

# ● ● ● ● Cultural and linguistic issues associated with the translation and linguistic validation of questionnaires for use in China

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## Objectives:

An increasing number of clinical trials are taking place in China. This research aimed to identify some of the issues that may arise as a result of cultural and linguistic differences between China and North America or Western Europe where PROs tend to have been and continue to be developed. The objective of this study was to identify some of the linguistic and cultural differences between English and Mandarin as well as cultural differences between North America/ Western Europe and China.

Because of the formation of written Mandarin, there are not direct equivalents of words; instead concepts are represented by conjoining the characters. Therefore conveying particular concepts in Mandarin for use in China requires particular attention.

## Methods:

Five questionnaires relating to varied health conditions (arthritis, obesity, diabetes and Ankylosing Spondylitis) were reviewed and the cultural and linguistic issues arising during different stages of the translation process were examined. A standard methodology was employed for the translation procedures: 2 forward translations, a reconciliation of the forward translations, 2 back translations, back translation review, linguistic validation interviews when possible with 5 patients in the target population, varying in gender, age and educational levels, and 2 proofreadings.

## Results:

Numerous cultural and linguistic issues became apparent throughout the review, including the following:

### Translation issues

Mandarin does not employ superlatives (the strongest level of adjectives and adverbs – for example *highest*, *lowest*, *best*, *worst*) so “the worst” was translated as “extremely bad” when used in a VAS scale to represent the extremes of the scale.

Some patients did not understand how to complete a VAS to represent their own health, although the words themselves were clear. Extra examples needed to be provided.

There is no specific benefit of “disability compensation” in China – this is a general benefit which can include pensions. The wording therefore had to be carefully checked with the client and developer of the scale to ensure that the intended meaning was clearly conveyed.

Private clinics where respondents receive acupuncture and massage are very common in China and these alternative forms of treatment are often used in addition or as an alternative to more clinical treatments, so additional categories had to be added to a resource utilisation measure.

In Mandarin questions cannot begin with “how often;” instead they are phrased “does it often”. Frequency response options such as “never”, “sometimes”, can still be used.

Low levels of obesity in China made recruitment for the linguistic validation of an obesity measure difficult.

In patient interviews some patients could not understand the terms ‘full time’ and ‘part time’. As ‘full time work’ is uniformly 8 hours per day, this had to be added to the question (i.e. do you work full time (8 hours a day) or not full time?).

## Conclusions:

An increasing number of clinical trials take place in China. The issues raised above show some of the linguistic differences between English and Mandarin, and cultural differences between Western Europe / North America and China. These and other issues are important to consider when selecting, developing and translating measures for use in China.