to people with psychiatric-mental health problems (subscale 1). They do not diminish its importance, but the action of initiating a therapeutic conversation is somewhat less frequently used. Typically, senior nursing students who are in their second semester in university studies are about 22 years old. They acknowledge their ability to invite others to talk about their feelings and thoughts is not strong. As young Thai women, they have less experience and confidence to start therapeutic communication in a psychiatric clinical setting. Maturity in their profession will help them become more assertive, but nurse educators need to emphasize this aspect of nurse-patient interaction with Thai nursing students. Although not part of this study, the public stigma of mental illness in Thailand is a known phenomenon.[22] A reluctance to initiate conversation due to stigma has a societal and cultural basis. This is an opportunity for nurse educators to have open and frank discussions with nursing students about their feelings and attitudes about people with mental illness. This is congruent with the proposed ideas of Duchscher and Windy[9] that more practical skills are needed for undergraduate nursing students to act as protective factors against transition shock upon graduation. Moreover, nursing students have been found lacking in skills when communicating with critically ill patients in simulated scenarios.[3] Contents of communication skills in nursing degree in Spanish students suggested that curriculum content of communication skills needed to improve.[5] New graduate nurses then would be able to move more readily into practice as a result of being more skilfully prepared.[23]

The moderate to high correlations between the three dimensions of Frequency, Importance, and Ability to carry out the verbal and social interaction skills suggest that these three dimensions are conceptually interrelated in that they are congruous in how Thai nursing students perceive them together in practice. When they perceive an item as having high importance related to caring practice, they act more frequently, and with confidence in their ability to perform. Yet, the Difficulty dimension was not correlated to the others. The dimension may be an entirely distinct concept. It is noted that in this dimension, respondents must think and respond to each item opposite to the other three dimensions. Nursing students must reflect more carefully on the behaviours of each scale's statements and how difficult they perceive them to be when practised. If they respond that behaviour is difficult, nurse educators would see this as an opportunity to provide additional knowledge. On the other hand, if an item is considered difficult, yet they carry out the particular skill frequently and the item is judged important, it may be that students have matured in their professional undertaking that some communication and social caring interaction skills are difficult but do it.

Limitations

The content validity, construct validity and Cronbach's alpha reliability were tested for the translated scale in this study. However, other psychometric properties should be considered, such as test-retest reliability, and concurrent, convergent and discriminant validity, although adding additional instruments may increase respondent burden. In addition, participants were from one setting in Thailand and this may limit the generalizability of the findings.

Conclusions and Implications

Our study provides preliminary evidence for the reliability and validity of the VSI-NS (Thai) questionnaire for it demonstrated well-accepted psychometric properties. Validity of content and construct were established and it also showed good internal consistency reliability. Verbal and social caring relationships of Thai nursing students assessed by this translated scale was high, except for a subscale of inviting the patients to talk about feelings and thoughts of previous experiences that need improvement. The utility of a valid and reliable instrument to assess verbal and social caring interactions among nursing students is an essential tool for nurse educators as they prepare future nurses.

Improving nursing students' skills in communication and developing their ability to initiate a trusting and interactive relationship may be strengthened by increasing or intensifying clinical learning experiences. Using a multidisciplinary approach, members of the caring disciplines (e.g., nursing-psychiatric-psychological-social work-spiritual traditions) might develop standardized simulations for students to increase their comfort levels in communication skills through deliberate and intensive reinforcement. Clinical simulations are known to build self-confidence in nursing students, especially when they stress the importance of communication.[24] Thus, new nurses will enter professional practice with more confidence in using verbal and social caring skills. Future studies should investigate using the VSI-NS (Thai) in a variety of clinical settings and geographic locations, and with a larger size of the sample, as well as omitting the low loading item (#18) since this is the first study to test the new VSI-NS (Thai) questionnaire's validity and reliability. The implementation of a nursing education policy about getting students assessed properly regarding caring and communication skills during their training is also recommended.

Acknowledgements

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การแปลและการตรวจสอบแบบสอบถามการมีปฏิสัมพันธ์ทางวาจาและสังคม สำหรับนักศึกษาพยาบาลในประเทศไทย

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บทคัดย่อ: แบบวัดที่ใช้ประเมินการมีปฏิสัมพันธ์ทางวาจาและการดูแลทางสังคม รวมทั้งทักษะการสื่อสาร ของนักศึกษาพยาบาลมีความสำคัญสำหรับพื้นฐานการศึกษาพยาบาล แต่จนถึงขณะนี้ยังไม่มีเครื่องมือวิจัย หรือแบบวัดนี้ในประเทศไทย ผู้วิจัยได้แปลแบบสอบถามการมีปฏิสัมพันธ์ทางวาจาและสังคมสำหรับนักศึกษา พยาบาลฉบับปรับปรุงเป็นภาษาไทยโดยใช้วิธีการแปลกลับ กลุ่มตัวอย่างจำนวน 158 คนที่ยินยอมเข้าร่วม การวิจัย เป็นนักศึกษาพยาบาลชั้นปีที่ 4 ของมหาวิทยาลัยแห่งหนึ่งในภาคตะวันออกของประเทศไทย ซึ่งได้ ปฏิบัติให้การดูแลผู้ที่มีปัญหาทางจิตเวชและสุขภาพจิต ตรวจสอบความเชื่อมั่นแบบความคงที่ภายใน และ ความตรงเชิงโครงสร้างโดยใช้สถิติพรรณนา การวิเคราะห์องค์ประกอบเชิงยืนยัน ค่าสัมประสิทธิ์สหสัมพันธ์ และอัลฟาของครอนบาคของความเชื่อมั่นภายใน

ผลการวิจัยพบว่าแบบสอบถามที่แปลเป็นภาษาไทยนี้ มีเนื้อหาที่เข้าใจได้ดีในกลุ่มของนักศึกษา พยาบาล มีค่าความเชื่อมั่นที่ยอมรับได้อยู่ระหว่าง 0.88-0.93 การตรวจสอบความตรงตามโครงสร้าง โดยใช้แบบจำลองการวัดซึ่งปรับตามค่าดัชนีการดัดแปลงและพบว่า แบบจำลองสุดท้ายสอดคล้องกับ ข้อมูลและสามารถยืนยันความตรงตามโครงสร้างได้ แบบสอบถามแปลนี้เป็นหลักฐานว่าเป็นเครื่องมือวิจัยที่มี ความตรงและและเชื่อถือได้ นักวิชาการด้านการศึกษาพยาบาลในประเทศไทยอาจใช้แบบสอบถาม แปลนี้เพื่อประเมินสมรรถนะของนักศึกษาพยาบาลในการมีปฏิสัมพันธ์กับผู้รับบริการ ไม่เฉพาะการดูแล ทางด้านจิตเวช-สุขภาพจิตเท่านั้น แต่ใช้กับการดูแลประจำวันได้ด้วย ผู้วิจัยมีข้อเสนอแนะให้ตรวจ สอบแบบสอบถามแปลนี้เพิ่มเติมกับนักศึกษาพยาบาลกลุ่มอื่นๆ ในประเทศไทย

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