from more clinical manifestations of paranoid beliefs. Objective: To provide preliminary data on the psychometric properties of the Portuguese version of the Paranoia Checklist in a mixed sample (47 patients and 157 healthy controls).

Methods

Self-report questionnaires were completed by 202 participants, with the aid of a psychologist when necessary.

The PC has shown excellent internal consistency (frequency, conviction and distress subscales $\alpha > .96$) and is a brief and simple measure capable of distinguishing between a clinical and non-clinical group of participants regarding the dimensions of frequency and conviction of paranoid thoughts. Participants from the clinical and non-clinical groups did not present statistically significant differences regarding the distress resulting from the paranoid thoughts.

Conclusions

Overall, the clinical population presented increased scores in all dimensions of paranoia in comparison to the healthy controls, similarly to the original studies with the English version of the checklist. The assessment of paranoia has been shown to be a continuum process common to clinical and non-clinical groups. The PC is a psychometrically sound measure to assess different paranoid thoughts on a multidimensional perspective and with sensitivity to distinguish groups of patients and healthy individuals, being suitable for use both in clinical and research settings.

Keywords

Paranoia, schizophrenia, assessment

Reliability and validity of the Composite Scale on Morningness:

European Portuguese version, in adolescents and young adults
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Background

Morningness-eveningness, also known as chronotype, reflects demonstrable inter-individual differences in the peak timings (but not in the amount) of several circadian rhythms. The Composite Scale of Morningness (CSM) by Smith et al. (1989) [1] is one of the most widely used tools to access it. It has been long used in research in Portugal, but very few detailed reports exist about its psychometric properties in younger ages and student samples in our country. Objective: to report reliability and validity data about the Portuguese version (Pt) of the CSM in high school and university students.

Three hundred eighty-seven (387) high school students (7th to 12th grades, 51.5 %F) and 1654 undergraduates (1st to 3rd grades, 55.0%F) completed the CMS-Pt version [2], plus a set of self-report questions on sleep patterns in order to examine the questionnaire validity.

Results

As to internal consistency, Cronbach alpha coefficients were 0.81 in each sample (high school and undergraduate students). Corrected item-total correlations ranged from .27 to .55 (high schoolers) and from .31 to .59 (undergraduates). As to validity, lower morningness scores were associated, as expected, with later sleep-wake schedules and mid-points of sleep. Correlations between morningnesseveningness scores and sleep patterns were generally larger for sleep schedules variables than for time in bed or sleep durations, suggesting convergent and discriminant validity, respectively. Scale structure agreed with previous literature reports.

Conclusions

The CSM-Pt version is a reliable and valid tool to measure morningness-eveningness in adolescents and young adults' students with ages ranging from 12 to 25 years old.

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Keywords

Morningness-eveningness, chronotype, composite scale, CSM, adolescents, young adults, interindividual differences

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Evaluation scale of patient satisfaction with nursing care: Psychometric properties evaluation

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Background

Patient satisfaction with nursing care appears as an important indicator for the evaluation of Structure factors - allocation of nurses, and Process factors - providing nursing care. The research aimed to evaluate the psychometric properties of the Patient Satisfaction with Nursing Care Scale (SUCEH21) in a Hospital, and also the reconstruction and validation of the scale's new version.

Methods

We carried out a quantitative study, cross-sectional, sample of 1,290 patients admitted in 43 services, from 8 Portuguese hospitals. Confirmatory factor analysis (CFA) did not allow the confirmation of factorial structure.

The original model was composed by 6 factors and 21 items and revealed an unacceptable quality of adjustment ($\chi 2(176) = 5050.132$; p = 0.000; $\chi 2/gl = 28.694$; GFI = 0.765; PGFI = 0.583; RMSEA = 0.147). The model is valid only with 3 factors, ending up with a total of 13 items $(\chi 2/gI = 6.017; p = 0.000; GFI = 0.958; PGFI = 0.600; RMSEA = 0.062).$

Results

The exploratory factor analysis (EFA) studies confirm the number of factors found (Quality of Care, Quality of Information, Quality of Nursing Care) and 18 items. We found that the 3 factors are individually more extensive, covering the aspects that included the 6 initial factors. The final version of the Evaluation of Patient Satisfaction with Nursing Care Scale (EASCCE18) has an index of reliability ($\alpha = 0.875$) and validity (total variance explained of 71.5 %) higher than those presented by SUCEH21.

Psychometric studies demonstrate this is a potential tool for the research and monitoring of patient satisfaction with nursing care.

Keywords

Nursing, nursing care, evaluation patient satisfaction