E.O. Im¹, S.J. Lee², Y. Hu¹, C.Y. Cheng¹, E. Chee², W. Chee³

¹Duke University, School of Nursing, Durham, USA.,

²Korea National Open University, Nursing, Seoul, South Korea.

³North Carolina State University, Bioengineering, Raleigh, USA.

Background

- With an increasing number of racial/ethnic minorities in the U.S., the use of multiple languages became essential in support care interventions for cancer patients.
- Multiple languages promote the understanding on educational materials, related to support care and helps communicate effectively with regarding their health care needs.
- Little is still known about practical issues in using multiple languages in cancer research among ethnic minorities.

Purpose

- To identify practical issues in the use of multiple languages in a support care intervention for Asian American breast cancer survivors (Chinese, Korean, and Japanese).

Methods

This Presentation: A Discussion on Issues from the Parent Study

- Wrote memos on issues in the use of multiple languages and plausible reasons for the issues by research team members.
- Made written records of weekly group discussions throughout the research process.

Data analysis

- Memos and written records were analyzed using the content analysis by Weber.
- Idea themes reflecting the issues were identified through the analysis process.

The Parent Study

- An intervention study to test the effects of a technology-based Information and Coaching/support program on health outcomes of Asian American breast cancer survivors (TICAA).
- A randomized repeated measures (pretest, post 1 month, and post 3 months) study with a control group
- Participants: 330 self-reported Asian American women aged over 21 years who
 - had a breast cancer diagnosis in the past 5 years;
 - could read and write English, Chinese, Korean or Japanese; and
 - had access to the Internet through computers or mobile.
- Intervention group: TICAA program + American Cancer Society (ACS) information
- Control group: only ACS information
- Outcome variables: needs for help, physical & psychological symptoms, & quality of life

Results

Practical issues from the study

- 1) Difficulties in recruiting and retaining bilingual research team members
 - Difficulty in finding the suitable team members; especially, Japanese team members.
- 2) Maintaining the consistency and keeping cultural and conceptual equivalence in translation process
 - Consistency in the instruments and educational modules among the different language versions.
 - Asian Americans' tendency to choose a midpoint on a scale rather than an extreme value.
 - A word in one culture not necessarily meaning the same construct in another culture (e.g., ethnicity in Chinese).
 - Difficulties in understanding the meaning of questions/items that are literally translated from the original language to the target languages.
- 3) Multiple IRB protocol modifications
 - Needed to add the translators' information.
 - Needed to change the Japanese version due to the inadequacy of word usages.
- 4) Using existing translated versions
 - Used existing multiple language versions of SCNS-34, and FACT-B; needed to check with the original authors because multiple languages versions were not published in the literature.
- 5) Technical support for electronic multiple-language versions

Future direction for the research

- 1) Ensure flexibility in recruitment and retainment
- 2) Set the rules and procedures for translation process
- 3) Set strategies to translate nonexistent terms in different languages
- 4) Check the institution's IRB policies related to the use of multiple languages
- 5) Set strategies to find and use existing different language versions of instruments

Conclusions

- The use of multiple languages in cancer research is feasible, but needs to consider these practical issues, and effectively manage the challenges through various strategies.

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