Translation and linguistic validation of recovering quality of life scale in Indian languages: a review of the process and challenges

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Translation and linguistic validation of Recovering Quality of Life Scale in Indian languages: A review of the process and challenges

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Abstract:

Quality of life (QOL) is affected by various factors including mental health. This is now commonly used in clinical assessments and as an outcome measure in research. However, there is a dearth of QOL scales in local languages in India for specific use in mental health settings. It was intended to review the translation process of the recovering QOL (ReQoL) scale in major Indian languages, the linguistic and cultural challenges in the translation process and to reflect on the findings on clinical usability of the scale. A review of the data and literature available on the translation of ReQoL was conducted. The relevant literature was searched using electronic databases such as Medline, Google Scholar, and ScienceDirect. The brief 10-item ReQoL has been translated into various Indian languages: Bengali, Gujarati, Hindi, Kannada, Malayalam, Marathi, Odia, Punjabi, Tamil, and Telugu. The translation process has followed a structured method supported by clinicians, patients, and language experts. Specific focus was given to education level such that patients with primary or no formal education could comprehend the wordings. Cultural nuances and variations of expression were also looked into. There were a few words that needed extensive discussion and revision. The involvement of the patients and the incorporation of their feedback have improved the acceptability of the language versions. While there is a need for further clinical validation studies, the Indian language versions of the ReQoL scale appear suitable for clinical psychiatric practices and research.

Keywords:

Assessment, language, mental health, psychiatry, quality of life, scale

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Introduction

The World Health Organization defines quality of life (QOL) as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns."[1] Multiple factors in life can influence QOL, and one of the prominent factors is illness. The concept of health-related QOL is regularly used in day-to-day clinical practice and research; and is a common outcome measure for interventions.[2] Various QOL scales are available, and specific ones along with region-specific norms are being developed as their use in health research is growing.[3,4]

Quality of life and mental health

Health encompasses not just physical but mental health. Mental illnesses have a significantly negative influence on QOL.[5] As the QOL of psychiatric patients is worse

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than healthy controls,[6] and it improves following interventions, QOL has been used in clinical practice and research as an outcome measure. There are many challenges in measuring the QOL, as it is rather a subjective concept that needs to be assessed objectively, psychopathologies can influence the assessments considerably, and as multiple contributing factors, it is essential to assess the contribution from the health separately.[7] There are many specific disorder-related scales available, for example, schizophrenia[8] and bipolar disorder,[9] however, there is still a need for holistic, easy-to-use QOL scales specific to psychiatry.

Quality of Life Scales in India

There are many QOL scales available in Indian languages,[10-12] some of them are generic; and many are specific to a particular illness, for example, diabetes,[13] stroke, and aphasia,[14] and cancer.[15] There is a need to have a scale specific to mental health in Indian languages; which could be easily usable in clinical settings, including research settings, so that it contributes as a routine outcome measure.

Recovering Quality of Life Scale

The Recovering QOL (ReQoL) Scale is a brief patient-rated scale to assess the QOL of people with mental illness, aged 16 and above.[16] It is available in two versions: A 10- and a 20-item measure,[17] which were developed and validated in the UK. Their construct validity was supported by strong convergence with the Short Warwick–Edinburgh Mental Well-being Scale.[18] They have acceptable internal consistency, test–retest reliability, and known-group differences and are responsive over time.[16] ReQoL scales have been translated and validated in various languages throughout the world.[17,19-21]

Translation in Indian languages

The brief 10-item ReQoL has been translated into various Indian languages: Bengali, Gujarati, Hindi, Kannada, Malayalam, Marathi, Odia, Punjabi, Tamil, and Telugu.[22-31] The translations and linguistic validations have been conducted between 2018 and 2022, by different teams based on the languages. It has been pilot tested in clinical settings, involving patients with a range of psychiatric disorders.

Objective

On the above background, it was intended to review the translation process of the ReQoL scale in major Indian languages, the linguistic challenges in the translation process and to reflect on the findings on clinical usability of the scale. It is expected that the learning from the process may facilitate further translations and utilizations of the scale in routine clinical psychiatric practices in India.

Methods

The data and literature available on the translation of ReQoL to 10 Indian languages were reviewed. Data are available from the ReQoL translation India project of the QOL Research and Development Foundation (QoLReF). The relevant literature was searched using electronic databases such as Medline, Google Scholar, and ScienceDirect. The findings of the review were summarized and discussed.

Results

Translation process

The translation of ReQoL from English to Indian languages was carried out by the standard procedure (translation and linguistic validation process) suggested by Oxford University Innovation.[32] This involved multiple steps: Step 1: Forward translation, Step 2: Forward translation reconciliation process, Step 3: Back translation of reconciled version, Step 4: Pilot testing, Step 5: Review, and Step 6: Proofreading. The translators focused on conceptual equivalence, neutral wording, and phraseology that incorporated cultural nuances and most importantly which can be useful in clinical settings.

The translation team included clinicians, mostly bilingual psychiatrists, patients, and language experts. Translation software or artificial intelligence-based programs were not used in the process.

Patient sample

There were 72 patients in total considering all the language versions, who participated in the translation project and provided their feedback. Ethical principles such as voluntariness, anonymity, and informed consent were followed in the individual projects for the patient's participation in the project. Their age range was 20–65 years, and their educational level spanned from low or no formal education to a university degree. The patients were recruited in a way such that a wide range of diagnoses were covered. It included disorders such as depression (31.3%), bipolar disorder (17.9%), schizophrenia (22.4%), schizoaffective disorder (3.0%), other psychosis (4.5%), anxiety disorders (16.4%), obsessive–compulsive disorder (6.0%), substance use disorders (3.0%), and insomnia (1.5%). Some have multiple diagnoses and in five patients the diagnoses were not shared. A proportion of patients had physical comorbidities.

Patient feedback

Pilot testing involving patient feedback was a key part of the linguistic validation process. Besides using the scale to rate the QOL, the patients were requested to reflect on the wordings, their understanding of the language

used in the scale, and any difficulties they encountered with the meaning of the sentences. Their responses were recorded and discussed, which was then incorporated to update the translated version. Following several rounds of discussion and a consensus method, the final version was accepted by the translators and researchers.

Linguistic issues in the translation process

A specific focus of the translation outcome was to keep the translated versions in Indian languages at a level that most people, including those who have low or no formal education, can easily understand in day-to-day conversation. It was important that the patients should be able to understand the questions easily.

There were a few words that needed further discussion during the translation process based on feedback from the patients. Some of the examples of these words are given in Table 1. This was interesting to observe that finding linguistically and colloquially appropriate words in translated languages that patients can comprehend easily in clinical scenarios, even for seemingly simple words in English, sometimes appeared to be a task. This needed multiple rounds of discussion, revaluation by the patients, and consultations with language experts.

There were some specific challenges related to the languages encountered during the translation process. Although the translated versions were easily understood, the patients reported that some words needed further explanation or elaboration. One of the examples was the word "cope" in item 3 of ReQoL; they wanted to know to cope with "what," and they wished for specifications such as an event, or situation. Similarly in the physical health-related item, the word "health" was taken commonly as a positive context, in contrast to what was suggested in the item was physical "problems." However, the examples provided in the item communicated the meaning well.

Table 1: Examples of words that needed revising

Language	Examples of words that needed revising
Bengali[25]	Every day, unable to cope, able to trust, could do the things, enjoyed, confident
Gujarati[31]	To get started, cope, enjoyed, physical health
Hindi[27]	To get started, able to trust others, cope, physical health
Kannada[22]	Cope, mobility, caring for yourself
Malayalam[23]	Happy, response words overlapping and difficult to distinguish
Marathi[30]	To get started, unable, cope, enjoyed, physical health
Odia[24]	Cope, trust, confident in myself
Punjabi[28]	Cope, trust
Tamil[29]	Things, happy, most or all of the time, not worth living, enjoyed
Telugu[26]	Enjoyed, hopeful, trust

Discussion

This study reviewed the translation process of ReQoL, a QOL scale for use in mental health services in 10 major Indian languages. It also highlighted the linguistic challenges encountered in the process which might help in future translations of QOL scales to Indian languages. This project helped to bridge the gap of the lack of a specific QOL scale for use in mental health. With all these versions in Indian languages, probably, translation to other commonly used languages, for example, Assamese, Bodo, Dogri, Kashmiri, Konkani, Maithili, Manipuri, Nepali, Sanskrit, Santali, Sindhi, and Urdu in the Indian subcontinent may be easier.

Challenges in the translation process

One of the main challenges for the translation teams was getting the right word that conveyed the meaning, easily understood by patients in day-to-day languages used in clinical scenarios by individuals with no or low level of education. This was experienced for even common English words used in the ReQoL scale. This needed extensive consultation, revision, and revaluation. It was reassuring that the final linguistic versions stood this test by the patients and the language experts. The identified linguistic issue in this review is expected to facilitate the future translation and validation process of ReQoL to different languages.

There are cultural differences in expressing various concepts linked to QOL.[33,34] India is a multilinguistic and multicultural country and there are wide variations in the way people express themselves in different contexts. It is important to have the cultural essence in the translated version, to make it more useful, and comprehensible. Hence, it is important to have cultural validation in the translated versions. Another interesting observation was that many English words are commonly used by people while talking in their local language. It appeared, using a less commonly used local language word, in place of a more commonly used English word, might affect the ease of communication sometimes.

Limitations

All these studies were linguistic validation. Although this involved feedback from several patients, there is a need for clinical validation studies for these language versions with appropriate sample sizes. This would require a demonstration of appropriate psychometric properties. These linguistic validation studies were done with mostly patients who could read and write the local language. As there are patients who may not have formal education to read and write, it may need to be explored how the scale can be used for these patients.

Conclusions

The Indian language versions of ReQoL appear useful for both clinical use and research. They bridged the gap of specific QOL scales for use in mental health settings to an extent. There continues to be a need for QOL scales in other local languages considering the multilinguistic society of India. During the translation to local languages, attention to culture-specific expressions in words, meanings, and nuances is essential. In the future, studies to validate these language versions in clinical populations are required. Exploring the utility of ReQoL as an outcome parameter in routine clinical practices and interventional studies will be helpful.

ReQoL Translation India Team

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Conflicts of interest

There are no conflicts of interest.

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