

DOI: 10.5455/msm.2020.32.187-190

Received: APR 19 2020; Accepted: MAY 30, 2020

© 2020 Evdokia Misouridou, Vasiliki Pavlou, Katerina Kasidi, Paraskevi Apostolara, Stelios Parissopoulos, Polyxeni Mangoulia, Evangelos Fradelos

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ORIGINAL PAPER

Mater Sociomed. 2020 Sep; 32(3): 187-190

Translation and Cultural Adaptation of the Professional Quality of Life Scale (ProQOL V) for Greece

Evdokia Misouridou¹, Vasiliki Pavlou², Katerina Kasidi³, Paraskevi Apostolara¹, Stelios Parissopoulos¹, Polyxeni Mangoulia¹, Evangelos Fradelos¹

¹Nursing Department, University of West Attica, Athens, Greece¹

²General State Hospital "Sotiria", Athens, Greece²

³Psychiatric Hospital of Attica, Athens, Greece³

Corresponding author: Evdokia Misouridou, Ass. Prof., PhD, MSc, RN, University of West Attica, E-mail: emis@uniwa.gr- ORCID ID: <http://www.orcid.org/0000-0002-0401-1749>.

ABSTRACT

Introduction: Compassion constitutes a central element of all health and social care professions. The Professional Quality of Life Questionnaire is the most widely used instrument to measure compassion fatigue worldwide. **Aim:** The aim of this study was to culturally adapt the ProQOL V for Greece. **Method:** Forward-translations and back-translations were conducted by two bilingual translators (English-Greek) grown up in English speaking countries (USA, Australia) while cross-cultural adaptation followed strictly the recent WHO guidelines. **Results:** A five-member expert-panel convened by the first author in order to identify and discuss inadequate expressions/concepts of the forward/backward translation resolved all discrepancies and reached consensus after two panel meetings. Overall, 90.0% of participants considered the instrument very good or good, and items were found relevant, easy to understand and with appropriate alternative answer categories for the three dimensions of CF. **Conclusion:** High quality self-report measures are necessary in evidence-based health and social care research and practice. Participants in a pre-test of the latest cross-culturally adapted version of ProQOL V verified the readability, comprehensibility and suitability of the instruments' items. After completion of the validation of the ProQOL V, it will become available to Greek researchers.

Key words: Professional Quality of Life Scale, Secondary traumatic stress, Compassion fatigue, Compassion Satisfaction, Emotional work.

1. INTRODUCTION

Compassion lies at the heart of health and social care. It transcends empathy, that is the

ffective and cognitive capacity to understand the other person's inner state by adding the motivation and/or courage to do something to relieve or prevent suffering (1). Lanara (2) in her book 'Heroism as a nursing value – A philosophical perspective' (1991) explains why compassion for the suffering patient as a person in a cure orientated health care system requires heroism, passion for social justice and zeal for righteousness. On the other hand, compassion fatigue (CF) describes the "cost of caring" for the suffering individual in nursing and other disciplines (3, 4). Indeed, nursing researchers report alarmingly high percentages of compassion fatigue in critical care nursing, emergency department, oncology, pediatric nursing, mental health nursing and midwifery (5, 6). The Professional Quality of Life Questionnaire (ProQOL) is the most widely used instrument to measure compassion fatigue worldwide (3).

The overall concept of ProQOL is complex and associates characteristics of the work environment (organization, tasks) with the individual's personal characteristics, and their exposure to suffering and trauma in the work setting (7). Overall, ProQOL refers to the quality one feels in relation to their work as a caregiver, and both the positive and negative aspects of doing one's job. Therefore, the ProQOL scale measures precursors of CF, burn-out (BO) and secondary traumatic stress (STS), and compassion satisfaction (CS). Stamm defines BO as lingering feelings of hopelessness and fatigue that interfere with the professionals' ability to perform effectively at work. Symptoms of BO may include feelings of being trapped, overwhelmed, 'bogged down' and unsatisfied from one's work. On the other hand, STS is defined as being 'preoccupied' with

thoughts of people one has cared for. Professionals report feeling exhausted, trapped, 'on edge' or 'infected' by other's trauma (see Stamm, p.21) (7). Symptoms may include fear, sleep difficulties, intrusive images and avoiding listening to other's traumatic narratives. However, the ProQOL does not solely focus on negative consequences of helping others but also attempts to capture the positive feelings derived from compassionate help, that constitute the dimension of Compassion Satisfaction. Instead of developing fatigue due to exposure to suffering and traumatization, professionals may develop high morale and resiliency in adversity while experiencing pleasure and a sense of personal fulfilment and satisfaction (8).

The instrument itself consists of 30-items in three ten-item subscales (7). The ProQOL asks respondents to consider the frequency of their experiences in their work situation over the past 30 days, rated from 1 (*never*) to 5 (*very often*) with higher average values indicating higher STS, BO and CS. It is used to identify risk and is not considered diagnostic (7). Ten STS items focus on PTSD-like symptoms consistent with the DSM-V of the American Psychiatric Association (9) such as hypervigilance, negative mood, avoidance and intrusion (e.g., "I avoid certain activities or situations because they remind me of frightening experiences of the people I help"). Ten items assess burnout predominantly as affect ratings related to wellbeing (e.g., "I am happy.") and to the work situation (e.g., "I feel trapped by my job as a foster carer."), including aspects of work overload and attitudes towards the work role. Ten items assess CS as the quantified professional pleasure and experienced benefit derived from helping others (e.g., "I feel invigorated after working with those I help.").

Overall, the ProQOL constitutes a highly reliable and valid instrument in over 200 published articles. The inter-scale correlations of CF show 2% shared variance with Secondary Traumatic Stress ($r=-.23$; $co-\sigma=5\%$; $n=1187$) and 5% shared variance with Burnout ($r=-.14$; $co-\sigma=2\%$; $n=1187$). Despite the shared variance between BO and STS, the two scales measure different constructs since the shared variance is more likely to reflect the distress that is common to both conditions. The shared variance between these two scales is 34% ($r=.58$, $co-\sigma=34\%$, $n=1187$). Stamm⁷ (2010) also emphasizes that although the BO and STS scales both measure negative affect, the BO scale does not address fear while the STS scale does. Despite the widespread use of ProQOL V internationally it has not been culturally adopted for the Greek language. Recently published studies in Greece employ ProQOL-IV, an earlier culturally adopted version of ProQOL (e.g. Katsantoni et al.) (10) or use ProQOL V without providing any information on its cultural adaptation.

Although there is no agreement on a universal strategy on how to adapt an instrument from one language to another there is consensus that is inappropriate to simply translate a questionnaire and use it in a different linguistic context (11). In contrast, the combined use of translation and cross-cultural adaptation is indicated when a research instrument is administered to a population which differs in terms of culture and language from that for which the original instrument was created (11). Therefore a challenging task for researchers attempting the cultural adaptation

of an instrument is to strike the balance between a literal translation of words and sentences, from one language to another, and the adaptation, regarding the language, culture, context and lifestyle of the target-population (12).

This study is timely because there appears to be an emerging international interest in the phenomenon of compassion fatigue and its impact on health and social care professionals. Moreover, there is no study in Greece on the cultural adaptation of the ProQOL V in times when health professionals attract the admiration of public for their heroic serving of patients with COVID-19 but there is a lot of discussion on the impact of their work on their quality of life.

2. PATIENTS AND METHODS

Participants

Questionnaires were distributed to ten registered and assistant nurses who worked full time, in three rotating shifts of a public hospital in the greater metropolitan area of Athens's Greece.

Procedure and ethical considerations

The Ethical Committee of University of West Attica approved of the study protocol. Additionally, the study was conducted after review and written approval by the Administrative and Scientific Society of the hospital. Two of the researchers informed the head nurses of two units about the purpose of the study and then the head nurses informed the nursing staff. Furthermore, all participants were informed of their rights to refuse or to discontinue their participation, according to the ethical standards of the Helsinki Declaration of 1983. Participation in the study was contingent on individual signed consent. Two of the researchers (VP and EF) distributed questionnaires to nursing care providers (registered and assistant). Data were collected between November 2019 and December 2019.

Process of Translation and Adaptation of the instrument

According to the guidelines of the WHO (WHO.int) on the achievement of different language versions of an original questionnaire that are conceptually equivalent in each of the target countries/cultures, the translation process should focus on cross-cultural and conceptual and not on linguistic/literal equivalence. Overall, the instrument should be equally natural and acceptable and should practically perform in the same way as the original one (WHO.int). To achieve this goal, we applied forward-translations and back-translations and followed strictly the WHO guidelines for cross-cultural adaptation.

Two bilingual translators (English-Greek) grown up in English speaking countries (USA, Australia) translated the original English version of the ProQOL. One of the translators was a native American citizen living permanently in Greece and the other was a second-generation Greek with an Australian and Greek citizenship. Both had a thorough command of the language of the original version of the instrument, and were also knowledgeable of the English-speaking culture of the original English version of the ProQOL. The translators, both teachers in secondary education were advised to aim at the conceptual equivalent of a word or phrase, not a word-for-word translation, i.e. not a literal translation and strive to be simple, clear and

concise in formulating a question.

Then, a bilingual (in English and Greek) five-member expert-panel was convened by the first author in order to identify and resolve inadequate expressions/concepts of the forward translation. Four members of the panel held a PhD and one member was a PhD candidate but also held a degree in nursing and social anthropology which was regarded as an important qualification for a panel focusing on the cultural adaptation of an instrument. All panel members were Greek but two of them had studied in the UK. All panel members had a good command of English language. Four panel members had been involved in the process of cultural adaptation before while all of them had numerous publications in English. All discrepancies were discussed and resolved in the first expert panel meeting round which lasted two and a half hours.

The ProQOL was then translated back to English by the two independent translators. Their translation was compared to the original version of the ProQOL in the second panel meeting round (two hours duration). All discrepancies were evaluated thoroughly and consensus was reached for all members of the panel. The research team then proceeded in the pre-testing of the instrument to ensure its comprehensibility at an early stage. In other words, terms, words and expressions which are not understandable or clear for participants may be identified and discussed by the expert panel (11, 12).

3. RESULTS

Demographic and Work-Related Characteristics

Questionnaires were distributed to 10 nurses. The sample was predominantly female (80%). The mean age was 42.9 ± 10.02 years. Seven participants were registered nurses (70%), three participants had completed a 2-year education in a Technical School of Nursing (30%). Of the nurses holding a degree, 2 (20%) held a Master of Science in Nursing and two participants were Head Nurses in their department.

Semantic Evaluation of ProQol

Overall, all nurses approached by two of the researchers (VP, EF) participated in the pre-test phase without any refusals. The goal of this study phase was to identify possible problems in understanding the instrument's items, with a view to adjusting terms for adaptation to the Greek culture if necessary. Therefore, an interview was held, in which participants, who agreed to participate in the study answered the following questions regarding the readability, comprehensibility and suitability of the instruments' items (12):

- What did you think about our questionnaire in general?
- Are questions understandable?
- Are the questions important to you?
- Did you find any question insulting to you?
- Difficulties in answering questions

The analysis of answers to the General Impression Instrument revealed that, in general, the participants accepted well the ProQOL and found it easy to understand. In total, 90.0% of the nurses considered the instrument very good or good, and items were found relevant, easy to

understand and with appropriate alternative answer categories for the three dimensions of CS under analysis. The results are displayed in Table 1.

Items describing participants' general impressions	Alternative answers	Answers (%)
What did you think about our questionnaire in general?	Very good	40%
	Good	60%
	Not so good	0
Are questions understandable?	Easy to understand	90%
	Sometimes difficult to understand	10%
Are the questions important to you	Very important	60%
	Sometimes important	40%
Did you find any question insulting to you?	Yes	0
	No	100%
Difficulties in answering questions	No difficulty	80%
	Some difficulties	20%

Table 1. Assessment results for the Semantic Evaluation phase of the Professional Quality of Life Scale.

Scores in the PROQOL were computed for each subscale using standardised *z*-scores and *t*-scores (Stamm 2010). Higher standardised *z*-scores denote higher score in the specific subscale, while standardised *t*-scores are used to categorise scores into low, average and high. With regards to the assessment of the Professional Quality of Life subscales, three nurses reported high BO scores (30%), five nurses reported medium BO and two nurses were in the low BO category. As regards STS one nurse was at the high STS category, seven reported medium STS and only two were in the low STS category. In a similar line, only two nurses reported high CS, five participants reported medium CS and two reported alarmingly low CS. The mean scores for STS, BO and CF were $22,5 \pm 3,6$, $25,2 \pm 5,1$ and $35,4 \pm 5,6$ respectively.

4. DISCUSSION

Compassion fatigue constitutes a serious threat to the career of health and social care professionals and may result in a reduced ability to show compassion for patients (13, 14). Especially in the context of COVID-19 pandemic, health care workers on the front line who are directly involved in the diagnosis, treatment, and care of patients with COVID-19 are at risk for developing compassion fatigue and psychological distress (15-19). The combination of witnessing physical suffering and death along with the immediate threat to one's own safety can induce anxiety, fear, grief and emotional distancing (20). Standing by the suffering patient in the context of COVID-19 and facing pain, fear, stigma and human misery requires moral courage in dealing with internal and external barriers to care and persistence in building resilience to emotional situations. The recent pandemic makes more than ever necessary the assessment of front-line workers' CF in order to provide support for those in need.

The aim of the present study was to translate and culturally adapt the ProQol V in the Greek language so as to allow for comparisons with similar research in other countries in which a validated last version of the ProQol is available. The WHO guidelines were followed strictly in order to ac-

comply with the challenging task of linguistic cultural adaptation of the English version of the instrument into Greek (11) and detailed information on this challenging process was provided (12). Participants, who agreed to participate in the pre-test study verified the readability, comprehensibility and suitability of the instrument. Nonetheless, certain limitations of the study should be taken into account such as the limited number of participants in the pre-test study. Further work on the validation of this instrument (reliability and construct validity) will provide further necessary evaluations ensuring its value for evidence-based research and practice.

However, results from the limited number of participants in the pre-test assessment reveals outcomes similar to those of other research (13, 14). These preliminary results are indicative of the ability of the instrument to detect low, medium and high CF, BO and CS among participants. The implications of relevant future research are important in relation to the health care management and the support and continuous education of front-line health care workers. In times of an international health care systems crisis due to COVID-19, health care providers should be adequately prepared to face the dynamics of fear and grief generated in the midst of this pandemic. Such preparation may be a valuable tool in promoting collaborative therapeutic encounters and the building of compassionate communities (21) while at the same time may help professionals to protect themselves from absorbing or internalizing unmanageable emotions which may lead to compassion fatigue (4).

5. CONCLUSION

Overall, the findings of this study are indicative of the comprehensibility and readability of ProQOL V. The analysis of answers to the General Impression Questions List revealed that, in general, the participants accepted well the ProQOL and found it easy to understand. After completion of the validation of the ProQOL V it will become available to Greek researchers to compare results to those of other countries in which the reliability and validity of the instrument has been completed.

- **Author's Contribution:** E.M., V.P. and E.F. gave substantial contributions to the conception or design of the work in acquisition, analysis, or interpretation of data for the work. E.M. and E.F. had a part in article preparing for drafting or revising it critically for important intellectual content. K.K., P.A., S.P., P.M. and E.M. provided valuable oral or written input in this research, gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- **Conflicts of interest:** There are no conflicts of interest.
- **Financial support and sponsorship:** None.

REFERENCES

1. Thupten J. A fearless heart: how the courage to be compassionate can transform our lives. New York: Avery Publishing Group; 2015: 304.
2. Lanara VA. Heroism as a nursing value – A philosophical perspective. Athens: Evniki, 1991.
3. Cavanagh N, Cockett G, Heinrich C. et al. Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nurs Ethics*. 2020; 27(3): 639-665. doi:10.1177/0969733019889400
4. Misouridou E. Secondary Posttraumatic Stress and Nurses' Emotional Responses to Patient's Trauma. *Journal of Trauma Nursing*. 2017; 24: 110-115.
5. Coetzee SK, Laschinger HK. Toward a comprehensive, theoretical model of compassion fatigue: A n integrative literature review. *Nursing & health sciences*. 2018; 20(1), 4-15.
6. Nolte AG, Downing C, Temane A, Hastings-Tolsma M. Compassion fatigue in nurses: A metasynthesis. *Journal of clinical nursing* 2017; 26(23-24), 4364-4378.
7. Stamm BH. *The concise ProQOL Manual*. US: Pocatello, 2010.
8. Sacco, TL, Copel LC. Compassion satisfaction: A concept analysis in nursing. *Nursing Foru*. 2018; 53(1): 76-83.
9. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (5th edn). US: Washington, DC, 2013.
10. Katsantoni K, Zartaloudi A, Papageorgiou D, Drakopoulou M, Misouridou E. Prevalence of Compassion Fatigue, Burn-Out and Compassion Satisfaction Among Maternity and Gynecology Care Providers in Greece. *Mater Sociomed*. 2019; 31(3): 172.
11. Who.int. WHO: Process of translation and adaptation of instruments. http://www.who.int/substance_abuse/research_tools/translation/en. Accessed 3 April 2019.
12. Bowden A, Fox-Rushby JA. A systematic and critical review of the process of translation and adaptation of generic health-related quality of life measures in Africa, Asia, Eastern Europe, the Middle East, South America. *Social science & medicine*. 2003; 57(7), 1289-1306.
13. Balinbin CBV, Balatbat KTR, Balayan ANB, et al. Occupational determinants of compassion satisfaction and compassion fatigue among Filipino registered nurses. *J Clin Nurs*. 2020; 29(5-6): 955-963. doi:10.1111/jocn.15163
14. Polat H, Turan GB, Tan M. Determination of the relationship of the spiritual orientation of nurses with compassion fatigue, burnout, and compassion satisfaction. *Perspect Psychiatr Care*. 2020; 10.1111/ppc.12513. doi:10.1111/ppc.12513
15. Chew N, Lee G, Tan B, Jing M, Goh Y. et al. A multinational, multi-centre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior, and Immunity*. 2020; S0889-1591(20)30523-7.
16. Rana W, Mukhtar S, Mukhtar S. Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak. *Asian Journal of Psychiatry*. 2020; 51, 102080. Advance online publication.
17. Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, Wu J, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*. 2020; 3(3), e203976
18. Bostan S, Akbolat M, Kaya A, Ozata M, Gunes D. Assessments of anxiety levels and working conditions of health employees working in COVID-19 pandemic hospitals. *Electronic Journal General Medicine*. 2020; 17(5), em246.
19. Zhang WR, Wang K, Yin L, Zhao WF, Xue Q, Peng M, et al. Mental health and psychosocial problems of medical health workers during the COVID-19 epidemic in China *Psychother Psychosom*. 2020; 10.1159/000507639
20. Kim J, Kim S, Byun M. Emotional distancing in nursing: A concept analysis [published online ahead of print, 2020 Jun 7]. *Nurs Forum*. 2020; 10.1111/nuf.12475. doi:10.1111/nuf.12475
21. Breen LJ, Kawashima D, Joy K, Cadell S, Roth D, Chow A, Macdonald ME. Grief literacy: A call to action for compassionate communities. *Death Studies*. 2020; 1-9.