



## Methodological considerations when translating “burnout”<sup>☆</sup>



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### ABSTRACT

No study has systematically examined how researchers address cross-cultural adaptation of burnout. We conducted an integrative review to examine how researchers had adapted the instruments to the different contexts. We reviewed the Content Validity Indexing scores for the Maslach Burnout Inventory-Human Services Survey from the 12-country comparative nursing workforce study, RN4CAST. In the integrative review, multiple issues related to translation were found in existing studies. In the cross-cultural instrument analysis, 7 out of 22 items on the instrument received an extremely low kappa score. Investigators may need to employ more rigorous cross-cultural adaptation methods when attempting to measure burnout.

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## 1. Introduction

Burnout is a global work-related phenomenon that, as multiple studies in mostly English-speaking developed countries have demonstrated, is associated with the quality of working conditions, interpersonal relationships, role conflict, and workload (Maslach, Schaufeli, & Leiter, 2001). Burnout is specifically a work-related syndrome that is commonly found in people who work in human services that require significant human contact (Maslach et al., 2001). For example, high levels of burnout have been reported among nurses in multiple countries (Aiken et al., 2012; Hatcher & Laschinger, 1996; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Poghosyan, Clarke, Finlayson, & Aiken, 2010). Worker burnout, as a concept for research in the health professions, remains a cross-culturally relevant subject.

The Maslach Burnout Inventory is composed Likert-type items that assess three distinct components of burnout: emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al., 2001). Three versions of the MBI exist, but the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) has been designed exclusively for professionals whose work involves intensive human contact and interaction, such as nurses. Recent work continues to demonstrate that the MBI-HSS (Maslach et al., 2001) is the standard for gauging burnout among English-speaking healthcare professionals, especially nurses (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken et al., 2010; Cimiotti, Aiken, Sloane, & Wu, 2012; Hatcher & Laschinger, 1996; Laschinger, Grau, Finegan, & Wilk, 2010; Losa Iglesias, Becerro de Bengoa Vallejo, & Salvadores Fuentes, 2010; Patrician, Shang, & Lake, 2010; Poghosyan et al., 2010; Santen, Holt, Kemp, & Hemphill, 2010; Stimpfel, Sloane, & Aiken, 2012). Originally developed in English, the MBI-HSS has been used to assess burnout in nurses in several English-speaking countries, including the US (Aiken, Clarke, Sloane, & Sochalski, 2001; Aiken et al., 2002, 2010), Canada (Aiken et al., 2001; Estabrooks et al., 2002; Hatcher & Laschinger, 1996; Laschinger et al., 2010; Leiter & Spence Laschinger, 2006; Spence Laschinger, & Leiter, 2006; Tourangeau et al., 2007), England (Sheward, Hunt, Hagen, Macleod, & Ball, 2005; Rafferty et al., 2007), Scotland (Aiken et al., 2001), and New Zealand (Poghosyan et al., 2010). The MBI-HSS has been translated into German (Aiken et al., 2001), Hebrew (Chayu & Kreitler, 2011), Japanese (Poghosyan et al., 2010), Turkish (Akkuş, Karacan, Göker, & Aksu, 2010; Günüşen & Ustün, 2010) and Chinese (Yao, Yao, Wang, Li, & Lan, 2013).

Despite these translated uses of the MBI-HSS, reports of systematic translations of this instrument are few. The cross-cultural adaptation of any instrument designed in one country for use in another requires a rigorous and systematic process (Squires et al., 2013). For researchers in countries seeking to study burnout for the first time, both language and translatability may present problems to utilizing the MBI-HSS instrument itself. While studies in the literature have translated the MBI-HSS, authors have done so using a variety of techniques and analytic approaches. The variation in validation methods for translated versions of the MBI-HSS presents several methodological issues for researchers. One methodological challenge for studying burnout arises with the concept of “burnout” including the language used to express or define burnout and its dimensions, such as emotional exhaustion. These descriptions might not exist culturally or linguistically, or the general concept of burnout may be culturally taboo. For example, if the cultural norm for dealing with or expressing symptoms related to burnout is to endure them silently, the concept of burnout might not exist in the language of the culture or may remain unidentified or have a different descriptor. Yet we do know that it is a psychological syndrome that is commonly identified in people and thus, an initial study may be needed to identify the presence of the phenomenon in a new context or culture

through a standardized measure. Comparatively, in cultures where emotional expressions of burnout are expected, burnout, or an equivalent concept may already exist in the language.

A good example of the cross-cultural and language translation challenges of burnout can present is how “burnout” as a concept has translated into Mexican Spanish. Balseiro Almario translated burnout as “fatiga emocional” and “desgaste emocional” when introducing this concept into the Mexican health services research literature (Balseiro-Almario, 2004, 2005). When translated back into English, the phrases respectively translate as “emotional fatigue” and “emotional exhaustion, which only describes one dimension of burnout. Despite coining these translated phrases, Balseiro Almario used the English word “burnout” in her articles, either for its ease of pronunciation in Spanish or because an adequate phrase in Spanish could not be found to encompass all the dimensions of burnout. The following questions then arise: (1) Why only focus the translation on one dimension of burnout? (2) What aspect of that phrasing makes the concept culturally presentable? These kinds of considerations and challenges are common when translating and applying complex concepts, like burnout, in new cultural and language contexts.

In the case of the RN4CAST ([www.rn4cast.eu](http://www.rn4cast.eu)) study (Sermeus et al., 2011), in order to evaluate the effects of work environments on nurses’ perceptions about their job related burdens, the study integrated the Maslach Burnout Inventory into a 12-country comparative study of nursing professionals in Europe. The initial review of the instrument by the RN4CAST research team raised concerns about the language used in the MBI-HSS and its translatability to other languages, cultures, countries, and contexts. It inspired the team to investigate the issue further.

The purpose this study was first to evaluate translated versions of the MBI-HSS that exist in the current literature to explore how other studies have conducted the cross-cultural adaptation of the MBI-HSS. The team then evaluated the MBI-HSS specific results of the translation process developed for the RN4CAST study instrument, which was grounded in Flaherty et al.’s (1988) guidelines for cross-cultural evaluation of survey instruments. The systematic approach to translating the survey instrument included traditional forward and back translation techniques (Brislin, 1970), expert panel reviews, and a quantifiable technique to evaluate the relevance of questions and the quality of the translation, as described in detail by Squires et al. (2013). Overall, we seek to illustrate the challenges that can arise when translating complex concepts and to identify threats to the reliability and validity of study results when the translation of survey instruments is not conducted systematically and without consideration for the cross-cultural relevance of the topic.

### 1.1. Background

The World Health Report 2006 – Working Together for Health (World Health Organization, 2006) is an assessment of the global healthcare workforce that estimates a shortage of 4.3 healthcare personnel per 100,000 people worldwide. The report further cites job-related burnout and its associated outcomes as factors that contribute to healthcare workers intentions to leave their jobs. Healthcare worker burnout appears to be an economic burden to national health systems and its care organizations that are struggling to maintain adequate staff numbers to provide health services to those in need (Alameddine, Baumann, Laporte, & Deber, 2012; El-Jardali et al., 2011; Pomaki, Franche, Murray, Khushrushahi, & Lampinen, 2012; Stansfeld, Shipley, Head, & Fuhrer, 2012). It is beneficial for healthcare systems to evaluate levels of burnout among their staff to determine its effects on retention rates, attrition rates from the profession, or its effects on international migration (Alameddine et al., 2012).

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