Cross Cultural Adaptation & Psychometric Validation of Instruments: Step-wise Description

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Abstract
Psychometrics has immense role in measuring health outcomes across the globe. To use the scales in different culture, there is need to adapt the instrument appropriately. It was aimed to describe the psychometric validation of instruments step by step as comprehensively. Cultural adaptation needs to follow standard adaptation procedure and assessment of reliability and validity after ensuring the standard sample size. Reliability is assessed mostly in the forms of internal consistency; test-retest reliability; and inter rater reliability. Validity is assessed in forms of face validity; content validity; criterion validity; construct validity; concurrent validity; convergent validity and divergent validity. Study design; sample size estimation and sampling technique vary depending on the situation and demands thorough scientific discussions. This step wise comprehensive description will make a comfortable path for the beginners.

Keywords: Scale validation, Validation methodology, Psychometric validation, Cross-cultural Adaptation.

Introduction
Psychometrics has immense role in psychiatry, public health, primary health care, and many others fields; even in health promotional strategy for measuring the attitude [1]. To use any scales in different culture rather than its origin, there is need to adapt the measuring instrument appropriately. It is important to realize that self reporting scales are potentially vulnerable to distortion due to a range of factors, including social desirability, dissimulation, and response style [2]. Consequently, there is much emphasis on using standardized and validated research instruments to measure the responses [3]. Moreover, culturally adapting of an instrument has many advantages over developing a new one such as, it reduces the costs and the time spent in development [4]. Cultural adaptation and psychometric validation comprised of series of process stating with cultural adaption by following standard procedure; followed by assessing the different forms of reliability and validity by well accepted scientific measures. However, to author’s best knowledge, there is no comprehensive guideline to follow during cultural adaptation and psychometric validation of measuring scales as well as there is paucity of literatures describing the every steps for the beginners. So, author aimed to describe the process step wise as well as comprehensively so that the beginners have a comfortable journey in the validation process.

Cross cultural adaptation
Cross-cultural adaptation of an instrument for use in a new country, culture, and/or language necessitates use of a unique method, to reach equivalence between the original source and target versions of the instrument [5]. Guideline described by Beaton, et al. is the mostly used and practiced guideline; having steps of initial translation by minimum two translators who have adequate understanding regarding the both languages, among them one will be informed regarding the process and other will be disguised; synthesis of the translations by resolving the differences between the translations, better to compiled by third another person; back translation of the compiled translation by at least two persons who have good understanding regarding the both languages; expert committee comprised of methodologists, health professionals, language professionals, and the translators (forward and back-translators) will review the steps and will consider the semantic, idiomatic, experiential and conceptual equivalences; pretesting of the reviewed questionnaire have to done at least 30-40 individuals and suggested changes should be considered; & finally questionnaire is accepted for collecting the responses (Figure 1) [3-5]. Translation is the first stage of the adaptation process but the term “adaptation” means different from “translation” as adaptation includes all the processes concerning cultural, idiomatic, linguistic and contextual aspects concerning its translation [6,7]. Adaptation ensures demanded equivalences covering semantic, idiomatic, experiential and conceptual equivalence backed by the expert committee review. Semantic Equivalence; ensures the
equivalence of meaning as the translated version needs to mean the same with the original. Idiomatic Equivalence; ensures the equivalence of colloquialisms, or idioms, are difficult to translate. Experiential Equivalence; ensures the experiential quality of the translated questionnaire in regards to the items aiming to capture and experience of daily life which may have differences from the original version. Conceptual Equivalence; ensures the conceptual meaning replacement that are different from culture to culture. The steps mentioned in Figure 1 are the best guided adaptation process fetching the consideration of standard translation, adequate equivalency and furthermore changes supported by the pretesting [3-5,8].

Table 1: Definitions of psychometric properties of a scale.

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<tr>
<th>Property</th>
<th>Definition</th>
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<tr>
<td>Face validity</td>
<td>The ability of an instrument to be understandable and relevant for the targeted population [4,9].</td>
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<tr>
<td>Content validity</td>
<td>The ability of an instrument to reflect the domain of interest and the conceptual definition of a construct [4,9].</td>
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<tr>
<td>Construct validity</td>
<td>The extent to which a measure is related to specified variables in accordance with an established theory or hypothetical construct’ [4,9].</td>
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<td>Convergent validity</td>
<td>The degree to which scores on a measure associate with scores on other measures that are intended to assess similar constructs [4,9].</td>
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<td>Divergent validity</td>
<td>Involves that items within any one subscale should not correlate too highly with external items or with the total sum-score of another subscale [4,9].</td>
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Table: Discriminative validity

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<th>Validity assessment</th>
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<td>The ability of an instrument to distinguish between groups that are expected to differ based on their clinical diagnosis or other characteristics [4].</td>
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<td>Criterion validity</td>
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<tr>
<td>The assessment of an instrument against the true value, or a standard accepted as the true value [4,9].</td>
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<tr>
<td>Concurrent validity</td>
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<tr>
<td>The association of an instrument with accepted standards [4,9].</td>
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<tr>
<td>Internal consistency</td>
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<tr>
<td>The ability of an instrument to have interrelated items [4,9].</td>
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<td>Test-retest reliability</td>
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<td>The ability of the scores of an instrument to be reproducible if it is used on the same patient while the patient's condition has not changed (measurements repeated over time) [4,9].</td>
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Figure 1: Graphical representation of translation process for validation study [5].

Reliability assessment

Reliability of a measure refers to the ability of a questionnaire to determine that a measurement yields reproducible and consistent results [4,8]. Reliability can be analyzed mostly in the forms of internal consistency, test-retest reliability and inter-rater reliability [4,8,9] (Table 1).
Factor analysis

Factor analysis significantly contributes in the study process, which includes exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) with having freedom to choose for the researchers. Factor analysis can help to ascertain sampling adequacy, internal consistency, factor rotation, factor identification, item retention and other steps of analysis; those are predesigned in the available software. EFA in form of Principal Component Analysis (PCA) with Varimax rotation is by far the most common choice to assess the structure of the construct. EFA allows the researcher to explore the main dimensions to generate a theory, or model from a relatively large set of latent constructs often represented by a set of items; whereas CFA is used to test a proposed theory [1,4,8,13].

Factor retention

A construct may have multiple factors or a construct may be uni-dimensional. With the help of the factor analysis in form of Principal Component Analysis (PCA) with Varimax rotation, researchers can ascertain the factors in the construct. Factors having eigenvalue of ≥ 1 are used to retention; whereas the graphical representation of eigenvalues named as Scree plot can also be used to retain the factors; and both of the measures are preloaded in the software [4].

Item reduction

To reduce items from the construct researchers can use the factor analysis in varimax rotation. Items can be discarded having value <0.30, although in some instances these criteria can be relaxed [4,13,14].

Study design

Regarding the study design, separate study design such as “validation study” or “methodological study” can be used instead of cross-sectional study design; as the process of scale validation follows distinct scientific steps in adaptation, inter rater reliability assessment, test retest reliability assessment and sample size estimation; those are different from the cross-sectional study design [4,8].

Sampling technique & sample size

Both probability and non probability sampling techniques can be chosen as sampling technique based on the feasibility and approachable accepted methods. There are few accepted methods of estimating sample size without having fixed guidelines. Recent mostly used option is item sample ratio where majority of the authors use the method for sample size estimation with an arbitrary margin of 2 to 20 and reviews showed that subject to item ratios of ≤ 10:1 covers 63.2% studies [1,4,8,9]. Sample size also can be estimated on basis of Exploratory Factor Analysis (EFA), where there are recommendations to ensure the sample size as mentioned; 100 = poor, 200 = fair, 300 = good, 500 = very good, ≥1000 = excellent [4,8,9,13]. The third used approached based on the regression formula proposed by Walter et al, which is mostly on the reliability approach and the sample size vary based on the researchers criteria but it’s difficult to estimate the samples where no inter rater reliability as well as the rest retest reliability cannot be performed [15]. Kaiser-Meyer-Olkin (KMO) sampling adequacy test can be performed as a statistical significance of sampling size as it is preloaded in the analyzing software such as Statistical Package for Social Science (SPSS) in the factor analysis menu. The KMO value ≥ 0.6 can be taken as significant [1,4,8,13].

Conclusion

Cross-cultural validation of health instruments is an important area to address comprehensively. It is aimed to describe the cross-cultural adaptation and psychometric validation in stepwise, in brief and comprehensively that can be helpful for the beginners in psychometrics.

References


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