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Translation Guidelines for ICNP®

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PREFACE

The International Classification for Nursing Practice (ICNP®) has been published in four consecutive versions. The most recent version, Version 1.0, was launched in May 2005, and continues to be translated into various languages. The preceding version, Beta 2, was translated into more than 25 languages. Translation work provides opportunities for nurses to contribute to the continuous development and improvement of ICNP®.

Based on ICNP® translation experiences, and the fact that ICNP® will continue to develop and require new versions, the International Council of Nurses (ICN) recognized the need for establishing guidelines for translation. The guidelines have been developed using relevant literature and lessons learned in the process of ICNP® translation, and are intended to provide a consistent approach for nurses and others who undertake ICNP® translation.
INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE (ICNP®)

ICNP® is a unified nursing language system. It is a compositional terminology, intended to represent nursing diagnoses, nursing interventions and nursing outcomes. As well, ICNP® is an information tool that describes nursing practice, provides data representing nursing practice in health information systems, and is used to describe and support nursing practice that is dynamic and experiencing constant change. ICNP® reflects the ICN definition of nursing which follows:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN 2007).

Standardized nursing terminologies are needed to document nursing practice with its unique features and multiple variations. The consistent and valid data from the documentation of nursing practice can then be used to articulate and evaluate nursing practice nationally, regionally and internationally. ICNP® data can be used by clinicians, researchers, educators, administrators and policy makers to identify nursing’s contributions to health care. Clinical nursing data can also be used to assess and assure quality, promote changes in nursing practice, and advance nursing science through research.

Globalization is a reality and global visibility of health care needs, delivery and quality is changing the face of health care around the world. Considering the omnipresence of nursing in health care, there is a need to communicate about nursing worldwide, across many languages and cultures. The importance of translating ICNP® into as many languages as possible cannot be overemphasized. Clearly, nurses must be able to use ICNP® to document nursing care in their own languages. The ability to communicate widely about nursing is essential to realizing the strength and value of nursing globally.

TRANSLATION

Translation is a communication process that involves the transfer of a message from source language to target language. Translation transforms a message in one language into another language. The process is complex and demands activities such as (a) transferring data from the source language to the target language and (b) maintaining or establishing cross-cultural semantic equivalence.

Ensuring equivalence involves maintaining the same meaning of the word or concept between the source and target languages. Equivalence is achieved through interpretation, which goes beyond word-for-word translation in order to explain the meaning of concepts, using understandable terms and the grammatical rules of the target language.

In translations of ICNP®, cross-cultural semantic equivalence (or meaningful interpretation) is essential because each nursing diagnosis, intervention or outcome needs to have a shared meaning if it is to be compared nationally, regionally and internationally. For example, “perioperative care” in the U.S.A. would translate to “care before, during and after operation” in Iceland (Thoroddson 2005).

According to Sartorius and Kuyken (1994), translators should have a clear understanding of the material with which they are working and the people who will use the resulting translation. Applying this standard to ICNP®, nurses from the target language should be participants in the translation process.
TRANSLATION METHODS

All translation methods should consider the overall textual components; that is, how words or sentences depend on one another in a segment of text to convey the intended meaning (Keenan 1973). The type of method used is often dependent on resources available to the translators and a multi-method approach may also be considered.

The goal of translation is to allow comparisons of concepts among individuals of different cultures. This requires validation that the conceptual meaning in the source terminology is the same as that in the target terminology (Hulin, Drasgow, Parsons 1983). Translating an instrument from a source language to a target language is a complex process (Jones & Kay 1992). Use of literature addressing translation of research instruments is appropriate for ICNP® translations since one of its major purposes is to compare data across languages and cultures. A brief description of a number of methods follows to introduce various ideas for addressing validity and cross-cultural adaptation in translation.

Wang, Lee & Fetzer (2006) describe both the methods for translating an instrument from English to Mandarin for cross-cultural research and the challenges of 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, Drasgow & 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.
The **Item Response Method** uses Item Response Theory procedures to address some of the known problems in the translation of research instruments (Hulin, Drasgow & 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 will compare the source and final versions. They will 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.

**CROSS-CULTURAL EQUIVALENCE**

ICNP® translation requires attention to all the aspects of cross-cultural equivalence. Semantic equivalence can be established using translators with in-depth knowledge of the source language and the target language and culture. Sechrest, Fay & Zaidi (1972) described five semantic equivalence aspects, as follows:

- **Vocabulary.** This refers to the use of the language, not only the equivalence of the words.

- **Idiomatic.** This refers to the use of expressions or explanations that can be used to translate the idiomatic expressions from one language to another. Idiomatic expressions cannot be translated word-for-word but the meaning of the expression can be provided in the translation.

- **Grammar and syntax.** Changes in the verb form or sentence structure can vary the meaning of the expression. Grammatical alterations are sometimes necessary in the construction of the sentences in translations.

- **Conceptual.** This aspect verifies if the concepts used by different cultures and languages are similar or different.

- **Experiential.** This helps verify if the content described in the source material has the same meaning in both cultures. Items with no equivalence may need to be eliminated or only used in the source language.

Guillemin, Bombardier & Beaton (1993) noted that translators should consider the following for cross-cultural equivalence:

- **Semantic equivalence.** Achieving semantic equivalence may present problems with vocabulary and grammar. For example, the word “happy” may have different meanings depending on the context. Languages without the gerund form will need to
Consider meaning to be readily translatable (e.g. eating – to eat; sleeping – to sleep).

- **Idiomatic equivalence.** Since idioms and colloquialisms are rarely translatable, equivalent expressions need to be substituted. This issue is more likely to be addressed in the emotional and social dimensions. For example, in the Portuguese language there are particular words (e.g. “saudade”) that are translated to words with similar meanings (e.g., to miss someone with nostalgic feelings) since the exact words do not exist in target language.

- **Experiential equivalence.** The situations evoked in the source language should fit the target cultural context. This may result in the modification of an item to assure a match with cultural context.

- **Conceptual equivalence.** This refers to the validity of the concept explored and the events experienced by people in the target culture to assure mutual meaning of the concept.

In order to compare data representing nursing practice across cultures, translators need to assure cross-cultural equivalence of the concepts in ICNP®.

### GUIDELINES FOR ICNP® TRANSLATION

Based on recommendations derived from the literature and previous experiences with ICNP® translation work, guidelines for translation are provided here.

- A Translation Agreement should be signed 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 linguistic 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.
- Assure cross-cultural equivalence of concepts. Word-for-word or etymological equivalence is not adequate 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. If appropriate, jargon in the source ICNP® can be translated into words with a similar meaning in the target language.
- 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 (e.g. the source term “stress incontinence” can, in Portuguese, be “abdominal pressure associated incontinence”).
- 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, e.g. (“observing” may be translated into “observe” in the target language).
The continuing management, maintenance and development of ICNP®, including translation work, involves many partners worldwide. Nurses, researchers, educators, administrators and managers, informatics and linguistic experts, software developers, and policymakers can all make important contributions to the advancement and quality of ICNP®.

REFERENCES


Information on ICNP® is available from ICN at www.icn.ch/icnp.htm

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