

Translation Guidelines
for
International Classification for Nursing
Practice (ICNP)



International Classification for Nursing Practice (ICNP) Programme

International Council of Nurses

All rights, including translation into other languages, reserved. No part of this publication may be reproduced in print, by photostatic means or in any other manner, or stored in a retrieval system, or transmitted in any form, or sold without the express written permission of the International Council of Nurses. Short excerpts (under 300 words) may be reproduced without authorisation, on condition that the source is indicated.

Copyright © 2018 by ICN – International Council of Nurses
3, place Jean-Marteau, 1201 Geneva, Switzerland

The International Classification for Nursing Practice (ICNP)

The International Classification for Nursing Practice (ICNP) is an agreed terminology, or dictionary of terms, that has been developed by the International Council of Nurses (ICN) to represent nursing practice consistently in any setting. It does this through statements that reflect what nurses observe and the care that they give. As an international terminology, it is essential that ICNP statements are represented in a range of spoken languages to meet the needs of nurses globally and to ensure that the contribution of nursing to health and care is represented appropriately.

Translation is a complex process that involves a degree of interpretation, going beyond surface linguistics in order to ensure cross-cultural equivalence between terms. Translators should have a clear understanding of the material with which they are working and the people who will use the resulting translation.

Approaches to translation

Maneesriwongul and Dixon (2004), in a review of 47 studies involving instrument translation, identified six methods or approaches. These were (1) forward-only translation, (2) forward-only translation with testing, (3) back translation, (4) back translation with monolingual test, (5) back translation with bilingual test, and (6) back translation with both monolingual and bilingual test. These authors recommended a multi-method approach for translations for cross-cultural research.

In the **Bilingual Sets Method** (Hulin, Dragow & Parsons 1983), both the source and the target material are administered to bilingual subjects and scored using standard procedures. The resulting sets of scores are examined to determine the extent to which the two versions yield the same information from each subject. This procedure assumes that the subjects are equally fluent in both languages. One problem with this strategy is that bilingual subjects may interpret meanings of words differently from monolingual subjects. This is a serious concern since the target subjects for most cross-cultural research are monolingual.

The **Item Response Method** uses Item Response Theory procedures to address some of the known problems in the translation of research instruments (Hulin, Dragow & Parsons 1983). These procedures can provide direct evidence about the meaning of items in the two languages using statistical analysis. Item Characteristic Curves (ICCs) are calculated and compared for each item in the two languages. Total scale scores can also be compared across the two languages. This procedure eliminates the need for bilingual samples. It also eliminates the need for two samples that are equivalent in terms of the distributions of their scores on the trait being measured.

The **Delphi Method** (Burns & Grove 2001) is often used to measure the judgements of a group of experts, assess priorities or make forecasts. It provides a means to obtain the opinion of a wide variety of experts as they provide feedback by repeated surveys. The method can decrease or eliminate the expense of face-to-face meetings. To implement the technique, a panel of experts is identified and questionnaires are developed that address the topic(s) of concern or concepts for translation. Each questionnaire is built upon the results of the previous questionnaire responses. While most items are closed-ended questions, open-ended questions can be available to accommodate more responses by the experts. Throughout the process, the results of the analyses are returned to the panel of experts, along with each subsequent questionnaire. This procedure can be repeated until data reflect a consensus among the panel of experts. Because translation involves interpretation, the Delphi Method has been frequently used by nurses to obtain consensus.

The **Cross Cultural Adaptation Method** (Guillemin, Bombardier & Beaton 1993) includes guidelines for obtaining semantic, idiomatic, experiential and conceptual equivalence in translations. The aim is to facilitate the cross-cultural adaptation process in order to preserve the sensibility of a tool in the target culture. The five steps in the method are:

- *Translation.* This first step is to produce several translations, using qualified translators. Most translations are of higher quality when they are conducted by two independent translators or using a Delphi method with multiple translators. In addition, highly educated individuals may not be culturally representative of the target population. It is essential that nurses from the target language are members of the translation team.
- *Back translation.* Another strategy and probably the most used methodology to adapt any instrument is to translate from the original language to the target language and then proceed to “back translate” from the target language to the original language. The resulting materials should be compared to evaluate the adequacy of the translations. Misunderstandings in the first translation may be amplified in the back translation and thereby revealed. The paired concepts of the two translations can be evaluated as having exactly the same meaning, almost the same meaning, or a different meaning. The paired concepts with different meanings must be revised before inclusion in the final material. Translators without prior knowledge of the intent of the original instrument (source language) may be free of biases and expectations and their back translations may reveal unexpected meanings or interpretations in the final version. Some suggest that back translation can be used for meeting both operational (word for word) and comparative (source to target) objectives of the translation.
- *Committee review.* Members of the committee should be bilingual, and nurses representing the target culture should be included (Phillips,

Hernandez & Ardor 1994). The committee compare the source and final versions. They also modify or eliminate irrelevant, inadequate and ambiguous concepts. In place of inadequately translated concepts, the committee members may generate substitutes better fitting the target language and culture while maintaining the general meaning of the replaced concept. Most importantly, the committee members must ensure that the translation is fully comprehensible to a majority of people. To that end, some recommendations include: short sentences with key words in each item, the active voice rather than the passive voice, repeated nouns instead of pronouns, and use of specific rather than general terms. Reviewers should avoid using metaphors, colloquialisms and jargon.

- *Pre-testing*. This step checks for errors and deviations in the translation. If the final version does not achieve a satisfactory level of equivalence, the committee members can perform further revisions. In the pre-testing phase, the instrument is administered to subjects of the target culture. The evaluation should include testing of quality of the translation in terms of clarity, readability, understanding and actual content (content validity) (Jones & Kay 1992). In order to achieve culturally relevant instruments, both original and target language versions should be tested with the same population. This requires administering both versions to persons fluent in both languages (or bilingual sets as mentioned previously). In some studies, the translated version is tested for cultural relevance and internal consistency using item analysis, test-retest reliability and cluster analysis (Sonninen & Lukander 1999).
- *Weighted scores*. Some instruments provide a scoring method using weights that should be adapted to the cultural context. If weighted scores are part of an instrument, these need further evaluation and comparison between source and target culture.

Guidelines for the translation of ICNP

The guidelines presented below seek to encourage a consistent approach for nurses and others who undertake translation of ICNP, which will in turn help to assure consistency between translations. These guidelines are based on the work of Claudia Bartz, Amy Coenen, Heimar Marion and Hyeoun Ae Park which was in turn based on both relevant literature and practical experience.

Translation of ICNP requires that the translators:

- Establish a formal Translation Agreement with ICN.
- Use a systematic and fully-documented process to provide evidence for the validity of the translation.

- Assign one or more nurses as members of the translation team.
- Assign nurses with substantial knowledge of English and the target language in the translation process.
- Consider involving language experts in the translation process.
- Use the most current (English) version of ICNP as the source for translation. Other translations of the current version could assist the translators, if the target languages are similar.
- Seek to assure cross-cultural equivalence of concepts. Word-for-word or etymological equivalence is not sufficient for ICNP translation.
- Avoid terms or concepts that cannot be clearly defined or are open to wide interpretation.
- Avoid ambiguous terms that have more than one meaning.
- Use specific terms or concepts rather than general terms.
- Avoid colloquial phrases, jargon, metaphors and idiomatic expressions. If these must be used to represent nursing practice in the target language, give examples of their use in context. Report identification of jargon or other colloquial expressions in the source ICNP to ICN.
- Determine culturally adapted translations for culturally laden terms.
- If there is no appropriate term in the target language, translate the source term into a set of words using the definition.
- A set of words in the source ICNP may be translated into one word in the target ICNP if semantically equivalent.
- Gerund forms in ICNP can be translated to an infinitive verb in the target language if this is a more natural representation.
- If there are a variety of prefixes or suffixes for the same noun, adjective or verb (depending on gender, singular or plural, nominative, accusative or genitive), translate into a neutral term where possible.
- Plural words in the source ICNP can be translated into singular words if the target language does not distinguish between singular and plural.
- If there are different terms in the source ICNP with the same meaning in the target language, translate to one term in the target language.

- Word order may need to be different between the source ICNP and the target language.
- Validity testing should be conducted in the field to refine the translation of ICNP. Validity testing is done to assess and assure the quality and comparability of ICNP, while increasing its application in actual nursing practice.
- Throughout the translation process, ICNP concepts may be identified for submission to ICN for addition, modification or deletion. The ICNP submission process should be used for this purpose.

For more information about translation and ICNP, please contact Amy Amherdt (icnp@icn.ch).

References

- Burns N & Grove SK (2001). *The Practice of Nursing Research: Conduct, Critique and Utilization*. (4th ed.). Philadelphia: W.B. Saunders Company.
- Guillemin F, Bombardier C & Beaton D (1993). Cross-cultural adaptation of health-related quality of life measures: Literature review and proposed guidelines. *Journal of Clinical Epidemiology*, 46(12),1417-1432.
- Hulin CL, Drasgow F & Parsons CK (1983). *Item Response Theory: Application to Psychological Measurement*. Homewood, IL: Dow Jones-Irwin.
- Jones E & Kay M (1992). Instrumentation in cross-cultural research. *Nursing Research* 41(3), 186-188.
- Maneesriwongul W & Dixon JK (2004). Instrument translation process: A methods review. *Journal of Advanced Nursing* 48(2), 175-186.
- Phillips LR, de Hernandez, IL & de Ardon ET (1994). Strategies for achieving cultural equivalence. *Research in Nursing & Health* 17, 149-154.
- Sonninen AL & Lukander M (1999). Validation of Translation. in R.A. Mortensen. (Ed.). *ICNP and telematic applications for nurses in Europe*. Amsterdam: IOS Press, pp. 230-3.