



A committee approach maintaining cultural originality in translation



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ABSTRACT

Various methods have been used to translate existing assessment tools and clinical nursing materials from one language to another. The method of choice depends on the research objectives, availability of translators, budget, and time. We highlight our experience using the committee approach to translation. This less commonly used approach introduces the concept of cultural consensus building early in the translation process, which is particularly appropriate when languages are culturally and linguistically distant. Our experience centers on the translation of the Primary Communication Inventory (PCI), from English to Japanese, to study first-time parents in Japan.

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1. Introduction

Carefully translated materials, such as assessment tools and educational leaflets, are a critical element of authentic cross-cultural research and culturally sensitive practice (Maneesriwongul & Dixon, 2004; Nasser & Diefenbach, 1996; Pan, Sha, Park, & Schoua-Glusberg, 2009; Villagran & Lucke, 2005; Weeks, Swerissen, & Belfrage, 2007; Willgerodt, Kataoka-Yahiro, Kim, & Ceria, 2005). When translating an item from its original language, the guiding principle is to assure that the translation is both accurate and culturally relevant (Pan et al., 2009; Peña, 2007; Sperber, 2004). Such efforts mean that the translation process can be both expensive and time-consuming (Acquadro, Conway, Hareendran, & Aaronson, 2008; Guillemin, 1995; Sperber, 2004; Willgerodt et al., 2005). Therefore, before attempting to translate existing materials, nurse researchers and clinicians must understand the various translation methods available, select the best approach for their specific project and, then, once translated, establish the equivalence of the newly translated version (Sperber, 2004).

Translation equivalence occurs when “two individuals with the same amount or level of the construct being measured have equal probabilities of making the same response to the different language versions of the same item” (Vinokurov, Geller, & Martin, 2008, p. 47). When languages have similar linguistic roots, establishment of translation equivalence is often straightforward, using back translation (Brislin, 1970; Weeks et al., 2007). Translation equivalence becomes increasingly challenging when

the languages have dissimilar linguistic roots. For example, in our research with first-time parents in Japan, we needed to translate an existing assessment tool – The Primary Communication Inventory (PCI) – from English to Japanese. These two languages are as different linguistically as the cultures who speak them. Therefore, we knew upfront that linguistic, or word-for-word, equivalence would be challenging. A better choice for us was the committee approach to translation.

The committee approach to translation attempts to decrease the introduction of cultural bias inherent in the native language, by introducing collaborative, consensus translation efforts early in the translation process (Martinez, Marin, & Schoua-Glusberg, 2006; Pan & De La Puente, 2005; Simonsen & Elklit, 2008). This stands in contrast to back translation, where one individual translates initially and then proceeds to an expert panel. In the committee approach, the translation process begins with several translators individually translating the original questionnaire in parallel (Douglas & Craig, 2007; Harkness, 2003; Peters & Passchier, 2006). An adjudicator is assigned to oversee as the various translations are reviewed by the group, or committee, of individual translators to establish consensus up front. The importance of a skilled adjudicator is emphasized, especially with translators from backgrounds where the cultural norm is not to criticize others' opinions (Acquadro et al., 2008; Hilton & Skrutkowski, 2002; Maneesriwongul & Dixon, 2004). Of note is that when using the committee approach, literal equivalence is often sacrificed, especially when languages do not match up well (Nasser & Diefenbach, 1996). The goal is translation equivalence.

In the following paragraphs we describe our use of the committee approach to translate a pre-existing tool – the Primary Communication Inventory (PCI) – from English to Japanese, and present preliminary data from the pilot study of the newly constructed Japanese version of the PCI.

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2. Methods

The pilot study of the Japanese PCI was part of a larger study by the first author focused on Japanese couples practicing a long-standing Japanese birth ritual known as Satogaeri Bunben (Furukawa, 2011). Approval for the study was obtained from the university institutional review board (Furukawa, 2011). During Satogaeri Bunben, the pregnant woman leaves her husband and their shared home, moves away to her parents' home, and later delivers the couple's newborn infant at a hospital near her parents' home. The husband remains in the couple's home, visiting as schedules and distance allow. This long-standing ritual creates a separation period for the couple, which typically begins 1 month prior to the birth and last more than 1 month after the birth. While the ritual offers support and relief from household maintenance for the pregnant wife, it introduces challenges for the young couple in terms of maintaining relationship and communication during this important life transition. The focus of the larger study was on the use of computer-based communication strategies during the extended separation (Furukawa & Driessnack, 2013).

2.1. The Original Instrument - Primary Communication Inventory (PCI)

The PCI was selected to assess satisfaction with communication within and across married couples. It is a 25-item, self-report questionnaire that uses 5-point Likert-scale responses. Originally developed by Locke, Sabagh, and Thomes (1956), it was later modified by Navran (1967) into its current version. Scores on the PCI range from 25–125, with higher scores reflecting greater satisfaction with a couple's level of communication. The instrument has two subscales: nonverbal communication (7 items) and verbal communication (18 items). The PCI, when compared with other marital assessment tools, is able to discriminate between happy and unhappy married couples (Beach & Arias, 1983; Navran, 1967). Couples who are happily married typically have a mean of 105.2 (76.1 verbal/29.1 nonverbal) while less content couples typically have a mean of 81.4 (58.2 verbal/23.248 nonverbal) (Navran, 1967). Test–Retest reliability for the PCI is .86 (Ely, Guernejr, & Stover, 1973).

2.2. Translation Process

Because of the distinctive differences between the English and Japanese language, the committee approach to translation was selected. The translation committee members included four individuals with knowledge of Japanese language, society, and culture. Three members were not only nurses with U.S. credentials, but also Japanese natives who had acquired English proficiency and worked as nursing professionals in the U.S. A fourth member was an English as a Second Language (ESL) educator, who was an American native, fluent in Japanese, and had experience working in Japanese institutions.

Three members translated the PCI in parallel. Two members were Japanese natives, while the third was American. The adjudicator was a Japanese native. All three versions were reviewed and adjudicated to establish the final 'translated' version. During this process, one item (item 16) required extended conversation to reach consensus. The item - "Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?" - was difficult to translate because of Japanese connotations of the word "sacred". Unlike many western religious traditions, Japanese religion has a polytheistic orientation that emphasizes harmony, order, and self-development. The Japanese believe that gods or spirits reside in all of nature (e.g. mountains, rivers, the sun) and assign great value to them. They feel an obligation to nature and to those around them, rather than to one god. Religious practice in Japan is not about adhering to sacred beliefs associated with a religion, but to the maintenance of

harmonious relations with others, both spiritual and human, and the fulfillment of social obligations as a member of a family and a larger community. However, when the term *sacred* is attached to the word *belief*, the committee members reflected that Japanese people might hesitate to respond because the query appears to be asking about religion (Hasizume, 2007). The committee discussion, led by the adjudicator, deleted the word, *sacred*, without replacing it. The item now read "Can you and your spouse discuss your beliefs without feelings of restraint or embarrassment?" No other discrepancies were noted between translations.

2.3. Pilot study

Four Satogaeri Bunben couples were involved in the pilot of the Japanese PCI, which was delivered via a web survey a three points: 1) during late pregnancy (at the beginning of separation), 2) 1-month postpartum, and 3) 6-months postpartum (after the couple was reunited). All participants answered during the late pregnancy and 1-month postpartum, but one couple missed at 6-months postpartum because of an earthquake in 2011 in Japan. The mean score of PCI was 91.5 ($SD = 8.9$), that of verbal was 66.6 ($SD = 7.5$), and that of nonverbal was 24.9 ($SD = 2.1$). The overall Cronbach's alpha (.79) and test–retest reliability (.84–.86; $p < .05$) were acceptable (George & Mallery, 2003). An item analysis was also conducted to ascertain the alpha if each item was deleted, with a specific look at the one newly altered item (.76).

3. Conclusion

A careful translation of study instruments and clinical materials from one language to another is a critical first step in nursing research and practice. Accordingly, nurses need to understand that there are different approaches to translation, such as forward translation, back translation, and/or the committee approach, that can be used depending on the linguistic and cultural similarity of the languages. Our decision to use the committee approach, with its upfront cultural consensus building, was rooted in our prior knowledge of the distinct differences between Japanese and English language and culture. Our decision was also informed by the content focus of the PCI - communication - as communication itself was anticipated to be culturally different. While the majority of the items in the PCI could be translated literally, we highlight the committee's discussion of differences of culture (western and Japanese), especially as they pertained to the word "sacred". Further study with the larger sample size is still needed to complete the tool translation process.

References

- Aquadro, C., Conway, K., Hareendran, A., & Aaronson, N. (2008). Literature review of methods to translate health-related quality of life questionnaires for use in multinational clinical trials. *Value in Health, 11*(3), 509–521.
- Beach, S. R. H., & Arias, I. (1983). Assessment of perceptual discrepancy: Utility of the Primary Communication Inventory. *Family Process, 22*(3), 309–316.
- Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology, 1*(3), 185–216.
- Douglas, S. P., & Craig, C. S. (2007). Collaborative and iterative translation: An alternative approach to back translation. *Journal of International Marketing, 15*(1), 30–43.
- Ely, A. L., Guernejr, B. G., & Stover, L. (1973). Efficacy of the training phase of conjugal therapy. *Psychotherapy: Theory, Research and Practice, 10*(3), 201–207.
- Furukawa, R. (2011). *Using video-mediated communication to support pregnant couples separated during satogaeri bunben in Japan.* (Doctoral dissertation). Iowa, USA: The University of Iowa.
- Furukawa, R., & Driessnack, M. (2013). Video-mediated communication to support distant family connectedness. *Clinical Nursing Research, 22*(1), 82–94.
- George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference.* Boston: Allyn & Bacon.
- Guillemin, F. (1995). Cross-cultural adaptation and validation of health status measures. *Scandinavian Journal of Rheumatology, 24*(2), 61–63.

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