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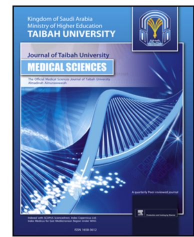

Educational Article

Investigating validity evidence of the Malay translation of the Copenhagen Burnout Inventory

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الملخص

أهداف البحث: إن قائمة كوبنهاجن للإجهاد هي مقياس إجهاد حديث يركز على التعب والإرهاق. ويبحث في ثلاثة عوامل، وهي الإرهاق الشخصي، والإرهاق المتعلق بالعمل، والإرهاق المتعلق بالعميل. تهدف هذه الدراسة إلى ترجمة قائمة كوبنهاجن للإجهاد إلى لغة الملايو، والتحقق من النسخ المترجمة بين مجموعة من طلاب الطب.

طرق البحث: تم إجراء الترجمة إلى الأمام – الخلف وفقا للمبادئ التوجيهية القياسية. ثم وزعت نسخة الملايو من قائمة كوبنهاجن للإجهادعلى ٣٢ من طلاب الطب لتقييم صلاحية الوجه وفي وقت لاحق على ٤٥٢ من طلاب الطب لتقييم صلاحية البناء. ثم حللت البيانات.

النتائج: كان مؤشر صلاحية الوجه لنسخة الملايو من قائمة كوبنهاجن للإجهاد أكثر من ٠.٨. وحققت العوامل الثلاثة لنسخة الملايو من قائمة كوبنهاجن للإجهاد مستوى جيدا من المؤشرات المناسبة. وتراوحت القيم الموثوقية المركبة للعوامل الثلاثة من ٠.٨٤ إلى٠.٨٧. بينما تراوحت قيم كرونباخ الفا للعوامل الثلاثة من ٠.٨٣ إلى ٠.٨٧.

الاستنتاجات: تدعم هذه الدراسة صلاحية الوجه والبناء لنسخة الملايو من قائمة كوبنهاجن للإجهاد مع اتساق داخلي عالي.

الكلمات المفتاحية: الإجهاد؛ على نطاق واسع؛ صلاحية؛ تبادل القضايا الثقافية؛ قائمة كوبنهاجن للإجهاد

Abstract

Introduction: The Copenhagen Burnout Inventory (CBI) is a recent burnout measure with a focus on fatigue and exhaustion. It has three factors: personal burnout, work-related burnout, and client-related burnout. This study aimed to translate the CBI into the Malay language and to validate the translated version among a group of medical students.

Methods: The forward–backward translation was performed as per standard guidelines. The Malay version of CBI (CBI-M) was distributed to 32 medical students to assess face validity and later to 452 medical students to assess construct validity. The data analysis was performed by Microsoft Excel, SPSS and AMOS.

Results: The face validity index of CBI-M was more than 0.8. The three factors of CBI-M achieved good levels of goodness-of-fit indices (Cmin/df = 2.99, RMSEA = 0.066, GFI = 0.906, CFI = 0.938, NFI = 0.910, TLI = 0.925). The composite reliability values of the three factors ranged from 0.84 to 0.87. The Cronbach's alpha values of the three factors ranged from 0.83 to 0.87.

Conclusions: This study supports the face and construct validity of the CBI-M with a high internal consistency.

Keywords: Burnout; Copenhagen Burnout Inventory; Cross-cultural issues; Scale development; Validation

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Introduction

Since the conceptualization of burnout, three main burnout inventories have been developed to assess burnout,[1–3] which include the Maslach Burnout Inventory (MBI),[4] the Oldenburg Burnout Inventory (OLBI)[5,6] and the Copenhagen Burnout Inventory (CBI)[7]; the MBI remains the 'gold standard' to assess burnout.[2,3] The MBI was developed based on the original three-dimensional conceptualization of burnout, which incorporated depersonalization and reduced sense of personal accomplishment (i.e., inefficacy).[2–4,8,9] The OLBI was developed based on exhaustion and disengagement (i.e., depersonalization) dimensions, and the exhaustion dimension was expanded to include cognitive and physical exhaustion, in addition to the MBI's presumed focus on emotional exhaustion.[1–3,6,10] The CBI is the newest tool developed to assess burnout, and it claimed to assess the core features of burnout, i.e., fatigue and exhaustion, in relation to personal life (i.e., personal burnout), work (i.e., work-related burnout) and service to clients (i.e., client-related burnout).[1,3,7] Apart from that, being a public domain instrument is an advantage of CBI (and OLBI) over MBI.[5,7,11,12] It is noteworthy that although, in practice, the conceptualization of burnout is used by a majority of researchers, not all of them mean the same thing when they refer to 'burnout'.[1,3]

CBI's personal burnout category refers to the degree of physical and psychological fatigue and exhaustion experienced by a person.[7] The items of personal burnout are generic questions, and therefore all participants will be able to answer them. CBI's work-related burnout category refers to the degree of physical and psychological fatigue and exhaustion that is perceived by a person in relation to work.[7] The items of work-related burnout are more specific and focus on a person's burnout symptoms that are related to work. CBI's client-related burnout category refers to the degree of physical and psychological fatigue and exhaustion that is perceived by a person in relation to work with clients.[7] The 'client' is a general term covering people such as patients, students, teachers, children, etc., who receive service (i.e., service recipients) from people who provide the service (i.e., service providers). The items of client-related burnout specifically assess the connection between fatigue and people-centred work.

Since its inception, at least eight studies have provided substantial evidence to support the CBI's validity in terms of content, response process (i.e., clear and easy to understand), internal structure (i.e., construct and internal consistency) and relations to other variables such as mental health and vitality.[7,11,13–18] In addition, the CBI has been translated into several major languages (English, Mandarin, Cantonese, Japanese, Swedish, Finnish, French and Slovenian)[7] and has been validated in Denmark, Australia,[7] Taiwan,[13] New Zealand,[11] Portugal, Brazil,[14] Spain,[15] Hong Kong,[16] Italy[17] and Serbia.[18] However, the CBI has not been translated or validated into the Malay language, a language of Austronesian origin that is widely spoken in Southeast Asia and beyond.

Our study aimed to produce a valid Malay translation of the CBI (CBI-M) to measure burnout among the Malaysian population. As previously mentioned, unlike the MBI, the CBI is freely available in the public domain[11,12]; hence, from the cost-benefit perspective, it is suitable to be used by students, teachers and administrators for assessment, training and research purposes. This, in turn, will promote more burnout research in Malaysia. Building on this purpose, this study was designed to answer three research questions: 1) Are the items of the CBI-M able to be understood clearly and easily by Malaysian respondents? 2) Do the three factors of the CBI-M achieve a satisfactory level of construct validity? 3) Do the three factors of the CBI-M show a high level of internal consistency?

Materials and Methods

The forward-backward translation of CBI

The forward–backward translation technique was performed based on the recommended translation guidelines.[19] FI, a psychiatrist (a content expert), and NNH, a professional linguistics teacher (a language expert), translated the original English version of the CBI into the Malay version (Forward Translation). A meeting was then held to reconcile and finalize the Malay version (CBI-M). RZ, another psychiatrist (a content expert), and SAMK, another professional linguistics teacher (a language expert), translated the Malay version of the questionnaire back into an English version (Backward Translation). This was followed by a meeting to reconcile the translated and original English versions of the CBI. Figure 1 illustrates the details of the translation process. The CBI-M is provided in the Appendix.

The validation study procedure

The CBI-M was distributed to 452 medical students based on the recommended ratio of 10–20 samples per item for a validation study.[20] Inclusion criteria were Malaysian medical students aged 18 years old and above. They were proficient in the Malay language and agreed to participate in the study. Exclusion criteria were non-Malaysian medical students, students who did not give their consent and students who were not proficient in the Malay language.

Eligible participants were provided with an information sheet that contained relevant details of the study, and informed consent was obtained. Following this, demographic details of participants were recorded.

Participants were approached individually via Facebook Messenger through their Facebook account. The data were collected through an online questionnaire developed using Google Forms. They received an informed consent form reassuring them about anonymity, confidentiality, and that published results were solely for scientific purposes. Due to the use of online links, all the attempted questionnaires were completed by the participants.

The face validity of the CBI-M was assessed by measuring its clarity and comprehensibility by 32 medical students from the same institution who were not involved with the construct validity study.

Subsequently, the construct validity of the CBI-M was tested on 452 medical students who were not involved in the

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