

Translating the Short Version of the Perinatal Grief Scale: Process and Challenges

Kathleen Leask Capitulo, Maria A. Cornelio, and Elizabeth R. Lenz

Non-English-speaking populations may be excluded from rigorous clinical research because of the lack of reliable and valid instrumentation to measure psychosocial variables. The purpose of this article is to describe the process and challenges when translating a research instrument. The process will be illustrated in the project of translating into Spanish the Short Version of the Perinatal Grief Scale, extensively studied in English-speaking, primarily Caucasian populations. Translation methods, errors, and tips are included. Tools cannot be used in transcultural research and practice without careful and accurate translation and subsequent psychometric evaluation, which are essential to generate credible and valid findings.

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TOO OFTEN, NON-ENGLISH speaking populations are excluded from rigorous clinical research because of the lack of reliable and valid instrumentation to measure psychosocial variables. To date, most psychometrically sound instruments used in nursing research and practice have been developed in English and their psychometric properties assessed only in English-speaking populations. Few have been translated into other languages and then subjected to systematic psychometric re-evaluation. Because multilingual and multicultural societies will become the norm of the 21st century in the United States (Herberg, 1995), accurate translation of research tools is an essential first step toward development of instruments that are truly appropriate for transcultural and transethnic use.

The purpose of this article is to describe the scientific translation process for a clinical research instrument. Examples of the translation process and of four types of common translation errors are provided from the authors' work in translating to Spanish the Short Version Perinatal Grief Scale (SVPGS). The SVPGS is an English-language tool that has already undergone rigorous psychometric testing with English-speaking subjects. Our goal was to create a single Spanish measure that could be used universally with various Spanish-speaking

populations. There is great diversity within Spanish language subgroups, e.g. people native to islands such as Cuba, the Dominican Republic, and Puerto Rico; Central and South American nations including Honduras, Panama, and Argentina; and those from Spain and Mexico. Having separate instruments for each geographic and cultural group would be cumbersome (Cella, 1998) and not useful for comparing findings across Spanish-speaking populations.

The SVPGS, the most widely used method for measuring perinatal grief, was developed by Toed-

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Because multilingual and multicultural societies will become the norm of the 21st century in the United States, accurate translation of research tools is an essential first step toward development of instruments that are truly appropriate for transcultural and transethnic use.

ter, Lasker, & Ahadef (1988) and primarily measured feelings and thoughts experienced by parents after the loss of a pregnancy or stillbirth. The SVPGS was derived from the Perinatal Grief Scale (PGS). Both instruments had demonstrated excellent reliability and validity in several homogenous Caucasian populations in North America and Europe (Toedter et al., 1988; Harrigan et al., 1993; Hunfeld et al., 1993; Johnson and Puddifoot, 1996). Because culture has been found to influence the experience of grief and bereavement (Ross, 1981), the appropriateness of the SVPGS for other populations cannot be assumed, but remains an empirical question. A comprehensive assessment of the degree to which the conceptualization of perinatal grief that served as the basis for the SVPGS is consistent with sub-cultural norms and definitions of the situation ultimately must be undertaken. However, the present discussion is limited to the issue of translation of an existing, psychometrically sound instrument that was assumed to be culturally appropriate for the Spanish-speaking population in which it would be used.

TRANSLATION METHODS

Translating an instrument from its source language to another language must focus on maintaining content validity and readability. The authors utilized three types of translation methods: translation and back translation, translation by committee using a focus group interview technique (Marín & Van Oss Marín, 1991), and expert translation. *Back Translation*, also known as *double translation*, is defined as a translation from the source language to the target language, using a professional translator, that is then "back-translated" from the target to the source language by a differ-

ent translator. The resulting document is then compared with the original. Every word is analyzed for its meaning. If incongruences are noted, the document is retranslated until the final document matches the original. Key components of this type of translation include having translators who are native speakers and readers in the target language. Ideally, translators must be those who received significant components of their education and learning in the target language. While heralded as the most accurate form of translation, this method is limited, in that it represents a maximum of two linguistic and cultural views, since only two translators are used.

Another form of translation and back translation is "decentering." This process begins with the initial translation, which is then molded into a new, culturally accurate translation in the target language. Marín & VanOss Marín (1991) state that the "difference between double (or translation/back translation) and decentering is that the latter considers both languages equally important in the production of the instrument, while double translation considers the original language the standard against which the target version is to be compared" (pp. 93-94). An example of centering given by Marín & VanOss Marín is the translation of "friend" (in the context of a "live-in significant other") to "*amante*" in Spanish, which was back translated to "lover." The source version was then changed to lover, to more accurately describe the meaning of the word and the relationship. If the source instrument is a published, standardized pre-existing tool, its wording cannot be changed without permission from the individual or organization holding the copyright. The SVPGS, although standardized and published, is not copyrighted. However, permission for use and translation of the tool to Spanish was obtained from the developers. In the process of translation, if unclear or misleading wording is identified, the instrument's developer should be informed of the potential problem.

Focus Group (FG) Translation, or translation by committee, is defined as a translation from the source to a target language by a group of bilingual individuals. An advantage of this method is the opportunity to include native speakers from a variety of countries or areas, an asset when creating an instrument in a target language that should be universally applicable to all populations speaking

the language. As in back translation, native-quality skills in the target language are important for a quality translation. Disadvantages of the FG translation method are that the process is time consuming, consensus building may be difficult, and members of the FG may have varying degrees of expertise in the subject matter and translation. The FG is an excellent arena in which to begin to assess the appropriateness of the underlying conceptualization and the acceptability of the items to a specific sub-cultural group. For example, members can be asked to address the consistency of the items with the nature and range of their own experiences.

Expert Translation is defined as a translation by a person who has demonstrated knowledge and expertise in the languages involved and is familiar with the substantive content area of the instrument if it involves a specialized context, such as health care. The result is a quality translation from a source language to a particular target language. Advantages of this methodology are ease and accuracy. Disadvantages include the high cost, limited availability of expert translators, the need to establish the validity of an expert and the risk of limited generalizability if the expert does not represent a pan-cultural view of the target language.

For this project, all three methods were used to maximize accuracy and enhance content validity of the instrument. Initially, the instrument was translated by two health care professionals who were fluent in Spanish. A back translation was completed by an administrator who was educated in Spanish, in her native Cuba, but the back translation into English poorly matched the English version. Because it was then apparent that there were problems either with the translation or the back translation, an expert from the Hispanic Research and Recruitment Center of the Office of Clinical Trials at Columbia-Presbyterian Medical Center was asked to review the initial translation. The reviewer deemed it “Spanglish”—Spanish heavily influenced by English spelling, vocabulary, and syntax. As translated, it ran the risk of not being understood by monolingual Spanish speakers who are unfamiliar with the English language, the very people who were being addressed by the research instrument.

In addition to violating basic rules of Spanish grammar and syntax, the translation lacked many

of the features that help to ensure the validity and reliability of a translated instrument. Several items on the initial translation failed to match the sentence structure of the corresponding items on the original instrument. The translator must strive to achieve as much similarity as possible to the original in grammatical structure, concepts, level of word complexity, meaning, and wording. This is crucial in translating a research instrument, because an inaccurate rendition of the original is likely to yield inaccurate results. However, in trying to achieve similarity of meaning, one cannot disregard the grammatical and syntactical rules of the language into which one is translating.

TRANSLATION ERRORS

Inaccurate translations, which change the meaning of the original instrument, often have one or all of the following types of errors:

1. Adding words or phrases that do not appear in the original;
2. Deleting words or phrases from the original;
3. Altering words or phrases so they no longer convey the same meaning; and
4. Using poor grammar and syntax, which negatively affects meaning and clarity.

Type 1 errors, additions to the original tool, were not a common problem in this translation. One example of a type 1 error that was noted is that the word “many” had been added to the phrase “I have let [many] people down.” The addition of adjectives or adverbs that have quantitative or value meaning, such as “very”, “too”, or “hardly,” may alter the context of the question. Care must be taken that even small changes in the meaning are not implied by the addition of words.

Type 2 errors occur when words from the original instrument are deleted, as noted in Table 1. The words in bold were present in the original, but did not appear in the translated instrument. These

Table 1. Deletion Errors

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1. **Present** thoughts and feelings about your loss
 2. Thoughts and feelings **some** people have
 3. I feel **somewhat** apart and remote
 4. I have adjusted **well** to the loss
 5. Baby's age **at death**
 6. Did you have a religious service **after he/she died?**
 7. Have you had other **losses, such as miscarriage?**
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Table 2. Alteration of Meaning Errors

English Original	Spanish Translation
1. Perinatal Grief Scale	Systema de Medir [sic] y Entender su Duelo (luto) Perinatal (System of measuring and understanding your perinatal grief)
2. How many other pregnancies have you had?	¿Ha tenido otras pérdidas de embarazos (Have you had other pregnancy losses?)
3. Did you name your baby?	¿Tuvo nombre su bebé? (Did your baby have a name?)
4. Marital Status	Por favor de marcar [sic] ¿Estaba casada/casado? (Please mark: Were you married?)
5. Time passes so slowly . . .	El tiempo pasa muy lento. (Time passes very slowly.)
6. The best part of me died.	La [sic] mejor de mi vida . . . (The best of my life.)
7. I blame myself.	Me siento culpable. (I feel guilty.)
8. I get cross at my friends.	Tengo confrontaciones. (I have confrontations.)
9. . . . indicate the extent to which you agree or disagree.	. . . indique si está de acuerdo o en desacuerdo. (Indicate whether you agree or disagree.)
10. Strongly disagree.	No estoy firmemente de acuerdo. (I am not strongly in agreement.)

deletions are important because they define and delimit the context and time frame for the response and add qualifiers that could well alter the respondent's answer(s).

There were more instances of the third type of error, altering words and phrases. Although most of these errors did not present a radical departure from the meaning implied by the original instrument, a few items (e.g., items 2, 8, and 10 in Table 2) resulted in substantial changes to the meaning of the original items after translation. The general principle is that the translation of items should always be as exact as possible and not an approximation of the original.

The most extensive problems with the translation involved a Type 4 error in grammar and syntax. Errors ranged from incorrect prepositions and articles to incorrect word order, from use of the wrong tense to lack of agreement between noun and adjective or between subject and verb. Throughout the translation there was inconsistency in the way the respondent was addressed. Sometimes the formal "you" ("*usted*") was used; at other times, the informal (*tú*) was used. Another major problem was the use of false cognates, Spanish words that look like English words but have a different meaning. The influence of English spelling, vocabulary, and syntax was obvious in the type of errors present. The result was a translation that was difficult to read and did not convey the meaning of the original. Table 3 lists some examples of grammar and syntax errors.

Although the first translation of the SVPGS was performed by individuals who were health profes-

sionals fluent in Spanish, it was faulty in both form and content. Its grammar and syntax suffered from undue English influence. Its meaning too often diverged from that of the English original.

A careful review by an expert with formal preparation in translation identified the problems that were then corrected in a revised translation. The FG was convened to review the revised translation. Participants in the FG consisted of an interdisciplinary group of health care professionals, from diverse Spanish-speaking geographic areas (i.e., from a variety of Central American countries and Spanish-speaking Caribbean islands). Discussion was facilitated by a registered nurse who is fluent in Spanish, her first language. She was born and educated in Honduras. The investigator attended as

Table 3. Grammar and Syntax Errors

Incorrect Grammar/Syntax	Correction
1. Atendió grupos . . . (For: did you attend support groups.)	Asistió grupos . . .
2. suceso (for: success) [besides being used in the wrong context, the word is also misspelled.]	éxito
3. systema (for: system)	sistema
4. de medir (for: to measure)	para medir
5. penando en (for: grieving for)	penando por
6. firmemente estoy de acuerdo (for strongly agree)	estoy firmemente de acuerdo
7. hacer decisiones (for: make decisions)	tomar decisiones
8. He adaptado bien (for: I . . . have adjusted well)	Me he adaptado bien

Table 4. Tips for Translating

Do	Don't
<ol style="list-style-type: none"> 1. Use translators who are native speakers of the target language; educated in the language; and able to read and write the language fluently. Avoid using bilingual individuals whose experience with the target language is limited to living with family who are native speakers or taking high school language courses, or can only speak the language, without being able to read or write it. 2. Establish formal standards and a policy for translation. 3. Maintain principles of readability in the source and target languages. Write materials written for low literacy populations, using the active tense, short sentences and common words, and provide examples. 4. Establish an office or committee that provides scientific translation services, such as the Hispanic Research and Recruitment Center at Columbia-Presbyterian Medical Center and the Spanish Translation Committee at Mount Sinai Hospital in New York, in institutions that serve a multilingual population. 	<ol style="list-style-type: none"> 1. Use bilingual translators who were educated only in the source language or can only speak, but not read and write the target language. They may have a poor command of the grammar and syntax of the target language. 2. Test translations by comparing the responses of bilingual persons to instruments in both the source and target languages. Bilinguals answer identical questions in their native and acquired language differently, reflecting a cultural context (Marin, 1991, p. 96). 3. Use translations done by an individual unless translation expertise and content validity have been established.

a nonparticipant observer. The group met for 2 hours, reviewed the English and Spanish documents line by line, and compared the English and Spanish versions. The group made substantive revisions in the translation that were incorporated in a third version of the instrument. Heated discussions concerning specific items and individual words and their meaning in Spanish ensued, particularly when a particular Spanish word had a different meaning in one Spanish-speaking country than in another. The group was charged to identify Spanish words that gave the same meaning independent of the nation or region. In one instance, no single word for "grief" could be identified. Therefore, two words were used: "*duelo*" and "*luto*." The group reconvened two weeks later to review the revised Spanish SVPGS and to translate the demographics data sheet.

After all revisions, the final version was reviewed by the expert from The Hispanic Research and Recruitment Center of the Office of Clinical Trials at Columbia-Presbyterian Medical Center, the Chair of the Hispanic Patient/Family Education Subcommittee of Mount Sinai Hospital, and the FG facilitator. Corrections were made to the Spanish grammar and appropriate accents were inserted. For example, the demographic survey needed to

reflect the feminine gender in all pregnancy questions, but masculine gender for all other questions, because the survey was designed for both men and women.

Use of the three methods of translation strengthened the process and resulted in a tool that, after psychometric testing, may be used in different Spanish-speaking populations. The translation/back-translation method was a screening tool to identify problems with the initial translation. Both the FG and expert translation perfected the translation; the FG brought together representatives from different Spanish-speaking subgroups, and the expert contributed expertise in syntax and grammar.

The four types of errors described should be avoided when translating instruments, regardless of the method of translation used. Table 4 includes some tips that may help ensure an effective translation process and outcome. Because the psychometric properties of an instrument cannot be assumed to be identical if the instrument is changed, at all, or if it is used in a population substantially different from the one(s) in which it was originally tested, efforts are currently under way to re-examine the reliability, validity, sensitivity, and specificity of the tool.

Table 5. English and Spanish Items From Each Domain of the Short Version of the Perinatal Grief Scale

Domain	English	Spanish
Active grief	I feel depressed. I feel a need to talk about the baby.	Me siento deprimida. Siento la necesidad de hablar del bebé.
Difficulty coping	I find it hard to get along with certain people. I have considered suicide since the loss.	Se me hace difícil llevarme bien con ciertas personas. He considerado el suicidio desde la pérdida.
Despair	I take medicine for my nerves. I feel guilty when I think about the baby.	Tomo medicamentos para los nervios. Me siento culpable cuando pienso en el bebé.

In addition to maintaining validity, reliability, and cultural sensitivity in the translation of instruments, readability in both the source and target languages is essential. Because 20% of Americans and nearly 40% of those over age 65 read below the 5th grade level, instruments must be written at the third- to fifth-grade reading level (Doak, Doak, & Root, 1996). Examples of items from the final translation are given in Table 5.

Inclusion of minority and non-English speaking populations is essential if clinical nursing research is to be meaningful and generalizable in today's complex health care arena. Likewise, the assessment of clinical problems must include approaches and measures that can be applied in various ethnic and cultural patient populations. Considerable effort and expense are typically incurred to develop

and validate instruments for use with English-speaking populations. However psychometrically sound these tools may be, they cannot be used in transcultural research and practice without careful and accurate translation and subsequent psychometric evaluation. The detailed translation process described here is neither quick nor inexpensive. However, it is an essential step in generating research findings that can be deemed credible and valid by the scientific and professional community.

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