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TRANSLATION, CROSS-CULTURAL ADAPTATION AND CONTENT VALIDATION OF THE CANADIAN OCCUPATIONAL PERFORMANCE MEASURE (COPM) IN THE UKRAINIAN LANGUAGE

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Abstract. Translation, cross-cultural adaptation and content validation of the Canadian Occupational Performance Measure (COPM) in the Ukrainian language. Mangusheva O.O., Lazarieva O.B., Larsen A. Enemark. *The study aimed at generating an evidence-informed, culturally adapted and valid translation of the Canadian Occupational Performance Measure (COPM) into the Ukrainian language. Due to increased need for rehabilitation of military personnel during the ongoing war, the secondary purpose of the study was to investigate the feasibility of using the COPM with military servicemen and veterans. The translation procedure followed established guidelines for cross-cultural adaptation of outcome measures with an addition of a Committee Approach to ensure alignment of the translation with the emerging professional terminology in Ukrainian. During pre-testing and field testing, the newly translated Ukrainian version of the COPM was used with 84 occupational therapy clients, 51% of whom were military servicemen and 49% representing general population. Content validity was assessed using Content Validity Index (CVI) with feedback from 20 occupational therapists and 84 clients from six regions of Ukraine through anonymous surveys developed in adherence with the COSMIN methodology for evaluating the content validity of patient-reported outcome measures. As a result, the CVI calculated from anonymous responses of clients of occupational therapy ranged from 0.89 to 0.99 on items associated with relevance, comprehensiveness and comprehensibility of the outcome measure. CVI calculated from responses of occupational therapists was 1.0 for all categories, indicating outstanding content validity. Both occupational therapists and clients of occupational therapy reported the perceived positive impact of the COPM on client-centeredness and occupational focus of occupational therapy services. The new Ukrainian translation of the COPM demonstrated sufficient cultural equivalence, and content validity, making it a valid tool for client-centered and occupation focused occupational therapy practice with both the civilian population and military servicemen. The study describes the first translation and validation of an occupational therapy outcome measure in Ukrainian, contributs to the development of rehabilitation and occupational therapy terminology and the development of occupational therapy in Ukraine. Future studies are necessary for continued psychometric testing of the Ukrainian translation of the COPM with military personnel as well as the general population.*

Реферат. Переклад, міжкультурна адаптація та змістова валідація Канадського інструмента оцінки виконання занять (англ. – COPM) українською мовою. Мангушева О.О., Лазарєва О.Б., Ларсен А. Енемарк. *Дослідження мало на меті створити науково обґрунтований, культурно адаптований та*

валідований український переклад Канадського інструмента оцінки виконання занять (англ. – COPM). У зв'язку з підвищеною потребою в реабілітації військовослужбовців під час війни, що триває, додатковою метою було визначення можливості застосування COPM до військовослужбовців та ветеранів. Процедура перекладу відповідала сучасним рекомендаціям щодо міжкультурної адаптації інструментів оцінювання з додатковим залученням групи експертів для узгодження перекладу професійної термінології в ерготерапії українською мовою. Під час пілотного тестування нової версії перекладу інструмент COPM був застосований до 84 клієнтів ерготерапії, 51% з яких були військовослужбовцями та 49% представниками цивільного населення. Змістова валідність була визначена за допомогою індексу змістової валідності (Content Validity Index (CVI)) на основі відповідей 20 ерготерапевтів і 84 клієнтів із шести регіонів України. Дані були отримані за допомогою анонімних опитувань, розроблених згідно з методологією COSMIN для оцінювання змістової валідності інструментів оцінювання на основі відповідей клієнтів. У результаті, індекс змістової валідності (CVI), обчислений на основі відповідей клієнтів ерготерапії, коливався від 0,89 до 0,99 за пунктами, пов'язаними з актуальністю, всебічністю та зрозумілістю інструмента оцінювання. Індекс CVI, обчислений на основі відповідей ерготерапевтів, становив 1,0 за всіма пунктами, що вказує на відмінну змістову валідність українського перекладу COPM. Як ерготерапевти, так і клієнти ерготерапії повідомили про позитивний вплив COPM на клієнтоорієнтованість та заняттєву спрямованість ерготерапії. Новий український переклад COPM демонструє достатню культурну еквівалентність та змістову валідність, що свідчить про можливість його використання для клієнтоорієнтованої та заняттєво-спрямованої ерготерапевтичної практики як для цивільного населення, так і для військовослужбовців. У дослідженні описано перший переклад та валідацію ерготерпевтичного інструмента оцінювання українською мовою, що сприяє розвитку реабілітаційної та ерготерапевтичної термінології та розвитку ерготерапії в Україні. Подальші наукові дослідження необхідні для продовження психометричного тестування властивостей українського перекладу COPM як з військовослужбовцями, так і з населенням у цілому.

Occupational therapy is a relatively new rehabilitation profession in Ukraine. The need to demonstrate effectiveness of occupational therapy service underlines the importance of developing and translating standardized outcome measures into the Ukrainian language. The Canadian Occupational Performance Measure (COPM) has been identified as one of the most widely used outcome measures in occupational therapy practice in the world [1, 2]. Additionally, it has been widely used in randomized clinical trials and is widely regarded as a gold standard outcome measure in occupational therapy clinical research worldwide [3]. According to a previous pilot survey conducted among 213 Ukrainian occupational therapists, the COPM is perceived by Ukrainian occupational therapists as a highly valuable and desirable outcome measure [4].

Cross-cultural adaptation and validation of outcome measures is essential to the translation process as it ensures applicability, acceptability and relevance of the instrument in the target culture and language as well as minimization of potential bias in translation process [5, 6]. An important part of the content validation process is comparing the translated version to its original to examine their equivalence. Our methodology was based on and addressed the content of the model of equivalence outlined by Herdman et al. that incorporates the following types of equivalence: conceptual, item, semantic, operational equivalence, equivalence of measurement and functional equivalence (Table 1) [7].

Table 1

Types of equivalence

Type	Description (Herdman et al., 1998)
Conceptual	**Assesses domains covered by the instrument to ensure that concepts used in the original culture/language are equally relevant and valid in the target culture/language**
Item	**Assesses items within the domains of the instrument to ensure they are equally acceptable, relevant and important in both cultures**
Semantic	**Focuses on the meaning of the terms used in the outcome measure of the target language as they compare to the original language**
Operational	**Verifies the acceptability of the format, mode or method of administration of the instrument**
Measurement	**Examines psychometric properties of the instrument, such as reliability, responsiveness, and construct validity**
Functional	**Ensures that the instrument achieves the intended goal**

Content validity and face validity are initial steps to validation of outcome measures. Face validity refers to the extent to which the measure is comprehensible and relevant to the target population and is typically examined through field testing [8, 9]. In our study face validity is operationalized through the entire process of translation and cultural adaptation of the COPM. Content validity "ensures that the measure reflects the domains of interest and conceptual definitions of constructs" [8] and is considered to be the most challenging measurement property of a patient report outcome measure (PROM) [9]. Pre-testing and field testing are necessary to conduct to examine face validity and construct validity of the measure. Content Validity Index (CVI) is used to quantify the content validity through examining the extent to which the constructs are relevant and representative in a particular assessment, encompassing the domains of comprehensiveness, comprehensibility and relevance of the instrument [9, 10, 11]. In our study, CVI will quantify the validity of the Ukrainian translation of the COPM. Therefore, the aim of our study was to conduct a rigorous evidence-informed translation, cross-cultural adaptation and validation of the COPM into the Ukrainian language focusing on face and content validity.

Permission to conduct research was obtained from the Commission on Biomedical Ethics of the National University of Ukraine on Physical Education and Sport in February of 2024 (Minutes #1 of meeting of 01.02.2024). Participation in the study was based on informed consent in adherence to the Declaration of Helsinki principles and assuring anonymity and confidentiality for participants. Prior to enrolling in the study, the participants received a detailed description of the purpose of the study, procedure, time requirements, confidentiality, potential risks and discomforts, their rights and ability to withdraw from the study at any point. Additionally, the study followed the EU General Data Protection Regulation (GDPR).

MATERIALS AND METHODS OF RESEARCH

The overall study design was built upon guidelines for translation and cross-cultural adaptation of health measurement instruments proposed by Cruchinho and colleagues including three separate groups of participants: 1) professionals involved in the translation and cultural adaptation process, 2) occupational therapists involved in the field testing, 3) clients of occupational therapy involved in the field testing of the translation [5]. The guidelines are based on universalist perspective and developed from a rigorous methodological review of 42 methodological approaches for translation, adaptation and validation of outcome measures in healthcare. Consistent with these recommendations, key components of our methodology included six stages, where the first five related to the translation process and the sixth included field testing of this translation version: 1) preliminary stage (preparation for translation); 2) forward translation; 3) forward translation synthesis; 4) back translation; 5) harmonization and preparing the final version of the translation; 6) combined pre-testing and field testing to examine content validity and face validity of the translation.

Procedure

Figure 1. presents the stages of the translation and cultural adaptation process.

Stage 1. During Stage 1 the authors examined and confirmed the need for the COPM in Ukraine through a survey conducted among Ukrainian occupational therapists [4]. Additionally, the first author examined existing translation versions of the COPM and identified discrepancies and challenging concepts for translation which supported the need for a new evidence-informed translation of the COPM into Ukrainian [4]. Methodology of the translation was selected, roles of researchers were identified with the first author serving as moderator in expert committee, proofreader of translation versions and decision maker in finalizing the translation versions. Permission to conduct a new Ukrainian translation of the COPM was obtained from the COPM, Inc. The methodology required by the COPM, Inc. was augmented by the completion of two independent forward translations, addition of a Committee Approach to synthesize different translation versions and field testing.

Stage 2. Eight participants meeting inclusion criteria were recruited as Group 1 participants via email inquiries based on a convenience strategy and included the first author, one professional translator, five members of the Ukrainian Society of Ergotherapists to serve as expert committee and one bilingual occupational therapist to complete a backtranslation. Stage 2 generated two independent forward translation versions of the COPM into Ukrainian conducted by the first author and a professional translator.

Stage 3a. Focused on synthesizing the two forward translations into a single version. A consensus version was created by the professional translator and the first author. To ensure that the translation aligned with the emerging rehabilitation terminology in the Ukrainian language, a Committee Approach was used involving five experts who met inclusion criteria for the study. During **Stage 3b** the experts provided feedback regarding key potentially problematic terminology.

Stage 4. Involved one bilingual occupational therapist who completed the back translation.

Stage 5. Involved the review of the back translation by the COPM authors, harmonization and preparing the final version of the Ukrainian translation. Following

this, the expert committee was consulted again and discussed the remaining problematic areas of translation.

Stage 6. To ensure linguistic and cultural representation of a broad variety of regions of Ukraine, the first author sent official letters of inquiry via email to ten healthcare institutions in six different regions of Ukraine including Dnipro, Kyiv, Rivne, Vinnytsia, Ivano-Frankivsk and Lviv region. Healthcare institutions included hospitals and rehabilitation centers. All ten healthcare institutions granted permission to conduct research via signed letters of cooperation and recruited 20 occupational therapists willing to participate in research. Suggested incentives to participate in the study included free participation in the training on the use of the COPM, methodological support on educational use of the COPM prior to and during data collection from the first author, as well as participation in a lottery following data collection with a gift card in the equivalent of $50.

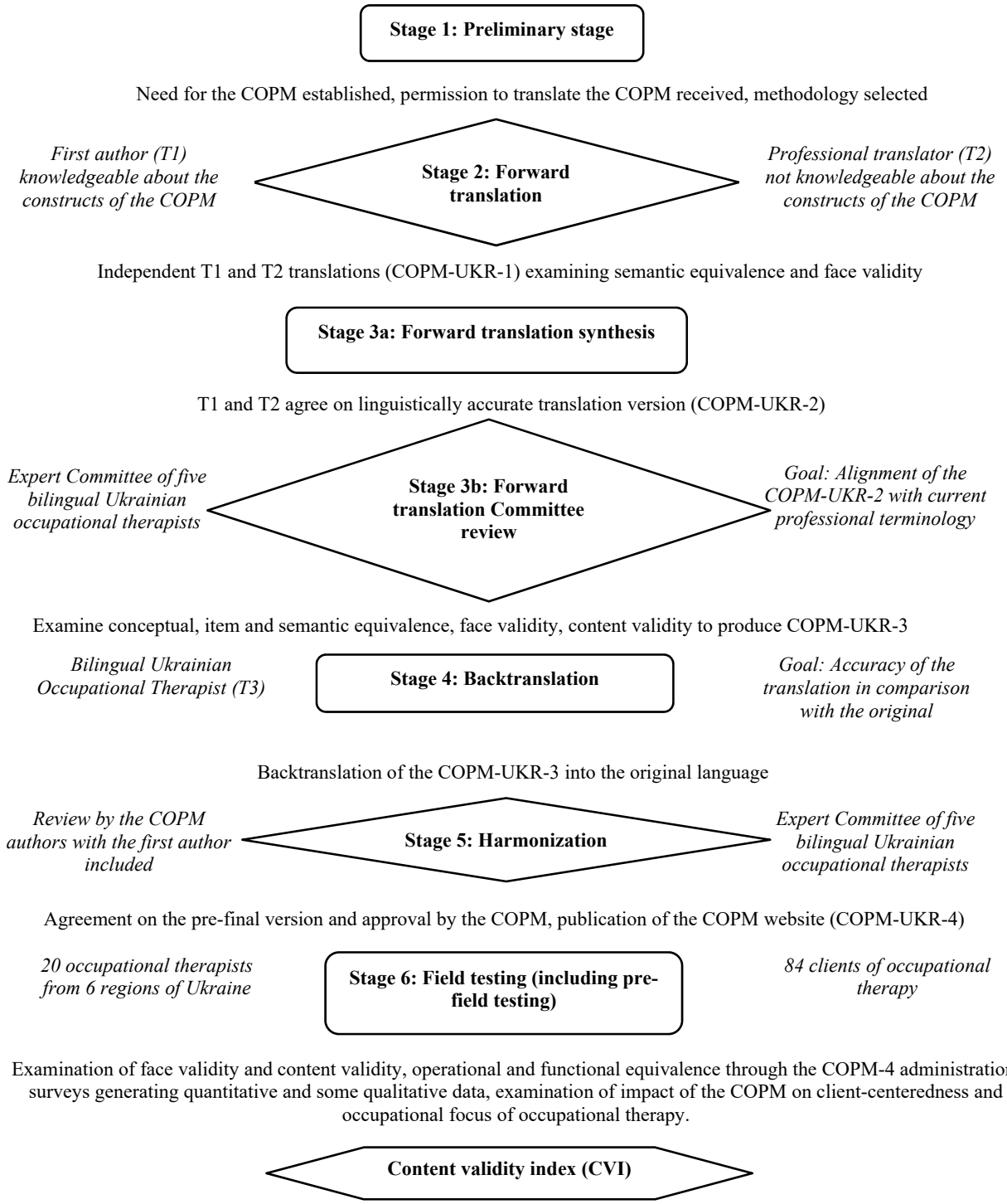

Fig. 1. Stages of the translation and cross-cultural adaptation of the COPM into Ukrainian

Prior to field testing, twenty-one potential occupational therapists were recruited by the institutions were invited to an online videoconference session conducted by the first author to further explain the purpose of the study. If willing to participate in the study, occupational therapists participated in an online training on the use of the COPM provided by the first and second authors. An additional information session was held for those participants who signed informed consent to explain the procedures, deidentification strategies for documentation and timeline of data collection. Prior to data collection occupational therapists were required to administer the COPM with at least five clients. Field testing of the Ukrainian translation of the COPM and data collection took place from April till June of 2024 in 10 different healthcare institutions representing 6 regions of Ukraine.

Clients of occupational therapy in ten healthcare institutions who met inclusion criteria received information about the study from the institution via a video recorded by first author and a detailed description of the procedure and requirements to participate in the study outlined in the informed consent. Occupational therapy clients who signed informed consent to participate in the study agreed to their occupational therapist collecting data with the COPM forms.

During field testing occupational therapists administered the COPM with their clients during occupational therapy process, collected the scored COPM forms, deidentified them and sent them to primary author for data analysis. Clients of occupational therapy completed anonymous survey after their reassessment at the end of their occupational therapy process. Similarly, occupational therapists participated in an anonymous survey at the end of data collection. Further qualitative data was later generated through cognitive debriefing interviews with participants and will be analyzed in a separate paper.

Participants

Group 1 participants included occupational therapists and a professional translator involved in the translation process during Stages 1 through 5 of the study. Inclusion criteria for Group 1 participants were: experience working as an occupational therapist in Ukraine, fluency in both the original and the target language, experience with translation of occupational therapy resources, familiarity with rehabilitation terminology.

Group 2 participants included occupational therapists participating in Stage 6 of the study during prefield testing and field testing. Inclusion criteria for Group 2 participants were: employment as occupational therapist in a Ukrainian healthcare facility, fluency in the Ukrainian language and participation in an online training session on the administration of the COPM provided by the first and second authors.

Group 3 participants included clients of occupational therapy participating in Stage 6 of the study. Inclusion criteria for Group 3 participants were: receiving occupational therapy services in Ukraine, fluency in the Ukrainian language, age over 18 years, ability to respond to questions about daily life and sign informed consent.

Instruments

The COPM is a theory-based, client-centered and occupation-focused outcome measure used globally across various settings by occupational therapists as a tool to facilitate occupation-focused goal setting [2, 12, 13, 14, 15, 16]. The COPM has been proved to have adequate psychometric properties by multiple studies [17, 19, 18]. The COPM is administered in a five-step format of a semi-structured interview with the clients 1) asked to identify occupational performance issues in three main areas of occupation, including self-care, productivity and leisure [18, 20, 21]. The clients are guided by the occupational therapist 2) to rate the importance of the identified occupational performance issues on a 10-point Likert scale from least to most important. Subsequently, the clients collaborate with their occupational therapist 3) to identify goals for their therapeutic program. The clients 4) rate their performance and satisfaction with performance of the chosen occupations on a 10-point Likert scale from worst performance and satisfaction to best performance and satisfaction. Upon completion of their therapeutic program, 5) the clients complete the rating again with the goal of assessing the outcome of the intervention [2].

While the COPM offers a standardized way of outcome measurement, it is not based on a questionnaire with a set of uniform questions and is therefore different from survey-based PROM. The semi-structured interview is facilitated by an occupational therapist who uses their clinical reasoning and unique interviewing skills to individualize the interview process. The COPM form consists of a description of the outcome measure and steps of its administration and uses professional rehabilitation terminology which explains the need to include an expert committee familiar with occupational therapy terminology in Group 1 participants. The COPM form includes three main conceptual domains: self-care, productivity and leisure. Items within these domains are provided on the COPM form as examples to guide the individualized interview process. Further examples are provided in the COPM manual, which testifies to flexibility of administration of this outcome measure. Additional key concepts of the COPM include: importance, performance and satisfaction.

The surveys.

In order to examine face and content validity of the Ukrainian translation of the COPM, surveys for Group 2 and Group 3 participants were developed based on the COSMIN (Consensus-based Standards for the selection of health status Measurement Instruments) criteria and rating system for evaluating the content validity of PROMs [9]. Both surveys consisted of open-ended and closed questions, questions with Likert scales and generated the following types of information: 1) basic demographic information, 2) procedure and perceptions of the COPM administration, 3) participant perceptions regarding the comprehensiveness, comprehensibility and relevance of the COPM, 4) participant perceptions regarding the impact of the COPM on client-centeredness and occupational focus of occupational therapy services (Table 2). The differences of survey focus for Group 2 and Group 3 participants are described below.

Part 1 of Group 2 surveys focused on demographic information requested from occupational therapists including their education, work experience and experience with the COPM. Demographic information requested from clients of occupational therapy gathered data related to their age, gender, health condition, marital status, work occupations, civilian versus military status/trauma.

Part 2 of Group 2 surveys included questions regarding the procedure of the COPM administration. This part inquired whether Group 2 participants 1) explained the purpose of occupational therapy and the COPM to their clients prior to interviews, 2) ensured that the COPM was used with clients fluent in Ukrainian, 3) gathered information regarding the setting and privacy of interviews and potential impact of the COPM-based interview on client mental health. Group 3 participants were asked to rate how comfortable they felt being interviewed by the occupational therapist in this way.

Part 3 of the surveys relied on COSMIN guidelines for assessment of PROMs with similar questions asked of both groups of participants focusing on the comprehensiveness, comprehensibility and relevance of the COPM [9, 10, 11]. The questions used a 4-point Likert scale and data generated from this part of the survey was used to calculate CVI. Group 2 participants had the opportunity to further explain their answers and provided some qualitative data for analysis. This option was not provided for clients of occupational therapy to keep the survey concise and increase the likelihood of its completion. Table 2 presents a merged list of questions asked of both groups of participants in Part 3 of the survey. The survey was pilot tested with one occupational therapist and one occupational therapy client for comprehensibility prior to its use with the entire sample. No changes were made to the interview guide as it was deemed understandable, comprehensive and objective by the occupational therapist participating in the interview. Data collected during the test run of surveys was included in data analysis.

Part 4 of the surveys: Part 4 of the survey asked occupational therapists about their perceptions regarding the impact of the COPM on client-centeredness and occupational focus of their services. Similarly, clients of occupational therapy were asked about the degree to which the goals of therapy set with the help of the COPM focused on occupations important to them and the degree to which they felt they were included to guide goal setting for their therapy.

Data were analyzed through descriptive statistics. Item level content validity index (I-CVI) was calculated using the formula:

$$\boldsymbol{I-CVI} = \frac{\textbf{Number of experts who rated item as 3 or 4}}{\textbf{Total number of experts}}$$

[10, 11, 22].

A descriptive summary of qualitative data was provided from open-ended questions answered by Group 2 participants.

RESULTS AND DISCUSSION

Results obtained from Stages 1 through 5

This study addressed the need for a rigorous, evidence-informed translation, cross-cultural adaptation of the COPM into the Ukrainian language. A new Ukrainian translation of the COPM was created in a multi-step process ensuring conceptual, item and semantic equivalence, face validity and content validity of the COPM (Figure 1.). Demographics of Group 1 Participants are presented in Table 3.

During the multi-step translation process Group 1 participants discussed a number of concepts that were translated differently by T1 and T2 translators in the Forward translation phase. A Committee Approach was utilized to resolve differences and arrive at the final translation version based on majority vote on the suggested translation in the COPM-UKR-2 version. Concepts that required discussion and verification with the expert committee included: occupation, occupational performance, outcome measure, occupation-based practice, establishment of intervention goals, goal setting, assessment, determining progress and outcome, scoring, community management, and socialization. Additionally, the Committee recommended utilization of feminine and masculine gender in the score cards of the COPM.

Table 2

Part 3 of the Surveys generating data for CVI

Questions asked of occupational therapists	Questions asked of clients of occupational therapy
Focus: Face validity and relevance	
OVERALL: To which degree does the content of the COPM correspond to the stated purpose of the interview (to obtain information about problems with performing daily occupations, as well as their level of satisfaction with their own occupational performance)?	**OVERALL: To which degree the interview questions based on COPM corresponded to the purpose of the interview (to obtain information about your daily life, to identify problems with performing daily activities, as well as your level of satisfaction with performing activities)?**
Focus: Operational relevance	
How relevant (suitable) is the scoring system (from 1 to 10) for obtaining an idea of the importance, performance and satisfaction from the performance of a certain occupation (activity) by the client?	
Self-care	
To what extent does the COPM-based interview enable clients to talk to the occupational therapist about self-care activities?	**To what extent did the interview give you an opportunity to tell your occupational therapist about activities related to your self-care?** **How relevant was it for you to be able to tell the occupational therapist about the activities related to your self-care?**
Productivity	
To what extent does the COPM-based interview enable clients to tell the occupational therapist about activities related to productive activities, work, or learning?	**To what extent did the interview give you the opportunity to tell the occupational therapist about activities and tasks that relate to your productivity?** **How relevant was it for you to be able to tell the occupational therapist about activities that are related to your productive activity?**
Leisure	
To what extent does the COPM-based interview enable patients to tell the occupational therapist about activities related to recreation and leisure?	**To what extent did the interview give you an opportunity to tell the occupational therapist about problems with tasks and activities that relate to your productive activities (ie work, home and family responsibilities, or studies)?** **How relevant was it for you to be able to tell the occupational therapist about the activities that are related to your rest and leisure?**
Focus: Comprehensiveness	
How versatile (broad) is the occupational therapist's perception of the problems of performing occupations that the client (patient) faces after conducting an interview with the help of COPM?	**To what extent did the COPM interview questions cover most of the most important aspects of your daily life?**
Focus: Comprehensibility and utility	
How easy (understandable) is the COPM to use? **How understandable is the COPM scoring system to you as a professional and how convenient is it (after participating in the training and pilot use)?**	**How easy was it for you to understand the questions that your occupational therapist asked?** **How understandable (easy to understand) is the scoring system (from 1 to 10)?**

Note. Likert scale included the following ratings: 4 – to a very high degree/very good/very relevant/very clear; 3 – to a sufficient degree/good/relevant/understandable; 2 – to a weak degree/not so good/not so relevant/difficult to understand; 1 – not at all/poor/to no degree/not understandable/very difficult [9].

Table 3

Demographic information about Group 1 participants

Demographics	Number of participants, n (n=8)
Gender	Females – 8
Profession	Occupational therapists – 7 Professional Interpreter – 1
Language skills	Bilingual in English and Ukrainian – 8
Work experience	Five years and more – 7
Scientific degree	With PhD – 2

Results from Stage 6 obtained Group 2 participants: occupational therapists

Once the new Ukrainian translation of the COPM was generated and published on the COPM website, twenty occupational therapists conducted field testing of the COPM. The occupational therapists conducted a total of 92 initial COPM interviews followed by 87 re-assessment interviews (a total of 179 interviews), filling out the COPM forms with data from both the initial assessment and the re-assessment. Each occupational therapist on average obtained data from four clients. Data from the COPM forms was stored in a password-protected drive for further analysis to be conducted in the next study.

After completing the COPM interviews with the clients, the occupational therapists participated in an anonymous survey. *Part 1* of the survey generated demographic data about Group 2 study participants. These are presented in Table 4.

Table 4

Demographic information about Group 2 study participants

Characteristics	Group 2 participants, n (n=20)
Gender	Females: 20
Education	Formal occupational therapy degree: 3 Degree in physical rehabilitation: 4 Degree in physical therapy and occupational therapy (combined): 13
Work experience	0 – 1 years of experience: 4 1 – 2 years of experience: 5 3 - 5 years of experience: 4 Over 5 years of experience: 7
Practice area	General (mixed) rehabilitation: 18 Specialized Neurology (SCI): 2
Geographical area	Eastern Ukraine: Dnipro region: 2 Central Ukraine: Vinnytsia region: 2 Northern Ukraine: Kyiv region: 4 Rivne region: 3 Western Ukraine: Lviv region: 5 Ivano-Frankivsk region: 4
Prior use of the COPM	Did not use in practice regularly prior to pilot study: 14 Used in practice regularly prior to pilot study: 6 Of this number: - started using immediately prior to data collection, 2 - have used it for 2-3 years: 2 - have used the COPM for over 3 years of practice: 2
Reasons for not using the COPM prior to pilot study	Did not know how to use the outcome measure: 7 Did not know about the outcome measure: 1 Did not understand the value of the measure: 1 Did not have a good Ukrainian translation of the measure: 1 Difficulty engaging the patient to identify occupational performance issues independently: 1 Bias regarding the long administration time of the measure: 1 Bias regarding the inapplicability of the measure with Ukrainians (due to differences in 'cultural mentality'): 1 Bias regarding the short duration of rehabilitation: 1

Part 2 of the survey inquired about the procedural aspects of the COPM administration. Due to unknown reasons, one of Group 2 participants provided incomplete answers for the survey, therefore the responses to some of the questions are not at 100%. All but one occupational therapist (n=19, 95%) attested to explaining the purpose of occupational therapy and the COPM prior to its administration. All but one occupational therapist (n=19, 95%) attested to using the new Ukrainian translation of the COPM with clients fluent in Ukrainian. Only 50% (n=10) of occupational therapists reported that they always ensured privacy during interviews. The other half (n=10) of Group 2 participants stating that the conditions of their work environment do not always allow for privacy of patient-therapist interactions with other people (both patients and staff) being present in the room. When asked to provide their input related to the importance and the impact of privacy on the COPM interviews, all but one occupational therapist (n=19) shared that privacy allows for more openness, trust and increased comfort level to share details about occupational performance issues, particularly personal, hygiene and sexuality-related issues. Additionally, occupational therapists reported increased client focus during the interview conducted in private settings that also prevented distractions to other people and conversations happening in the room. One occupational therapist shared that privacy was not always good for clients who were military servicemen who were more likely to be skeptical about interview-based assessments and more likely to share false information inflating their ability level during a private interview.

Part 3 of the surveys focused on face validity, content validity, operational and functional equivalence of the COPM translation. The first survey question (Table 2) explored face validity of the Ukrainian translation of the COPM as a general impression about the measure. All therapists answering this question (n=19 out of 20) supported that the content of the COPM corresponds to the purpose of the interview to a very high degree, thus confirming the face validity of the COPM. Occupational therapists provided a rating of either 3 or 4 for all of the items on the questionnaire, thus I-CVI for all 8 items totaled to 1.0 (Table 2). In supplementary comments, three occupational therapists indicated that their clients had trouble understanding the scoring system but after explanation they were able to complete the ratings. Four occupational therapists shared that they sometimes needed to paraphrase, explain or provide examples of the following terms for their clients: satisfaction (reported by one occupational therapist), leisure (reported by one occupational therapist) and functional mobility (reported by two occupational therapists), community mobility (reported by one occupational therapist).

Part 4 of the survey explored the perceptions of occupational therapists regarding the COPM. When asked how useful the COPM is for occupational therapy practice, occupational therapists rated its usefulness as 9.9 out of 10, with 10 being extremely useful. When asked to rate the difficulty of administration of the COPM, occupational therapists rated it as 2.75 out of 10, with 10 being extremely complex. Figure 2. shows occupational therapist responses to the question about how frequently they plan to use the COPM in their practice with clients who are able to participate in the interview based on their cognitive and language skills.

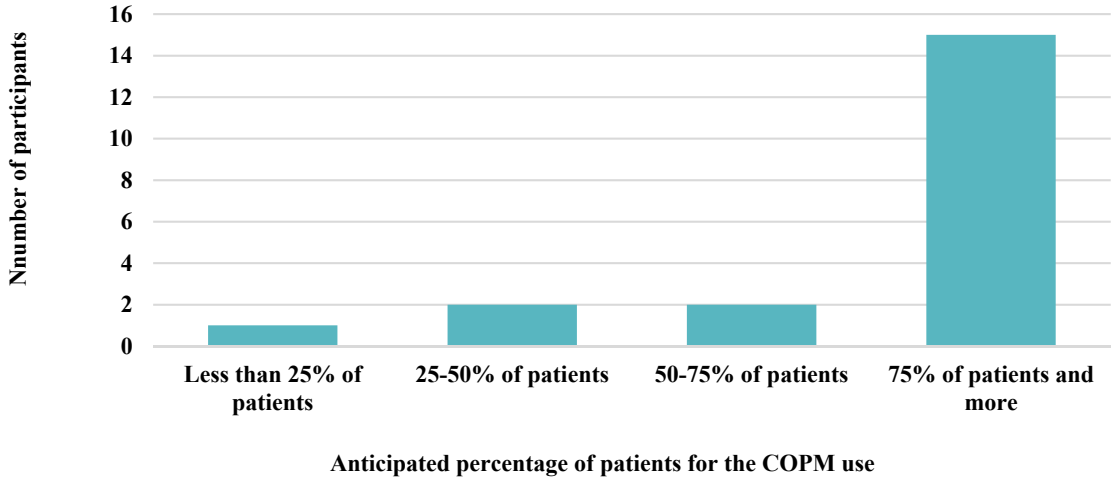

Fig. 2. Occupational therapists' intention to use the COPM in future clinical practice

Occupational therapists were asked to rate the impact of the COPM on client-centeredness and occupational focus of occupational therapy in general and their own practice in particular. In general, all occupational therapists expressed that the COPM has a potential to increase both client-centeredness and occupational focus of occupational therapy practice either significantly (n=17 out of 19 responses for this question; 89%) or sufficiently (n=2 out of 19 responses for this question; 11%). When asked to analyze the change in their own practice as impacted by their participation in the study, half of Group 2 participants (n=8 out of 14 responses for this question; 57%) reported that their client-centeredness improved sufficiently. Further, five occupational therapists (36%) report a minor increase in client-centeredness and one person stated that their level of client-centeredness did not change as a result of their participation in the study (7%). In supplementary comments, Group 2 participants who rated the change of their client-centeredness as minimal stated that their practice has always been client-centered.

All participants reported that the COPM enhanced the occupational focus of their practice with the majority reporting either a significant increase (n=6 out of 14 responses for this question; 43%) or an increase to a sufficient extent (n=4; 28.5%). Additionally, four participants (28.5%) reported minor change in their occupational focus. Participants were able to support their ratings with extended answers, which included the following themes: increased awareness and appreciation of the importance of focusing on occupations with clients, increased ease of goal setting and intervention planning, expanded variety of occupations used in practice, a shift away from a biomechanical frame of reference or focus on physical impairments, ease of explaining the purpose and importance of occupational therapy or incorporating occupations in treatment sessions.

When asked whether the COPM may have a negative impact on the mental health of clients, three participants indicated that clients may experience sadness realizing their limitations, however adding that it can be counterbalanced by hope in creating a plan to address these limitations. All participants highlighted the positive impact of the COPM on client mental health, including: increased awareness of client issues, clarity to focus on relevant goals, a sense of control and taking responsibility for their goal attainment, increased motivation for participation in therapy.

Results from stage 6 obtained from Group 3 participants: clients of occupational therapy

Group 2 participants were asked to conduct COPM interviews with five clients each, therefore the expected number of Group 3 participants was around 100. However, some Group 2 participants did not meet this requirement and conducted interviews with less than five clients of occupational therapy. Overall, ninety-two Group 3 participants signed the informed consent to participate in the study via anonymous link in Qualtrics. As five Group 3 participants were discharged prior to the re-assessment interview, 87 out of 92 Group 3 participants completed the second COPM interview with their occupational therapist and an exit survey. Following the re-assessment interview, the clients completed an exit survey with 84 complete answers gathered and analyzed. Demographic information about Group 3 study participants represented in Table 5.

Table 5

Demographic information about Group 3 study participants

Demographic information	Statistical data, n (%)
Gender	**Males – 66 (79%)** **Females – 18 (21%)**
Age	**18-25 years old – 6 (7%)** **25-35 years old –22 (26%)** **35-45 years old – 18 (21%)** **45-60 years old – 25 (30%)** **Over 60 years old – 13 (15%)**
Family status	**Married – 47 (56%)** **Single – 35 (42%)** **Cohabiting – 2 (2%)**
Children	**With children – 53 (63%)** **No children – 31 (37%)**
Military	**Military servicemen (war trauma) – 43 (51%)** **Civilians – 41 (49%)**
Plans to continue military service (if health status allows)	**Planning to rejoin the army after recovery – 17 (20%)** **Not planning to rejoin the army – 53 (63%)** **It's difficult to predict – 14 (17%)**

Face validity and content validity of the new COPM translation was examined through survey questions. The data collected testify to the fact that the majority of occupational therapists and clients of occupational therapy find the Ukrainian translation of the COPM relevant, understandable and comprehensive. Content validity index (I-CVI) is found to be at 0.89 or above which demonstrates excellent content validity of the Ukrainian translation of the COPM [10, 11, 22] (Table 6).

Table 6

Content validity of the COPM based on ratings from occupational therapists and clients of occupational therapy

Survey items	Occupational therapists' responses	I-CVI	Client responses	I-CVI
Overall relevance	**4 – 19 (100%) 3 – 0 2 – 0 1 – 0**	**1.0**	**4 – 46 (55%) 3 – 37 (44%) 2 – 1 (1%) 1 – 0**	**0.99**
Operational relevance	**4 – 15 (79%) 3 – 4 (21%) 2 – 0 1 – 0**	**1.0**		
Relevance of self-care in the COPM	**4 – 15 (79%) 3 – 4 (21%) 2 – 0 1 – 0**	**1.0**	**4 – 43 (51%) 3 – 40 (48%) 2 – 1 (1%) 1 – 0**	**0.99**
Personal relevance of self-care			**4 – 40 (48%) 3 – 39 (46%) 2 – 5 (6%) 1 – 0**	**0.94**
Relevance of productivity in the COPM	**4 – 15 (79%) 3 – 4 (21%) 2 – 0 1 – 0**	**1.0**	**4 – 41 (49%) 3 – 39 (46%) 2 – 4 (5%) 1 – 0**	**0.95**
Personal relevance of productivity			**4 – 31 (37%) 3 – 49 (58%) 2 – 3 (4%) 1 – 1 (1%)**	**0.95**
Relevance of leisure in the COPM	**4 – 15 (83%) 3 – 3 (17 %) 2 – 0 1 – 0**	**1.0**	**4 – 37 (44%) 3 – 45 (54%) 2 – 2 (2%) 1 – 0**	**0.98**
Personal relevance of leisure			**4 – 26 (31%) 3 – 49 (58%) 2 – 7 (8%) 1 – 2 (2%)**	**0.89**
Comprehensiveness	**4 – 12 (63%) 3 – 7 (37%) 2 – 0 1 – 0**	**1.0**	**4 – 25 (30%) 3 – 58 (69%) 2 – 1 (1%) 1 – 0**	**0.99**
Comprehensibility of questions	**4 – 11 (58%) 3 – 8 (42%) 2 – 0 1 – 0**	**1.0**	**4 – 31 (38%) 3 – 45 (54%) 2 – 7 (8%) 1 – 0**	**0.92**
Comprehensibility of rating system	**4 – 12 (60%) 3 – 8 (40%) 2 – 0 1 – 0**	**1.0**	**4 – 41 (49%) 3 – 42 (50%) 2 – 1 (1%) 1 – 0**	**0.99**

Notes: I-CVI – Item level Content Validity Index: Likert scale included the following ratings: 4 – to a very high degree/very good/very relevant/very clear; 3 – to a sufficient degree/good/relevant/understandable; 2 – to a weak degree/not so good/not so relevant/difficult to understand; 1 – not at all/poor/to no degree/not understandable/very difficult [9].

Part 3 of the survey obtained data regarding clients' perceptions of the degree of client-centeredness of their therapy. Eighty-two clients (99%) reported that the COPM allowed their occupational therapists to focus on what they wanted for therapy to a great degree (n=39 out of 83 responses for this question; 47%) or sufficient degree (n=43; 52%). Similarly, eighty-two clients (99%) reported feeling engaged in directing the goals for their therapy to a great (n=36; 43%) or sufficient degree (n=46; 55%). Lastly, 82 clients (99%) reported that they believe that the COPM allowed their occupational therapist to focus on their activities and occupations for goal setting.

Translation process

The COPM is a unique and widely used outcome measure in occupational therapy that is often described as a PROM [23; 13]. Typically, PROMs are questionnaire-based and their translation and cultural adaptation requires feedback from the target population rather than experts [5]. However, the COPM is different from other PROMs in that it relies on the professional to administer it and that it utilizes professional terminology. During the semi-structured interview, the therapist uses professional terminology to record patient's report on the COPM form but has the freedom to build the interview based on a client-centered approach, paraphrasing, explaining and providing examples of the items from the COPM scoring sheet. Our study effectively addressed this feature of the COPM and the use of the Committee Approach mitigated the challenges of translating professional terminology. In addition to addressing face validity, conceptual, item and semantic equivalence of the new translation, a Committee Approach ensured that the new translation aligned with the emerging occupational therapy terminology in Ukrainian. As a conclusion, we recommend that the Committee Approach be added to recent guidelines for translation and cross-cultural adaptation of health measurement instruments proposed by Cruchinho and colleagues to ensure the correct translation of professional terminology in future translations of the COPM into other languages [5].

Field testing and content validation

Field testing of the new Ukrainian translation of the COPM addressed operational and functional equivalence and confirmed excellent face and content validity as operationalized through anonymous surveys conducted separately with occupational therapists as well as clients of occupational therapy. Acceptable CVI includes ratings at least 0.78 [5, 10, 11, 22], while CVI ratings in our study were at or higher than 0.89 as rated by both the occupational therapists and clients of occupational therapy. In previous studies, CVI ratings ranged from 0.93 to 1.0 as rated by occupational therapists and 0.78 to 1.0 as rated by clients [23]. Therefore, our findings correlate with similar studies on content validity of the COPM conducted in other countries and indicate that the COPM interview generates data that measures occupational performance in a comprehensive way, is relevant and comprehensible for the target population [25, 26].

We believe that our study design accounts for the high CVI ratings and the success of using the COPM in practice by participating occupational therapists. Specifically, we attribute high CVI score to the following factors. Firstly, in adherence with previous recommendations from multiple prior studies [27, 28, 29], all occupational therapists went through training in the use of the COPM before data gathering. Secondly, all participating occupational therapists explicitly explained occupational therapy and the COPM to their clients before administration of the COPM with only one therapist stating that they sometimes omitted this step. Previous research suggests that the COPM aligns well with client-centered approach in rehabilitation, but that clients often lack understanding of their role in this approach as well as insight into the profession of occupational therapy and what it has to offer [27]. We suppose that explicit explanation of occupational therapy, the COPM purpose and process set the stage for the interviews and prepared the clients well to reflect on their occupational performance issues, contributing to the success of the COPM use. Therefore, our study supports previous research findings recommending 1) training in the COPM and 2) thorough explanation of the nature and goals of the profession of occupational therapy regardless of client's previous knowledge of the profession, and 3) a detailed explanation of the purpose and procedure of the COPM interview [25, 27]. Additionally, feedback from occupational therapists in our study suggests that the majority of client interviews took place in settings lacking privacy despite the fact that most therapists recognize that insufficient privacy may have an adverse impact on the interview. Therefore, another recommendation related to the COPM administration and ensuring operational equivalence we have is for practitioners to strive for a private interview setting to ensure not only confidentiality, but increased client openness for information sharing and client focus.

Lastly, a recent publication questioned the adequacy of content validity of the COPM, asserting that previous studies conducted on content validity of the COPM lack rigor and are of low-quality [3]. However, this systematic review [3] did not include research on content validity that was conducted recently [25]. Our study not only adhered to the COSMIN guidelines for content validity research

incorporating questions about comprehensiveness, comprehensibility and relevance of the COPM asked of clients, but also of occupational therapists [9, 23]. Therefore, our study contributes to the global body of knowledge on the psychometric properties of the COPM and supports its adequate content validity.

Perceptions of the COPM by Ukrainian occupational therapists

Both occupational therapists and their clients provided a positive assessment of the Ukrainian translation of the COPM. The majority of occupational therapists participating in the study had not used the COPM routinely in their practice prior to participating in the study. Three of them disclosed having bias regarding the use of the COPM in practice due to their perception of the excessive length of its administration and potential inapplicability in Ukrainian context and/or culture. Despite this, in our study the COPM was rated as extremely useful by all participants and the vast majority of occupational therapists reported their intention to use the COPM consistently with at least 75% of their clients. This finding differs from previous research studies which reported limited routine use of the COPM by practitioners despite appreciation of its value for practice [30]. This difference might be explained by the fact that occupational therapy is a new profession and client-centered approach is somewhat new to Ukrainian rehabilitation. In contrast, in countries where occupational therapy has a longstanding history, client-centeredness and occupational focus have been integral features of the profession and can be achieved in less structured ways throughout the evaluation and goal setting process [30, 31]. Ongoing professional discussions on client-centeredness taking place in multiple countries illustrate continued significance of this approach in contemporary occupational therapy practice not only for improved patient outcomes and shared decision making, but also for cost-effectiveness and convenience of healthcare services [32, 33, 34].

In our study the post-field-testing survey revealed that the COPM is perceived to have a positive impact on client-centeredness and occupational focus of occupational therapy process by therapists as well as clients, enabling them to identify a wide range of occupational performance issues as evident from previous findings from literature [28, 31]. This is particularly important for the Ukrainian context as the profession of occupational therapy is developing and requires a solid occupational foundation. A recent scoping review suggests that professional identity of occupational therapists is a multidimensional construction which maintains an occupation-centered focus at its core and is therefore vital for Ukrainian occupational therapy to attain and follow [35].

A final consideration we need to include in the discussion is that we conducted this study during active war and over 50% of clients of occupational therapy participating in this study were military servicemen, and the vast majority of occupational therapy clients in the study were males (79%). This skewed gender representation had the potential to impact the results of the study. Additionally, an opportunity to gather qualitative feedback from clients of occupational therapy would have strengthened the rigor of this study, but extended answers were excluded from client surveys to increase response rate. A previous survey conducted by authors among occupational therapy practitioners suggested that the use of the COPM with veterans is associated with additional challenges [4]. The preliminary qualitative data from this study did not provide further insight into these differences, as CVI ratings were above acceptable across both the civilian clients as well as military personnel which aligns with previous research conducted in other countries suggesting that the COPM has been successfully used with this population [36]. Cognitive debriefing interviews were conducted with study participants for qualitative analysis to be published in a separate paper.

CONCLUSIONS

1. This study successfully developed a new evidence-informed Ukrainian translation of the COPM and established its robust face and content validity, making it a valid outcome measure for occupational therapy practice with both civilian population and military personnel in Ukraine. This study marks the first evidence-informed translation, cross-cultural adaptation and validation of an occupational therapy specific outcome measure in the Ukrainian language.
2. The results of this study have broader implications as they contribute to and facilitate the development of professional rehabilitation terminology in general and occupational therapy specific terminology, advancing the profession of occupational therapy in Ukraine. Future studies should further examine the psychometric properties of the Ukrainian version of the Canadian Occupational Performance Measure, the data gathered via the Canadian Occupational Performance Measure forms and the perceptions of occupational therapists regarding the impact of the measure on their practice. Concerns expressed by occupational therapists participating in this study related to administration of the Canadian Occupational Performance Measure with military servicemen require further exploration.

Contributors:

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