Measuring perceived social support in stroke survivors: linguistic validation of the Multidimensional Scale of Perceived Social Support (MSPSS) in Hausa (Nigerian) language

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Introduction

Stroke remains one of the major public health problems in Nigeria today, and is currently the main cause of neurological disability in adults. In most tertiary hospitals in Nigeria, stroke accounted for 0.92 – 4% of hospital admissions, 2.83 – 4.52% of total deaths and is reportedly the leading cause of neurological admissions. The impact can be devastating, leaving a person with residual impairment of physical, psychological, and social functions. During the sub acute phase of stroke, when potential for further functional gain is limited, the psychosocial consequences of stroke become increasingly important determinants of health-related quality of life. Although about one-third of individuals with stroke may develop post stroke depression, perceived social support may prevent either onset or duration of depressed mood.

In stroke survivors, social support is believed to affect the quality of patient care and disease outcome, as well as patients’ physical and psychosocial well-being. Assessment is therefore essential for the development and evaluation of interventions designed to improve social support for those deprived of this resource. The aim of the linguistic validation of the Multidimensional Scale of Perceived Social Support (MSPSS) was to produce a translated version in Hausa language with “conceptual, semantic and operational equivalence” to the original U.S. English version for use in clinical practice and research in Nigeria.

Background and Aims: In stroke survivors, social support is believed to affect the quality of patient care and the disease outcome, as well as patients’ physical and psychosocial well-being. Assessment is therefore essential for the development and evaluation of interventions designed to improve social support for those deprived of this resource. The aim of the linguistic validation of the Multidimensional Scale of Perceived Social Support (MSPSS) was to produce a translated version in Hausa language with “conceptual, semantic and operational equivalence” to the original U.S. English version for use in clinical practice and research in Nigeria.

Methods: A multiprofessional committee that consisted of five experts carried out the translation process in accordance with the Mapi Research Institute format and guidelines for cultural adaptation of questionnaires. This included the steps of forward translations, synthesis, back translation, expert committee review, pre-testing (with 10 hemiplegic subjects) and finalisation.

Results: During the translation processes of the MSPSS into Hausa, concerns were raised pertaining to some linguistic and semantic issues including the appropriateness of certain terms used. The literal translation of some of the items and expressions used was not viable in Hausa language; hence, researchers had to find culturally agreeable linguistic equivalents. Pilot testing revealed the MSPSS to be easily understandable, simple, clear and appropriate for the evaluation of social support among these stroke survivors.

Conclusion and Recommendation: The processes involved in the translation served to ensure that the Hausa-MSPSS was measuring the same circumstances as the original scale, thereby enabling comparisons between different cultures. Nevertheless, further in-depth psychometric testing on a larger sample is proposed to be carried out among Hausa speakers.

Key words: Stroke, assessment, social support, linguistic validation

ABSTRACT

Stroke remains one of the major public health problems in Nigeria today, and is currently the main cause of neurological disability in adults. In most tertiary hospitals in Nigeria, stroke accounted for 0.92 – 4% of hospital admissions, 2.83 – 4.52% of total deaths and is reportedly the leading cause of neurological admissions. The impact can be devastating, leaving a person with residual impairment of physical, psychological, and social functions. During the sub acute phase of stroke, when potential for further functional gain is limited, the psychosocial consequences of stroke become increasingly important determinants of health-related quality of life. Although about one-third of individuals with stroke may develop post stroke depression, perceived social support may prevent either onset or duration of depressed mood.

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Key words: Stroke, assessment, social support, linguistic validation

Methods: Ethical approval to conduct this study was obtained from the Medical Ethics committee of the University of Malaya (Eth. Comm./IRB Ref number 830.7) and the Ministry of Health, Kano

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state Nigeria (HMB/GEN/488/11). The researchers obtained permission for the cultural adaptation and linguistic validation of the MSPSS in Hausa from the original questionnaire developers and the copyright owners (Canty-Mitchell and Zimet 1988)16,17. The translation and cultural adaptation of MSPSS into Hausa language necessitated successive procedures in order to preserve the measurement equivalence of the MSPSS. These processes served to ensure that the Hausa-MSPSS was measuring the same criteria as the original scale, thereby enabling comparisons between different cultures. This was achieved through a process called linguistic validation and cultural adaptation following the flowchart and guidelines put forward by the Mapi Research Institute’s methodology18. This was the process chosen because of its general simplistic procedures as well as it being an internationally accepted methodology17,19,20 as presented in the Figure 1. This process is similar to the Beaton et al19 guidelines for cross-cultural adaptation of self report measures.

**Description of the instrument (MSPSS)**

MSPSS is a well validated and psychometrically rigorous 12 item concise instrument used for measuring the hierarchical structure of perceived social support from family (items 3, 4, 8 and 11), friends (items 6, 7, 9, and 12), and a significant others (items 1, 2, 5, and 10). As already mentioned, it was developed for adolescents, but is suitable for other groups. It has a number of properties which suggests that it may be a valuable tool for use in research involving a variety of populations, including cardiovascular disease populations and the elderly17. Studies indicate that MSPSS has a good internal reliability, test-retest reliability, and strong factorial validity17. In addition, good construct validity of the significant other, family, and friend subscales were also demonstrated17,21. The perceived social support is graded on a 7-point likert-type scale (from very strongly disagree to very strongly agree) as follows: respondents are required to circle 1, very Strongly disagree; 2 strongly disagree; 3 mildly disagree; 4 Neutral; 5 mildly agree; 6 strongly agree; 7 very Strongly agree (see Appendix 1).

The first reconciled version was developed in Hausa based on these two forward translations and the reconciliation.

**Backward Translation**

A backward translation of the reconciled language version was obtained in the source language (U.S English) by a professional translator who was a native Hausa speaker and fluent in English and had no prior knowledge of the instrument (a third translator). The backward translated version was compared with the original MSPSS by the five multidisciplinary team. The translation discrepancies that resulted were rectified during this process to ensure semantic and conceptual equivalence leading to the second Hausa version.

**Clinical Review and Cognitive Debriefing (Pilot testing)**

- **Cognitive debriefing - Feedback from experts in the medical field**, i.e. two psychologists familiar with both the subject matter of the research and the two languages was obtained. This feedback was incorporated in to the second Hausa reconciled version of MSPSS.

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**Figure 1: Algorithm of the linguistic validation processes**

![Diagram of the linguistic validation processes](image-url)
Clinical review - Pilot testing was conducted on a sample of 10 stroke survivors who had at least one year of a confirmed history of a first ever stroke, were at least 18 years of age and above and consented to participate. The sample was randomly selected based on a sampling frame available at the physiotherapy department of Murtala Muhammad Hospital Kano, Nigeria. The interviews (face-to-face) were conducted by investigators from the translation team using both rephrasing and probing techniques. The aim of this step was to ensure that the translation (instructions, items and response choices) was acceptable, understood in the way intended, and the language used was simple and appropriate for the target future users of the scale. The respondents who had a mean age of 51.5 took an average of about 5-10 minutes to complete the questionnaire.

The third reconciled Hausa version was produced based on the results obtained from the clinicians’ review and psychologists’ feedback. At each of the above stages, a summary report was compiled and reports were sent to and accepted by the copyright owners.

Finalisation
In our attempts to ensure that the final version was free from typographical, spelling and grammatical errors, the third reconciled version was proof-read by 2 professional, native and bilingual Hausa speakers who were not members of the expert group. Thus, the final version of the MSPSS questionnaire in Hausa was obtained (see Appendix 2) for use in clinical research and practice in Nigeria.

Summary of experts involved in producing the final Hausa-MSPSS
❖ Forward translation- by two professional translators – first version.
❖ Reconciliation – above two translators and the investigators leading to version 1.
❖ Backward translation – a professional translator (third translator) leading to version 2.
❖ Backward translation examined for accuracy by the 5 person multidisciplinary team.
❖ Pilot testing – a) 2 Psychologists, the investigators and b) 10 stroke patients leading to version 3.
❖ Third reconciled version proof-read by 2 professional, native and bilingual Hausa speakers who were not members of the expert group leading to the final version (See Appendix 2).

Results
Title of the Instrument: “Multidimensional Scale of Perceived Social Support”

No problems were encountered pertaining to the title of the instrument throughout the linguistic validation process.

Instruction and reply options
The 2 psychologists involved in the cognitive debriefing did not practically identify any misconceptions regarding the instructions including the items.

Terms and expression within the items
All the terms used within the original items were found to be culturally applicable. However, the expressions used in the items were changed by the professional translators and investigators to make culturally acceptable linguistic equivalents. Respondents better comprehend the meaning of the expressions when they are alternatively stated as the phrases following the arrows as illustrated below:
❖ Item 1: There is a special person who is around when I am in need ➝ There is always a person taking care of my needs (Akwai mutum na musamman dake kula da bukata). ➝ There is a person who is always taking care of my needs.
❖ Item 2: There is a special person with whom I can share my joys and sorrows ➝ I have someone I can confide in on my happiness and despair (Akwai mutumin da ya nake iya fadawa damuwata da farin ciki na). ➝ There is a person with whom I can share my joys and sorrows.
❖ Item 3: My family really tries to help me ➝ My family is doing great in assisting me (Iyalina na kokari matuka a wejen taimakamin). ➝ My family needs to help me.
❖ Item 4: I get the emotional help and support I need from my family ➝ My family show care and concern for all my needs (Iyalina na a shirye suke su taimaka min a kan duk wata shawara da nake son yankwara). ➝ My family is willing to help me make decisions.
❖ Item 5: I have a special person who is a real source of comfort to me ➝ I have someone who is an antecedent of my wellbeing (Iya da mutum na musamman wanda ya kasance yana farantamin sosai). ➝ I am confident my friends’ support even in cases of emergency.
❖ Item 6: My friends really try to help me ➝ My friends are doing great in assisting me (Abokaina na kokari sosai wejen taimakamin). ➝ I can talk about my problems with my friends ➝ I can talk about my problems with my friends (Iya iya tattauna matsalata da iyalaina).
❖ Item 7: I can count on my friends when things go wrong ➝ I am confident my friends’ support even in cases of emergency (Na amince abokai na zasu tsaya min a duk lokacin da wata matsalata ta tasso).
❖ Item 8: I talk about my problems with my family ➝ I can discuss my problems with my family (Iya iya tattauna matsalata da iyalaina).
❖ Item 9: I have friends with whom I can share my joys and sorrows ➝ I have friends I can confide in on my happiness and sorrows (Iya da abokai na nake fadawa damuwata da farin ciki na). ➝ I can talk about my problems with my friends ➝ I can discuss my problems with my friends (Iya iya tattauna matsalata da abokaina).
❖ Item 10: There is a special person in my life that cares about my feelings ➝ I have someone who cares about my life needs (akwai mutum na musamman a rayuwata da ya damu da bukata). ➝ My family is ever ready to assist me in whatever I may need to decide (Iyalina na a shirye suke su taimaka min a kan duk wata shawara da nake son yankwara).
❖ Items 11: My family is willing to help me make decisions ➝ My family is ever ready to assist me in whatever I may need to decide (Iya iya tattauna matsalata da abokaina).

Discussion
During the sub acute phase of stroke, when potential for further functional gain is limited, the psychosocial consequences of stroke become increasingly important determinants of health-related quality of life. Cultural adaptation of quality of life instruments using standard procedures is becoming increasingly important in different countries and across different cultures. This is to ensure the optimal transfer of the original message and measuring what is intended to be measured. In stroke survivors, social support is believed to affect the quality of patient care and disease outcome, as well as patient’s physical and psychosocial well-being. There is a recent growing recognition that in Item 4: “I get the emotional help and support I need from my family”, the nature of emotional help and support did not sound specific enough to them. Based on the discussions during the cognitive debriefing, the committee agreed to modify the item which was changed to “My family show care and concern for all my needs” which translates to “Iya na nuna tausayawarsu a gare ni tare da bani duk wani tallowa da nake bukata”.

The instrument was found to be easily conceivable, simple, clear and appropriate for the assessment of social support among this group of stroke survivors.

Pilot testing
This step aimed to obtain feedback from the experts in the relevant medical field. The comments from the feedback were incorporated into the second Hausa version. Two clinicians with experience in stroke rehabilitation reviewed the second Hausa version of MSPSS. Respondents that participated in this process did not encounter problems with understanding the contents of the Hausa version of the MSPSS, but provided some suggestions and a consensus was reached after providing appropriate supplementary explanatory sentences as previously discussed under the “Terms and expressions within the items”. For example five of the respondents involved in this stage raised concern that in Item 4: “I get the emotional help and support I need from my family”, the nature of emotional help and support did not sound specific enough to them. Based on the discussions during the cognitive debriefing, the committee agreed to modify the item which was changed to “My family show care and concern for all my needs” which translates to “Iya na nuna tausayawarsu a gare ni tare da bani duk wani tallowa da nake bukata”.

The translated instrument must be understood by the intended targeted study population (in this case Natives and speakers of Hausa language), even of a low education level.
In this study, linguistic validation of MSPSS in Hausa was carried out in agreement with the internationally accepted guidelines stipulated by the Mapi Research Institute’s methodology. The processes involved consultations and collaborations with experts in stroke rehabilitation, linguistics and the original developers. This supports the credibility of a strict translation method to ensure conceptual equivalence. In addition, sources of measurement error that would be introduced through the translation process was minimised by detection of questionable items, terms, or response options that were either hard to understand or misconceived by the respondents during their interview. Because the wording of the response choices may affect the translation of the items, and vice-versa, the questionnaire should always be considered as a whole.

Despite the high incidence and prevalence of stroke in Nigeria, evaluation of the impact of stroke and stroke interventions has been limited. Availability and usage of the Hausa version of MSPSS may prove valuable for the assessment of social support as well as the evaluation of interventions designed to improve social support for those deprived of this resource and thereby improving the quality of life of stroke survivors. It may also prove valuable in providing researchers and professionals with a global picture of recovery following stroke, development of more comprehensive rehabilitation interventions, resource allocation, policy formulation, planning of rehabilitation services as well as specific therapeutics. The authors recommend that all clinicians should use this tool as part of routine clinical practice for the assessment of social support in Nigeria.

Conclusion

These cognitive processes (translation and cultural adaptation of MSPSS into the Hausa language) required a rigorous procedure in order to preserve the measurement equivalence of the MSPSS. These cognitive processes served as steps that ensured that the Hausa-MSPSS was measuring the same circumstances as the original scale, thereby enabling comparisons between different cultures. However, further psychometric testing should be conducted to ensure the validity and reliability of the translation and its appropriateness among the Nigerian population. Finally, we proposed that further in-depth psychometric testing be followed up on larger sample of Hausa speakers.

Competing interests

The authors declare that they have no competing interests.

Acknowledgements

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References


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Appendix 1: English Version of the Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree
Circle the “2” if you Strongly Disagree
Circle the “3” if you Mildly Disagree
Circle the “4” if you are Neutral
Circle the “5” if you Mildly Agree
Circle the “6” if you Strongly Agree
Circle the “7” if you Very Strongly Agree

<table>
<thead>
<tr>
<th>Perceived Support from Family, Friends and Significant Others</th>
<th>Very Strongly Agree</th>
<th>Strongly Agree</th>
<th>Mildly Agree</th>
<th>Neutral</th>
<th>Mildly Disagree</th>
<th>Strongly Disagree</th>
<th>Very Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a special person who is around when I am in need.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>2. There is a special person with whom I can share my joys and sorrows.</td>
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<tr>
<td>3. My family really tries to help me</td>
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<td>5</td>
<td>4</td>
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<tr>
<td>4. I get the emotional help and support I need from my family</td>
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<td>5</td>
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<tr>
<td>5. I have a special person who is a real source of comfort to me.</td>
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<tr>
<td>6. My friends really try to help me</td>
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<td>5</td>
<td>4</td>
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<tr>
<td>7. I can count on my friends when things go wrong.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>8. I can talk about my problems with my family.</td>
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<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>9. I have friends with whom I can share my joys and sorrows.</td>
<td>7</td>
<td>6</td>
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<td>4</td>
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<tr>
<td>10. There is a special person in my life that cares about my feelings.</td>
<td>7</td>
<td>6</td>
<td>5</td>
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<tr>
<td>11. My family is willing to help me make decisions.</td>
<td>7</td>
<td>6</td>
<td>5</td>
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<tr>
<td>12. I can talk about my problems with my friends.</td>
<td>7</td>
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<td>5</td>
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</table>
**Appendix 2: Hausa Language version of the Multidimensional Scale of Perceived Social Support**

**Hanyoyi Daban Daban Na Gwajin Gano Tallafin Da Ake Jin a Na Samu**

*Umarni:* Muna so ne mu san yadda ka/ki ka amince danga da wadannan bayanai. Karanta kowane bayani sannan ka/ki nuna yadda ka/kika amince danga da kowanne bayanin.

Kewaye “1” idan Sam baka amince ba  
Kewaye “2” idan Baka/ki amince ba  
Kewaye “3” idan Da Dama dama  
Kewaye “4” idan Tsaka tsaki  
Kewaye “5” idan Ba laifi  
Kewaye “6” idan Ka amince  
Kewaye “7” idan Ka amince sosai

<table>
<thead>
<tr>
<th>Irin tallafin da ake samu daga ‘yan uwa ko abokai ko sauran jama’a</th>
<th>Na amince sosai</th>
<th>Na amince</th>
<th>Ba laifi</th>
<th>Tsaka tsaki</th>
<th>Da Dama dama</th>
<th>Ban amince ba</th>
<th>Sam ban amince ba</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Akwai mutum na musammenti dake kula da bukata na</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>2. Akwai mutumin da ya nake iya fadawa damuwata da farin ciki na</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Iyali na na kokari matuka a wajen taimakamin</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Iyali na nuna tausayawarwa a gare ni tare da bani duk wani tallafi da nake bukata</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>5. Ina da mutum na musammenti wanda ya kasance yana farantami sosai</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Abokaina na kokari sosai wajen taimakamin</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>7. Na amince abokai na zuwa tsaya min a duk lokacin da wata matsala ta taso</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Ina iya tattauna matsalata da iyalaina</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>9. Ina da abokai da nake fadawa damuwata da farin ciki na</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>10. Akwai mutum na musammenti a rayuwata da ya damu da bukatuna</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
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<tr>
<td>11. Iyali na a shire suke su taimaka min a kann duk wata shawara da nake son yankewa</td>
<td>7</td>
<td>6</td>
<td>5</td>
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<tr>
<td>12. zan iya tattauna matsalolina da abokaina</td>
<td>7</td>
<td>6</td>
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<td>4</td>
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