

## Bengali version of the Recovering Quality of Life (ReQoL): linguistic validation

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### Abstract

**Background:** There is a need for a short quality of life measure for use in day to day psychiatric practice in Bengali language. We intended to translate Recovering Quality of Life (ReQoL) scale 10-item version to Bengali. **Method:** Translation and linguistic validation process used was suggested by Oxford University Innovation. It included forward translation, reconciliation, back translation, pilot study involving patients, discussion on the feedback from the patients, developing a consensus version and proof reading. **Results:** The emphasis during translation was on maintaining the conceptual and cultural appropriateness of the final version. The process involved many changes considering feedback from the patients during pilot testing. This led to the translated version being more appropriate and acceptable to patients with mental illness. **Conclusion:** The Bengali version of ReQoL-10 scale appears to be linguistically acceptable and is expected to be useful for Bengali speaking patients with mental illness.

### Key words

Bengali, English, Quality of Life, ReQoL, Translation

### Introduction

Quality of life (QOL) is a broad concept in which World Health Organisation (WHO) considers a person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.<sup>1</sup> Among the available QOL scales though WHO-QOL and WHOQOL-BREF have Bengali versions,<sup>2,3</sup> applying them in daily clinical practice is often cumbersome and time consuming. Hence, a short scale on QOL with cultural appropriateness would be very useful in the current clinical and research context specific to mental health.

Recovering Quality of Life (ReQoL) scale for use in mental health has a brief 10-item and a 20-item measure along with a question for physical health.<sup>4,5</sup> The brief 10-item ReQoL has been translated to a few other major Indian languages and pilot tested with patients, establishing their linguistic validity.<sup>6-11</sup> We intended to translate ReQoL 10-item version to Bengali.

Bengali (also known as Bangla) is a globally acknowledged language which is used and spoken by nearly 250 million people.<sup>12</sup> Other than parts of India (mainly West Bengal, with approximate population of 100 million), it is the official language of the Republic of Bangladesh. Many people who migrated from both the countries India and Bangladesh to the other parts of the world use this language in their everyday life.

### Methodology

The translation to Bengali from the original English version was carried out using the standard procedure (Translation and Linguistic Validation Process) as suggested by Oxford University Innovation.<sup>9</sup> The process was completed in the following steps: Forward translation, forward translation reconciliation process, back translation and finally a pilot study involving patients. This led to a discussion on the feedback from the patients and arriving at a consensus on each question. The agreed changes were applied to the translation and a final draft of translation was prepared. It was supported by the proof reading from an expert in Bengali language.

The translation team included in-country investigator, co-investigators, four independent translators and a proof-reader from India. All the members were bilingual (Bengali and English), and well conversant in both the languages.

During translation process, special emphasis was given on conceptual equivalence, neutral wording and phraseology that will exactly incorporate the cultural nuances in Bengali speaking people. All the translators were especially requested for the same.

Mother tongue of all the patients who participated in pilot study was Bengali; they read, write and speak in Bengali. All of them had education in Bengali medium up to high school level of education. Anonymity, options to opt out and other ethical guidelines were adhered to. They provided written informed consent to participate in the study.

### Results

#### Step 1: Forward Translation

The forward translation was done by two bilingual (fluent in both English and Bengali) translators, independently.

One of them was a consultant psychiatrist and other one an expert in Bengali language. The forward translation was done with ease as both the phrase and concept of QOL is well understood in Bengali language and culture.

### Step 2: Forward translation reconciliation process:

Reconciliation process following forward translations showed that item-3 (I felt unable to cope) was translated in Bengali as ‘difficulty in coping with mental stresses’. As the original question did not have an object; following discussion, the translation was changed around to the inability of the patient to cope. In the reconciled version the focus was re-established to the patient being unable to cope. There are few other minor points regarding the tense of verbs, which were easily modified.

### Step 3: Back translation of reconciled version:

There were no major issues following back translation to English. The back translated version in English was similar to the original English version.

### Step 4: Pilot testing:

Pilot testing was conducted with five monolingual patients; their profile is given in Table 1. The patients found the items understandable and were able to complete the scale in about 4-5 minutes. However they suggested modifications in eight out of eleven questions to make it more comprehensible for the patients. Their responses regarding the items in questionnaire are summarised in Table 2.

Patient	Age	Gender	Diagnoses	ReQoL score
1	42	F	Depression and cervical spondylosis	14
2	48	F	Recurrent depressive disorder, current episode severe depression without psychotic features	08
3	28	F	Paranoid schizophrenia	14
4	34	M	Moderate depression with somatic features	11
5	24	M	Severe depression without psychotic features	08

Question	Suggested modification in Bengali
1	<i>Rojkar kaaj shuru korte amar osubidhey hoyeche</i>
2	<i>Aamar mone hoy aami onyoder upor vorsha raakhte perechilam</i>
3	<i>Aami maaniye nitey parchilam naa</i>
4	<i>Aami ja ja korte cheyechilam, korte perechilam</i>
5	No changes suggested
6	No changes suggested
7	<i>Aami ja ja korechilam, ta vaalo legechilo</i>
8	<i>Aami amar vobishyot somporke ashabaadi chhilam</i>
9	No change suggested
10	<i>Aamar nijeke niye atmabishwasi laagchilo</i>
11	<i>Doya kore ....( ....ba saririk vaabe osustho bodh kora)...</i>

### Step 5: Review after pilot testing:

In the pilot testing phase, the patients faced multiple difficulties in different questions. In the first question, the Bengali word ‘*rojkaar*’ is a better representation (both in terms of frequency of usage and culture appropriateness) than ‘*protidiner*’ to represent the word ‘everyday’. In question 2, ‘*perechhi*’ has been replaced by ‘*perechilam*’ as the questionnaire is meant to assess the condition of patient in last week, i.e. the question should be asked in past tense where the word ‘*perechilam*’ is a better representation.

In question 3, rather than a more psychological state specific response mentioning ‘...*boley amar mone hoyeche...*’ where the patient perceives as if he is not been able to cope, which has been replaced with phrase ‘*aami maaniye nitey parchilam na*’ which is more direct and clear, where the patient clearly says he/she was unable to cope, with everything, without any certain specifier, to give an all-inclusive impression.

In question 4, rather than ‘*aami ja korte chaichilam, ta korte perechi*’ it has been suggested as ‘*ja ja korte cheyechilam*’ where by repeating ‘*ja ja..*’ its puts

emphasis and includes all the possible factors/scenarios, and ‘*perechilam*’ specifies the past tense as needed in the original version of questionnaire over ‘*perechhi*’ which suggests more of a present and continuous process.

Similarly, question 7 has been changed into past tense, and in question 8 ‘*aami aamar ...*’ was made over ‘*aamar...*’ to make it more clear and putting emphasis on self. In question 10 too, the importance was given more on self to get the full essence of ‘self-confidence’. Minor grammatical change has been made in question 11 keeping the rest same.

Following the review translation was updated and the final consensus version was prepared.

### Step 6: Proof reading:

The consensus version was proof-read by a Bengali language expert, who observed no further changes required about grammar and language.

### Discussion

This study translated and linguistically validated ReQoL in Bengali language, following the translation and linguistic validation process suggested by the Oxford Innovation. The forward translation and reconciliation was rather straight forward. However following the pilot study involving five patients, there were considerable changes to the three out of eleven items. The focus was on the easy comprehensibility by the patients in clinical scenario, especially those who were at the lower level of education.

The changes made the translation more conceptually and linguistically valid while allowing for the colloquial use of Bengali language. It was appreciated that scale could be adapted easily to Bengali language and could be used in people with different ethnic and cultural background. Result of this study is in line with other translated version of the ReQoL scale suggesting that ReQoL scale in different major Indian languages can be used in psychiatric patients.

### Conclusion

The Bengali version of ReQoL scale appears to be linguistically acceptable for Bengali speaking patients with mental illness. It is recommended that the Bengali version of ReQoL should be validated in a larger sample of psychiatric patients with various diagnoses.

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