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Editorial: Translated versions of foreign assessment instruments – what are the hidden challenges?

As part of the efforts to support evidence-based practice, it is important to rely not only on locally produced scientific evidence but also on scientific evidence published abroad. To do so, nurses often focus on adopting various assessment instruments (questionnaires, scales etc.) published in foreign scientific sources and translate them to local languages. However, an inappropriate approach can lead to the development of a translated version that is not equivalent to the original version – the translated version measures something else than the original instrument. Consequently, nursing care based on the use of such poorly translated instruments is no longer evidence-based.

In the last two decades, the methods used to translate foreign instruments have advanced, and the use of back translation is now considered the "gold standard". However, several other related aspects are rarely addressed. The neglected aspects include the above-mentioned issue concerning equivalence, specifically, transcultural equivalence. Specifically, the translation of a given instrument from the source language to the target language should produce an instrument that is transculturally equivalent, i.e. an instrument that measures the same theoretical construct (phenomenon) in both cultures (WHO, 2019). This can be difficult. It is possible to mention a number of phenomena or terms that are not necessarily perceived in the same way in both cultures. An example includes the common term *family*. In some cultures, the term *family* primarily includes first-degree relatives; in other cultures, the term is interpreted in a much broader way (Sperber, 2004).

Based on an analysis of a number of published multidisciplinary research studies, Flaherty et al. (1988) identified even five levels of transcultural equivalence – not only conceptual equivalence promoted by the WHO (2019) but also content, semantic, criterion, and technical equivalence. It is possible to mention an example concerning content equivalence. If a hypothetical questionnaire included an item about walking on icy sidewalks, the item would be inappropriate for tropical countries where the temperature never drops below the freezing point (Acquadro et al., 2014). Technical equivalence can concern the way in which data are obtained using the instrument; e.g., whereas in one culture, it is possible to ask the patient directly, in other cultures, the same information should be obtained from another family member rather than the patient. Grammar and sentence structure can be relevant as well as they may not always be comparable. For example, some Asian languages do not have the conditional, making the translation of hypothetical instrument items difficult (Sartorius, Kuyken, 1994).

In conclusion, it is obvious that apart from the translation, it is important to perform transcultural validation. The WHO (2019) stresses that the process should include a pre-test of the translated instrument or a so called cognitive interview by involving representatives of the target group (i.e., a group of intended users of the instrument). Furthermore, the entire process could include other methods, both qualitative methods (e.g., a discussion or observation) and quantitative methods (e.g., content validity indexing and modified kappa calculations) (Mandysová, Herr, 2019). These methods support the quality of the translation and subsequently also the quality of evidence-based nursing practice.

Assoc. Prof. Petra Mandysová, MSN, Ph.D.
University of Pardubice, Faculty of Health Studies, Department of Nursing

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