A LOOK INSIDE THE TRANSLATORS' WORKSPACE: DISCUSSIONS AROUND A LARGE NURSING TEXT TRANSLATION. / UNA INMERSIÓN EN EL ESPACIO DE TRABAJO DEL TRADUCTOR. ANÁLISIS DE LA TRADUCCIÓN DE UN LIBRO DE TEXTO DE ENFERMERÍA.

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Abstract: This article looks back on a large *nursing textbook translation* carried out by two translators in partnership. Time zone differences meant the translators worked with detailed discussion worksheets. Challenges involved in the translation of this 912-page text (the corpus) included *Language and Culture Specific Challenges* (LCSCs), which included SL and TL stylistic preferences, syntactical challenges, differences in '*semantic coverage*', commissioner expectations and the need to align the Target Text with previous TL translations of *standardized nursing terminologies*.

A review of the literature on the translation of text types, *skopos* and CSIs, is followed by a look inside the translators' workspace. An examination of translation challenges found that Aixelá's taxonomy of approaches to the translation of Culture Specific Items (CSIs) was often relevant to the translation of LCSCs. The findings of the analysis of challenges and approaches can be easily applied to translation of health-related texts in public service settings.

Keywords: Translation; Translators' workspace; Standardized nursing terminologies;

Resumen: El presente artículo revisa la traducción de un libro texto de enfermería realizada por dos traductores en colaboración. La diferencia horaria entre ellos llevó a los traductores a utilizar plantillas detalladas de discusión. Algunos de los desafíos presentados en la traducción de este texto de 912 páginas (el corpus) fueron los "retos específicos del idioma y la cultura" (LCSCs por sus siglas en inglés), así como las diferencias estilísticas propias de la lengua fuente y la lengua meta, las diferencias semánticas y sintácticas, las expectativas del cliente y la necesidad de mantener consistencia entre el texto meta y las traducciones previas de terminología en el área de la enfermería.

Hemos realizado una mirada retrospectiva al ámbito de trabajo del traductor junto a una revisión bibliográfica acerca de la traducción de diferentes tipos de textos, la teoría de eskopo y los aspectos propios de cada cultura (CSIs). Mediante el análisis de los desafíos de la traducción hemos demostrado que, con frecuencia, en la traducción de "retos específicos del idioma y la cultura" es relevante la taxonomía de las técnicas de traducción de CSIs planteada por Aixelá. Por último, los resultados del análisis de dichos retos y enfoques pueden ser fácilmente aplicados a la traducción de textos relativos al área de la salud en el marco de los servicios públicos.

Palabras clave: Traducción; Ámbito de trabajo del Traductor; Terminología normalizada sobre Enfermería.

1. Introduction

Nursing text translations may present challenges similar to those encountered in PSIT settings, due to the fact that the Source and Target Language culture do not share the same culture-specific or professional context, which may be reflected in differences in healthcare systems, and scope of health professional practice. In addition, translators may face constraints related to the need to align the current translation with existing translations (Toury, 2012). In the case of translated Nursing Classifications, the intended target audiences may resemble the original readership in terms of professional training, although there may be differences in the extent to which nursing has been academised as a field of study. Language specific challenges may relate to the level of difficulty and general "understandability'' of medical terms.

The language and culture specific challenges encountered were similar to challenges facing translators of health-specific texts in public service interpreting and translation (PSIT) settings. The translators talked about the extent to which culture specific concepts (Aixelá, 1996) should be localized in relation to their assumptions about expectations of the target audience (Vermeer, 2012) and the absence or presence of comparable concepts in the TL culture.

Thus, while this article will look at the process of translating the 2008 edition of the Nursing Outcomes Classification (NOC) from United States (US) English (the Source Language or SL) into Dutch (the Target Language or TL),[1] many of the challenges they tried to resolve resonate with those encountered by translators of health-related text in community settings, including patient information sheets, discharge instructions and consent forms. This paper will review some of the literature on functional approaches to translation and on the translation of culture-specific items (CSIs). It will then describe particular cultural and linguistic challenges and how the translators addressed the same, based on their joint discussion work sheets. Thus, Schön's (1983) seminal work on reflective practice and reflection-in-action also applies.

The authors have been working together as translators for more than a decade, always using a discussion document so that translation choices and alternatives could be discussed in a rational and consistent manner. In retrospectively examining (the discussion around) their translation choices. The analysis of the text revealed that even stylistic and semantic challenges could be grouped under the heading of Language and Culture Specific Challenges (LCSCs). Aixelá's (1996) taxonomy of possible approaches to the translation of Culture Specific Items could often also be applied to a non-literary text of this nature. Functional approaches were also found to be relevant in decision-making relating to the translation of LCSCs.

2. Background

Nursing research is a field of study closely aligned with that of medicine. Researchers in the United States have been developing classifications of nursing outcomes in order to have a way of measuring the outcomes of nursing interventions. This is important because it helps determine the contributions nursing interventions make to patient outcomes. It also enables

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[1] The authors were the translators of the text discussed here and may variably be referred to as either "the authors" or "the translators" depending on whether the emphasis is on their authorship of this article or on their translational actions.

researchers to delineate the field of nursing. Classifications of nursing outcomes (e.g. Moorhead, Johnson, Maas and Swanson, 2008) are regularly updated and updates translated into other languages.

The Source Text, the 4th edition of the Nursing Outcomes Classification (Moorhead, Johnson, Maas and Swanson, 2008) was the result of 16 years of work by the Iowa Nursing Outcomes team and its main aim was to standardize the names and definitions of nursing outcomes used in professional practice, nursing research and nursing education. The ST was oriented towards clinicians, researchers, educators, students and health administrators (management) in a range of settings. The ST contained 385 nursing research based nursing outcome labels, which could be used to decide which patient outcomes were the direct result of nursing interventions. The ST included a definition of each label, together with a list of indicators, a publication facts line and a reference for each outcome. These proved very useful to the translators as it helped clarify the precise nature of concepts. The ST also had sections outlining linkage with the NANDA (NANDA International, 2003), NIC (Bulechek, Butcher, Dochterman and Wagner, 2013) and Gordon's (1994) Functional Health Patterns. This meant the translators had to take into account both existing source texts and previous Dutch translations of other standardized nursing terminologies such as the NIC and the NANDA (Johnson, Bulechek, Butcher, Dochterman, Maas, Moorhead and Swanson, 2006). Not all outcomes could be attributed to nursing interventions in the Target culture, due to differences in health system and nursing scope of practice, resulting in Culture Specific challenges.

The translators working on the translation both had a nursing background with one resident in an SL environment and the other in a TL environment. Since the translators lived in different countries and different time zones, almost all communication and consultation took place by email. Spreadsheets in Microsoft Excel © were used to record discussions on translation challenges and approaches, and the data from those spreadsheets underpins the current article. The translators used a Translation memory tool, but also a so-called *SynCon list* for mutual consultation on synonyms for the sake of consistency (see Glossary), since they were still populating the translation memory and wanted to make sure they documented their discussions, together with any helpful references.

Implicit in the commission (Vermeer, 2012) was the expectation that the translators would produce a stylistically pleasing translation, both with regard to style and the use of natural terminological equivalents. As far as medical terminology is concerned, Dutch has two layers of terminology. The first consists of the Latin and Greek terms also found in English (although sometimes the original Latin order is used, i.e. *arteria carotis* rather than *carotid artery*), whereas the second layer consists of everyday Dutch words (e.g. *kransslagader* for coronary artery). This second layer is due to the efforts of Simon Stevin (1548-1620), who coined terms in the Dutch vernacular in order to make science more accessible for common people (Dijksterhuis, 1943). As a result, the authors had the choice between medical terms originating in Latin and Greek and more accessible ones originating in the Dutch vernacular.

3. Literature review

This literature review will describe the work of translation theorists which the authors found relevant to their discussions around the translation of the 912-page Source Text (ST) described above. The ST fits into the category of medicine-related texts written by professionals for professionals (Löning, 1981), even though in this case the professionals represent an allied field of study, namely that of nursing research. This means that one may

presume a significant amount of overlap between the original target readership and that of the translation in terms of knowledge, scope of practice, and level of education. In this sense, this health-related text differed from that which may require translation in community settings. In the latter case, texts are generally written by health professionals for a lay readership.

Hatim (2014:11) describes translation studies as "a house of many rooms" and this certainly applies to the translation of health-related texts also. This type of translation involves a number of different challenges, almost all of which have been discussed in the literature at various junctures. Challenges discussed in this article include text type challenges Nida, 2012; Reiss, 2014), skopos (Vermeer, 2012), considerations relating to the existing body of (translated) literature (Even-Zohar, 2012; Gentzler, 1993), and conventions such as collocations (Toury, 2012), and the translation of Culture Specific Items (Aixelá, 1996; Bassnett, 1998). Since it is very difficult to tease out typically linguistic discursive features from purely cultural features (e.g. Hatim and Mason 1990), this article will use the term Language and Culture Specific Challenges (LCSCs).

3.1 Challenges addressed by functional translation theories

Obviously it is impossible to separate text from (cultural) context, however the authors do agree that different text types may demand a different translation approach. Functional translation theorists such as Nida (1964, 1969, 2012) and Reiss made a significant contribution to the work of translation practictioners by providing a rationale for specific translation choices based on the type of Source Text (ST) (Nord, 1996; Trosborg, 1997). We cite Nida here because his comments about the translation process appear timeless:

> [t]he competent translator goes through a seemingly roundabout process of analysis, restructuring, and transfer. That is to say the translator first analyses the language of the SOURCE text into its simplest and structurally clearest forms, transfers it at this level, and then restructures it in the RECEPTOR language to the level which is most appropriate for the audience which he intends to reach (1969: 484).

Nida's distinction between formal correspondence and dynamic equivalence was later followed by Newmark's (1993) suggestion that translators may choose to translate certain texts using a semantic translation approach, and others (including text books) using a communicative, more Target audience oriented translation approach.

Reiss's work on text types continues to be relevant to translators today, as evidenced by the 2014 (re)publication of her work on translation criticism. In her (1981) work Reiss describes the various stages translators go through during the translation process. She suggests that translators first determine the text type, e.g. texts with a mainly informative function, before identifying the text variety (e.g. nursing textbook), and lastly analysing the style of this particular text. This is followed by the next phase which involves reading examples of the test variety in the Target Language in preparation for reverbalisation in the Target Language (1981: 123-127).

As to the question of for whom the text was written and for whom the translation is intended (Reiss, 1981: 131), the ST discussed in this article was aimed at a very similar target audience as the TT, namely educators, researchers and students in the academic field of nursing. In both cases, the text falls into the category of a text written by professionals for professionals in the same field of healthcare (Löning, 1981, as cited in Herget & Alegre, 2010). Hatim (2014) also describes literary and cultural constraints on the translator, including polysystems theory.

Translations are part of the body of texts of a particular culture, and the TT needed to be aligned with language usage established through existing translations of nursing works as

well as with TL nursing texts. Toury (2012) emphasises the importance of norms and conventions. The many collocations in the ST needed to be translated in such a way that they were not only aligned with TL collocations, but also with TL norms. The existence of collocations with a slightly different semantic 'reach' posed an additional constraint. We will now turn to Aixelá for a discussion of possible approaches to the translation of Culture Specific Items (CSIs), as the Source Text abounded in such elements.

3.2 Approaches to culture and language specific challenges

Aixelá describes various degrees of what he calls the "intercultural manipulation" (1996: 61) of Culture Specific Items (CSIs. His taxonomy distinguishes between approaches that can be classed as either types of conservation or substitution. According to Aixelá, the chosen translation strategy will depends on supratextual parameters (1996: 65), the purpose of the translation, the purpose of the commissioner, working conditions including the translators' educational background and level of training, textual parameters (which include alignment with existing translations), the nature and transparency of the CSI in question. Supratextual parameters (1996: 65) include existing precepts as to language use in the Target Language country. In the Netherlands, the so-called "green booklet" (Nederlandse Taalunie, 2005), the Pinkhof medical dictionary (Van Eeverdingen and Eerenbeemt, 2012) and the Style guide (Burger and de Jong, 2009) are much respected and regularly updated.

Aixelá also categorises the nature and expectations of the target readership, and working conditions, under the heading of supratextual parameters. In the case of the current translation, both the target audience of the original text and that of the translation consisted of nursing students, nursing educators and nursing researchers. The purpose of the translation was to develop standardized terminology for nursing outcomes in the Target Language. This entailed the responsibility of getting it right so the translation could achieve its *skopos*. In PSIT the aim of health text translation is also of getting it right in terms of achieving an accurate translation, using existing collocations in a culturally appropriate manner.

The nature of the CSI itself may impact on translation choices, something Aixelá describes as the "the type and breadth of the intercultural gap" (1996: 68). This includes the "transparency" of the CSI where a CSI is not recognizable as such, it may either be omitted or repeated, resulting in a degree of foreignization of the Target Text (1996: 96). Aixelá also mentions possible pitfalls in situation where a CSI has a different ideological status in the SL as opposed to the TL. This includes situations where certain CSIs exist in both cultures, but differ in terms of usage or social value (1996: 69). This again is very pertinent to public service translation.

Aixelá also mentions transnational CSIs, involving references to other cultures. These can be omitted in translation if references concern TL culture and are therefore redundant in the TT. The text discussed here did involve a few of such transnational CSIs, where the text discussed the implementation of the previous edition of the NOC at the University of Andorra.

Finally Aixelá describes the impact of intratextual parameters on the translation of CSIs. These include cultural considerations relating to the Target Text and the coherence/cohesion of the Target Text. If a CSI keeps recurring, translators may be more likely to choose conservation as their approach, possibly with an explanatory intratextual gloss. The coherence of the Target Text may demand that translators keep repeating the same translation approach. Where the translator has chosen to use an extratextual gloss (e.g. footnote, endnote), this gloss only needs to appear once. Intratextual parameters are of course also dependent on the *skopos* or purpose of the translation in relation to target readership and nature of the commission.

The authors followed Aixelá's 1996 taxonomy when analysing culture and language related translation choices, because the (sub) categories he described applied to the translation of the ST described here. See Dickins (2012) for a review of other relevant dichotomies. Dickins (ibid.) describes dichotomies focusing on the overall orientation of the translation, which may show a tendency to either foreignize (SL oriented) or domesticate (TL oriented). In their translation of the ST, the authors chose to discuss foreignizing or domesticating translation choices on a case by case basis, taking into account a number of considerations which will be set out below.

According to Vermeer (2012), the translation strategy is determined by the *skopos*, or the purpose of the translation, and the translator becomes a co-author. According to Vermeer (ibid.), approaches to the translation of CSIs depend on the *skopos*, which is negotiated between the translator and the commissioner of the translation, and includes information on the intended readership. According to Vermeer, the translator is the cultural expert, although the commissioner may include specific details in his commission. This was very appropriate in the current study, where the publisher had specified the target readership.

Jones, Lee, Phillips, Zhang and Jaceldo (2001) found that it was difficult to find equivalents for family and developmental concepts across cultures. Just like the authors, Jones et al. encountered problems with a culturally appropriate translation of the phenomenon of adolescence, suggesting that it "is a concept that may not have functional equivalence across cultural groups because the behaviors and meanings associated with being adolescent in 'Western' cultures may be either non-existent or very different in other cultures." Health information translated in community settings may also contain such family and development-related concepts.

4. Methodology

In retrospectively examining (the discussion around) their translation choices, the authors found that many challenges could in fact be classed as Language and Culture Specific Challenges. They found that they had in fact followed a mixed method approach in translating the 2008 version of the Nursing Outcomes Classification, combining functional approaches to translation such as text type analysis, *skopos* theory, with Toury's (2012) concepts of norms and Even-Zohar's (2012) thoughts on the place of the translated text within the existing (nursing text) literature. Examples of the application of such functional approaches will be presented below.

The retrospective analysis also looks at the extent to which the translators had implemented Aixelá's (1996) taxonomy of possible approaches to the translation of Culture Specific Items. Aixelá's taxonomy was based on the translation of a literary work, so the authors were interested to see whether an informative nursing text might have features which can be classified as culture specific, and if so, whether their choices fitted in with Aixelá's taxonomy.

5. Source text analysis

The Target Text was similarly aimed at an audience consisting of nursing researchers or students at undergraduate or postgraduate level, but working in the Target culture. This meant the translators had to research any differences between Source and Target language culture in terms of nursing specialties, scopes of practice, healthcare system, funding systems (grants) – to name but a few- before deciding on the most appropriate translation approach.

The first four chapters of the Source Text presented more of a challenge to the translators in terms of stylistic preferences, than the last chapters, which mainly related to nursing outcomes and accurate labels. Where particular challenges were specific to certain sections of the book, this has been indicated between brackets (e.g. Ch. 1-4). Chapter 1 in particular contained many long complex sentences, which were the subject of frequent discussions about the best translation approach. The translators had to take into account the stylistic preferences of the Target Language (Burger & de Jong, 2009) as well as the publishers' instructions to produce a stylistically pleasing target text. The Source Text (ST) was written in US English and referred to the US healthcare system. There were a number of discursive (Hatim and Munday, 2004) differences between the Source Language (SL) and the Target Language (TL), which was standard Dutch, used in the Netherlands. Where medical English may use features such as the passive voice, nominalisations, multiple compound nouns and hedging (may be seen as), Dutch tends to prefer a clear and transparent style using the active voice, and postmodificational structures which clarify the relationships between multiple nouns. One could argue that this stylistic difference could come under the heading of language and culture specific differences, and thus should be added to Aixela's taxonomy. Stylistic differences also come into play when translating health-related texts in community settings. Translators may need to ask themselves whether it is TL appropriate to use the active or the passive voice and whether to use any nominalisations. Both nominalisations and the passive voice serve to render the health text 'agentless', making it unclear who is doing what. This may be acceptable in high-context cultures but not in low-context cultures (Nishimura, Nevgi and Tella, 2008).

Table 1 shows that the ST was not a purely informative text (Reiss, 1981), hence demanding a mixed methods approach.

Informative	Right through the text	Aim: informing audience of nursing outcome labels and rationale for the same
Operative/imperative	Some chapters, e.g. first 4	Aim: persuading readership to adopt this classification.
Expressive	Some chapters, e.g. first 4	Personal stylistic preferences of authors apparent.

Table 1. Text types ST

5.1 Semantic overlap challenges

Semantic overlap challenges included words referring to apparent universal phenomena such as family, student, adolescent and child and community. Table X shows segments comprising some challenging words and concepts in the ST, together with some of the discussion resulting in eventual TT translation choices.

English	Dutch	Comments/Translators'discussion points
Infant	*zuigeling* (breastfeeding child)	The word *zuigeling* (literaly suckler or suckling) is the word used to refer to neonates, whether breastfed or not.
Child middle childhood	*Schoolgaande leeftijd* (schoolgoing age)	School years did not overlap between ST and TT culture, so originally we had added *6-11 jaar* (6-11 years) In hindsight we should have left in: 6-11 years
adolescent	*puber*	Originally added: *11-17 jaar*, (11-17 years)

	(young person going through puberty)	later removed School years did not overlap between ST and TT culture
family coping	*Gezinscoping* (coping by the nuclear family)	Based on the indicators (and also on the NANDA-diagnoses): Family actions to manage stressors that tax family resources
family participation in professional care	*Familieparticipatie in de professionele zorg* (participation in professional care by extended family)	Based on the indicators Family involvement in decision-making, delivery, and evaluation of care provided by health care personnel

Table 2: Semantic overlap challenges

5.2 Syntactical challenges

Syntactical challenges mainly included premodificational noun phrase structures in English. These were slightly more frequently replaced by a postmodificational structure in Dutch. Premodificational noun phrase structures did not include a preposition, but the Dutch translation did require one. Prepositions were chosen based on conventional use in the TL and on the extent to which they clarified relationships between nouns, where these relationships remained implicit in the ST. Column 1 of Table 3 shows some of the compound nouns in the ST, with translation choices appearing in the second column. Discussion around the use of TT prepositions to clarify relationships that were implicit in ST premodificational NP structures are shown in column 3.

ST	Type of term / context	Comments in discussions between the translators
	NOC 4th Edition	
Abuse cessation	*Beëindiging **van** mishandeling* (cessation of abuse)	Preposition clarifies meaning
Abuse Protection	*Bescherming **tegen** mishandeling*	Postmodification: Preposition clarifies meaning
Abuse Recovery	*Herstel **na** mishandeling* (recovery after abuse)	Postmodification: Preposition clarifies meaning
Child Adaptation to Hospitalization Student	*Aanpassing van het kind **aan** de ziekenhuisopname*	Postmodification: Prepositions clarify meaning
Student Health Status	*Gezondheidstoestand **van** de leerling* (health status of the student)	Research shows that in the ST, the word <u>student</u> is sometimes used to refer to 6-year olds. Definition and indicators do not provide sufficient information. In US English, the word student can refer to what Dutch would refer to as *leerling* or *scholier*. *Scholier* is more specific (primary and secondary education), hence *leerling* was selected as possibly the best translation choice.
Community Violence Level	*Geweldsfrequentie **in** de gemeenschap* (Frequency of violence in the community)	Postmodification: Preposition clarifies meaning+ translation based on indicator which refers to number of incidents

Table 3. Syntactical challenges: premodificational noun phrase structures in the ST

Figure 1 shows the results of a retrospective analysis of most commonly used translation approaches with regard to the translation of premodificational noun phrase (NP) structures. Examples of approaches involving postmodificational NP structure in the ST include *caregiver lifestyle disruption* translated as *Mantelzorgverlener: verstoring van de levensstijl* (Caregiver: disruption of the lifestyle). The word caregiver was foregrounded for

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the sake of consistency: The core words of all other labels were foregrounded by assigning them initial position. Syntactical differences often required the translators to translate a compound noun in the SL English by means of a premodificational NP structure in the TT. A further examination of such ST nouns shows that they often contained what would be considered a plain Dutch language element, rather than one originating from Latin or Greek. In the examples such elements from the Dutch vernacular have been underlined, and back translations added in brackets. All instances concerned existing Dutch collocations including *anxiety control>angstbeheersing* (anxiety control); *blood coagulation>bloedstolling* (blood coagulation); *blood glucose level>bloedsuikerspiegel* (blood sugar level).
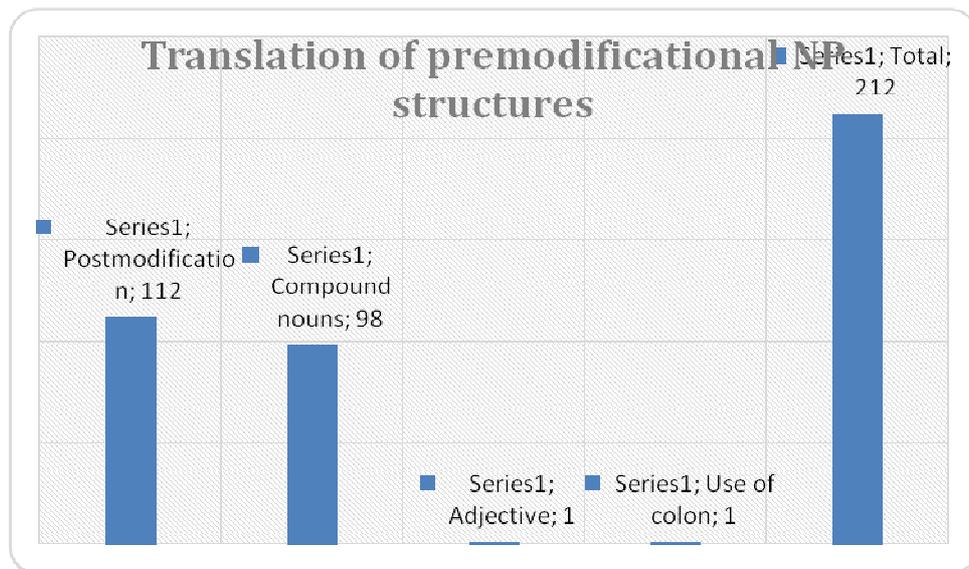

Figure 1: Percentage of premodificational noun phrase structures translated using a postmodificational structure

Other syntactical challenges which were the subject of much discussion, included long complex sentences. Approaches to the translation of such sentences, which mainly appeared in Chapters 1 to 4 of the ST, involved adaptation to the stylistic preferences of the Target Language. As stated previously, the translators took into account the diverging stylistic preferences for academic writing between ST and TT. In practice, this included re-ordering of information, inserting numbers (1, 2, 3) to separate abstract concepts, and dividing sentences up into two or three shorter sentences in order to improve readability (Flesch, 1948; Douma, 1960; Burger and de Jong, 2009). Table 4 lists some examples.

ST	TT	Approach
ln addition to the identification of core outcome measures sensitive to nursing interventions, there has been increased emphasis on the development of conceptual models or frameworks to describe the patient outcomes relevant for nursing, and the relationships among patient outcomes, structure and process elements, and patient characteristics.	Naast het vaststellen van de voornaamste resultaatmaten die door verpleegkundige interventie kunnen worden beïnvloed, werd er meer nadruk gelegd op de ontwikkeling van conceptuele modellen en raamwerken om zorgresultaten te beschrijven die voor de verpleegkunde relevant zijn. Ook werd gekeken naar het verband tussen de zorgresultaten onderling en factoren die met de structuur, het proces en de kenmerken van de patiënt te maken hebben.	ST sentence divided into two sentences in the TL
The results of the study indicated that nurses must be oriented to the NOC outcomes to use them effectively in their practice and illustrated the importance of training of nurses prior to implementing their use in clinical	Uit de bevindingen van dit onderzoek bleek dat verpleegkundigen 'NOC-bewust' moeten zijn om deze doeltreffend te kunnen gebruiken in hun beroepspraktijk. Daarnaast bleek het belang van training voor verpleegkundigen	ST sentence divided up into two sentences in the TL.

documentation, as well as the importance of regular monitoring of nurse inter-rater reliability throughout the use of the outcomes[126].	voordat de zorgresultaten in de klinische rapportage zullen worden ingevoerd. Tenslotte bleek dat het belangrijk is de interbeoordelaarsbetrouwbaarheid tijdens de toepassing van de zorgresultaten met regelmaat te bewaken (Moorhead e.a., 2004).	

Table 4. Approaches to the translation of long and complex ST sentences

Some of the dialogue between the translators focused on language use that had been in use prior to the appearance of Dutch translations of VS publications such as NANDA and NOC, NIC, and language commonly used by nurses in the Netherlands. *Activity tolerance* became the subject of some debate, because earlier translations had translated this as *activiteitsvermogen (*the ability to engage in activity). The discussion between the authors centered on *inspanningstolerantie* (exercise tolerance) being a very commonly used term in Dutch. Eventually, the translation of *activiteitsvermogen* was maintained because it had already appeared in the earlier translation of NOC (Johnson an Maas, 1999) and also appeared in the Dutch translation of the NANDA. Similarly, "bowel elimination", had earlier been translated as *defecatie* (defecation) and this was maintained, although the translators actually preferred the TL Dutch word *stoelgang* (literally: *visiting the toilet*, pragmatically: *opening one's bowels*) as that was more in accordance with Dutch nursing language. In other cases, discussion between the translators resulted in them deciding that the norms of the TL should override earlier translations. Table X gives some examples of labels where Recurrent ST words such as management, control, occurrence and care, were translated according to existing TL collocations, rather than using a recurrent synonym based on the ST.

Table 5 provides an overview of translation approaches based on existing collocations and meaning.

ST	TT	Translators comments- taken from discussion worksheets
Knowledge: Asthma Management	Kennis: *behandeling* van astma	Actually the word *beheersing* (control) would be more fitting in relation to asthma, but we will use the word *behandeling* (treatment) for the sake of consistency – the same applies to diabetes below.
Knowledge: Diabetes Management	*Kennis: behandeling van diabetes*	Same as for asthma.
Nausea & Vomiting Control	*Bestrijding van misselijkheid en braken* (measures to eliminate nausea and vomiting)	Checked for existing collocations: most hits concern the use of the word *bestrijding* (active measure to eliminate) (Google 17.000 hits versus 4!). Indicator: Personal actions to control nausea, retching, and vomiting symptoms.
Pain Control	*Pijnbeheersing* (pain control)	Control is more like *beheersing* (management) than *bestrijding* (active measures to eliminate) and this term is used more and more frequently.
Risk Control	*Risicobeheersing* (risk management)	First edition had *risicobestrijding*, but *risicobeheersing* is the most commonly used term and Google agrees.
Seizure Control	*Epilepsiebestrijding* (measures to eliminate epilepsy)	Epilepsiebestrijding is the commonly used term in the Netherlands (Google: > 6,000 hits vs 1 hit for *epilepsiebeheersing*) – even though logically speaking, *beheersing* (management) for the same reason as that given for the translation of risk control.
Client Satisfaction: Caring	*Cliënttevredenheid: zorgzaamheid* (client satisfaction: mental health care)	Extent of positive perception of nursing staff's concern for the client. Caring as opposed to care (*zorg*).

Client Satisfaction: Psychological Care	*Cliënttevredenheid: psychische zorg* (client satisfaction: mental health care)	Extent of positive perception of nursing assistance to cope with emotional issues and perform mental activities. The collocation with *psychische zorg* (mental health care) is more general, so preferable here.
ST	**TT**	**Translator comment**
Elopement Occurrence	*Wegloopfrequentie* (frequency of incidents of running away)	Number of times in the past 24 hours / 1 week / 1 month (select one) that an individual with a cognitive impairment escapes a secure area
Elopement Propensity Risk	*Neiging tot weglopen* (tendency to run away)	The propensity of an individual with cognitive impairment to escape a secure area
Falls Occurrence	*Valincidenten* (fall incidents)	Number of times an individual falls
Adherence Behavior	*Initiatieven tot gezondheidsoptimalisering* (initiatives for optimising health)	
Compliance Behavior: Prescribed Diet	*Therapietrouw: dieetvoorschrift* (compliance with therapy: prescribed diet regime)	Meaning of behaviour implicit in the Dutch collocation *Therapietrouw* ¨compliance to therapy*
Health Promoting Behavior	*Gezondheidsbevorderend gedrag* (health promoting behavior)	

Table 5. Translation of ST terms based on existing collocations and semantic coverage.

It will be clear from the table above that a seemingly easy-to-translate word such as *behavior* was sometimes translated as *initiatieven* and other times as *gedrag* and another time by an existing collocation where the word behaviour itself was omitted as it was considered to be implicit. This type of discussion can also be applied to the translation of health texts in public service settings. Where elements of existing translations do not conform to the norms of the TL, they may be replaced by items that do conform to those norms. However, where existing translations have become accepted by the community by whom the translation is used, a decision may be made to use the existing translation. An example of this would be the concept of *terapeuta ocupacional*, which has become the accepted way to refer to *occupational therapists* among the Spanish-speaking community in the US. In fact the (correct term) of *ergoterapeuta* may not be understood by community members.

5.3 Culture and Language Specific Challenges

Culture and Language Specific Challenges (CLSCs) were the subject of some discussion. Table 6 offers a very general overview of (CLSCs), together with translators' considerations and eventual choices.

Type of challenge	Details	Considerations	Choices
Healthcare system	Scope of practice various nursing professionals in the US, e.g. Parish Nurse	Nurses in the Netherlands – differences in training and scopes of practice	Extratextual gloss+ intratextual gloss+ cultural adaptation
Educational system	References to school-aged children and young people determining division into different age groups	Different criteria for dividing children and young people into different age groups (different educational system)	Extratextual gloss+ intratextual gloss+ cultural adaptation
Stylistic	Long sentences (Ch. 1-4)	Netherlands style guide: very long	Keep same length as ST, or

preferences		sentences not considered desirable: emphasis on readability, even in informative texts, newspapers, etc. (Burger & de Jong, 2009).	adapt to TT stylistic preferences
Syntactical features	Compound nouns – exact relationship between nouns often implicit	Postmodification often required.	Premodification (possibly foreignsounding) or postmodification+ sometimes use of colons
Semantic fields	Concepts such as family; school-aged children; adolescents	Semantic overlap not always present; more than 1 translation possible, e.g. family> *gezin; familie*	Context dependent: specifying whether nuclear family (*gezin*) or extended family (*familie*)
Existing collocations	Collocations based on concepts which differ between nursing classifications	Check underlying concept; check existing translations; stylistically pleasing	Almost invariably SL oriented, sometimes in line with existing translations
Other challenges			
Publisher instructions (skopos)	Text must be useful to target audience of nursing educators and nursing students	Produce a stylistically pleasing Target Text (TT) (cf. Vermeer, 2012)	Target Text aligned with target audience expectations in terms of stylistic preferences
Concordance with existing translations	Check consistency with (earlier TL translations of) NIC, NANDA, NOC and Gordon 91994)	Even-Zohar, 2012	Concordance with existing translations except where the concept is slightly different and requires a new translation
Localisation	Choice between domesticating and foreignizing	Check *skopos*: needs to be useful for Target Audience	General tendency to domesticate rather than foreignize, in line with skopos

Table 6: Culture & Language Specific Challenges (CLSCs)

Interestingly, Jones et al. (ibid.) labelled "family" a universal phenomenon, whereas the authors found that the ST concept of family was sometimes ambiguous: sometimes it had to be translated as *gezin* (nuclear family) and in other cases as *familie* (extended family) in the TL. As stated above, the commissioner (publisher) had specified the *skopos* (Vermeer, 2010) of the translation in terms of target audience. At the same time, translation choices needed to be aligned with existing translations of the NOC (1st edition through to 4th edition, 1999-2007), the NIC and the NANDA. (NANDA International, 2003). Thus, the translators often found themselves discussing the best way to find a balance between sometimes conflicting constraints.

5.4 Translation choices in keeping with Aixelá's taxonomy

Table 7 presents examples of translation choices which are in keeping with Aixelá's (1996) taxonomy, under the broad headings of conservation and substitution.

	Source Text	Target Text
Conservation		
Repetition – *keeping as much of the original reference as possible*	Throughout	Throughout, closely aligned with existing ST terms, existing ST translations, and linkages to other standardized terminologies
Orthographic adaptation (*transliteration, transcription*)	Original title: NOC	Translated title: *NOC Verpleegkundige zorgresultaten*, with the acronym NOC added in for easy recognition of the ST.
Linguistic, non-cultural translation	an example would be *dollars* translated as *dolares* in Spanish	Not applicable, appropriate TL terms were sought. In rare cases intratextual gloss was used.
Extratextual gloss	Footnotes, endnotes, glossaries, comments, between brackets, or in italics, marking it out as distinct from the text	Translator's notes were avoided as part of TL audience orientation (domesticating approach). In the case of Parish Nursing the translation reflected the fact that this type of nursing is not known in the TL culture (see below).

Intratextual gloss translation becomes an indistinct, unmarked, unobtrusive part of the TT	Parish nurse Parish nursing	Parish nurse: translated differently depending on the context: e.g. *kerkgebonden wijkverpleegkundige* (church-connected community nurse|); and *christelijke verpleegkunde* (Christian nursing) respectively*
Substitution		
Synonym – usually for stylistic reasons	collocations in labels of nursing outcomes	Translated by means of existing collocations, except where the ST collocation referred to a new concept. In that case the ST definition was used to coin a collocation that best reflected the meaning. Example: *Grief Resolution* translated as *Rouwverwerking* (existing TL collocation)
Limited universalization: translated by means of different Target Culture item, more familiar to the reader	Community hospital Public health nursing	*Perifeer ziekenhuis* (peripheral hospital) *Wijkverpleegkunde* (neighbourhood nursing)
Absolute universalization – if unable to find such an item>choose a neutral item - *Corned beef>ham*		Not used
Naturalization> adapt to target culture	Caregiver Role Endurance	translated as *draagkracht van de mantelzorgverlener* (ability to carry load by the caregiver)
Deletion – CSI completely omitted from TT as not relevant, not acceptable (style, idelology)	Comfort Status: Physical Immune Status Safe Home Environment Physical arrangements to minimize environmental factors that might cause physical harm or injury in the home *Respiratory Status: Ventilation*	Translated as *Comfort: lichamelijk* (comfort: physical) obeying norms of SL, cf. Toury, 2012) *Immuniteit* (as above, addition of *status* is redundant in TL) *Veilig wonen* (living safely)- as above, addition of *environment* is redundant in TL *Ademhaling: ventilatie.*(Respiration: ventilation) - word *status* omitted in TL as implicit)
Autonomous creation – insertion of non-existing cultural reference		Not used

some ST terms were subject to amendment by the editorial team.

Table 7: Examples of translation choices in keeping with Aixelá's taxonomy

6. Conclusion and recommendations

This article was based on well-documented discussion worksheets relating to choices in the English-Dutch translation of the Nursing Outcomes Classification. The authors retrospectively analysed their translation choices, recorded in these worksheets. In the course of this translation the authors met a number of Culture and Language Specific Challenges (CLSCs). The analysis of the text revealed that even stylistic and semantic challenges may be grouped under the heading of language and culture specific challenges and perhaps deserve a place in Aixelá's (1996) taxonomy.

On the whole, the authors found Aixelá's (ibid.) taxonomy applicable to their nursing text translation, as Language and Culture Specific Challenges (LCSCs) abounded. The taxonomy is particularly useful because it lists possible translation approaches that could be considered in certain cases. While the authors did not find any examples where they had resorted to autonomous creation or absolute universalisation, they did choose to use intratextual gloss to explain subtle differences in nursing scopes of practice, rather than either of the above translation strategies where the meaning of the ST would have been changed or lost to some extent. The same approach may be applicable to public service translation, where translator will not want to distract the reader with footnotes.

Keeping a worksheet helps to record points of discussion as well as the rationale for eventual translation choices. A SynCon list, which lists ST terms, together with their suggested TT versions, delineations of semantic coverage and other considerations, as well as references for TT equivalents found, is extremely beneficial.

Such a SynCon list may be kept online, in a Dropbox or Cloudbased storage option, so any changes are immediately visible to other team users. Such a SynCon list is useful even where translators are using translation software online, as the list ensures that all discussions regarding suggested translations of terms are documented, together with any helpful references or sources. This is also useful in preparation for future responses to commissioner comments or queries regarding certain translation choices.

The translators aimed to create a functionally equivalent, stylistically pleasing translation, close to the source text (information-wise), but with non-foreign sounding collocations. They also wanted their translation to meet the needs of the target audience, which meant it had to be aligned both with TL culture and with existing TL translations of NOC, NIC and NANDA terminology. Joint consultation on all terms and maintenance of a SynCon © list to ensure consistency of all synonyms. The term SynCon list was coined by the second author: Hanneke Lustig. Again, many if not all of the above considerations also apply to public service translation.

Dialogue between the translators mainly centred on the extent to which the translators felt existing translations were in fact translations of concepts that overlapped with those listed in the NOC, i.e. whether existing Dutch translations reflected the concepts in the NOC, or whether the concepts in the NOC required a new translation? In addition, the translators were committed to producing a functionally equivalent TT that would meet the stylistic requirements of the TL. Discussions also focused on the extent to which translators felt it was important to keep the same Dutch word (e.g. *beheer* as a translation for *management*; or *beheersing* or *bestrijding* as translations for *control*) when the existing Dutch collocations might involve different and well-established equivalents for the ST word *management*?

It will be clear from the findings that the translators often found themselves discussing the best way to find a balance between sometimes conflicting constraints: much translation work reflects such a balancing act. The retrospective examination of choices found that they had mostly applied functional translation approaches to issues which could most commonly be categorized as Language and Culture Specific Challenges (LCSCs). Aixelá's (1996) taxonomy of possible approaches to the translation of CSIs was often found to be applicable. Similar approaches may be relevant to the translation of health related texts in public service settings.

6.1 Recommendations

The authors recommend working on health-related translations in PSIT settings as a team, where team members have complimentary knowledge and skills. Team members should have a nursing (or allied) background, as this means they can contribute a familiarity with the norms and conventions of language use, and with existing TL texts in the field. Working with a translation partner means always having a sounding board: someone who is equally committed to achieving an appropriate translation. Collaborating with a translation partner also encourages a reflective approach and where discussions are recorded on paper, these can be used to explain translation choices to third parties or to the commissioner.

It is a good idea to discuss the *skopos* of the translation with the commissioner and work out what this means in practice, in terms of how terminology is handled, whether existing collocations should always be used. This discussion should also include the question of whether the translators will consider translations on an individual basis, weighing up

whether existing collocations may need to give way to new ones, in cases where semantic coverage does not quite overlap.

A SynCon list, which lists ST terms, together with their suggested TT versions, delineations of semantic coverage and other considerations, as well as references for TT equivalents found, is extremely beneficial, as explained above

Considering the purpose of the text in the framework of translation theory in terms of target audience, *skopos*, stylistic guidelines, and deciding on a taxonomy of possible approaches to the translation of Culture and Language Specific Challenges will be equally useful. It is here that translation theory and practice may come together.

Glossary
NIC – Nursing Interventions Classification
NOC – Nursing Outcomes Classification
NANDA – North American Nursing Diagnosis
SL – Source Language
ST – Source Text
SynCon List – list used for mutual consultation, with team members inserting suggested translations backed up by evidence (references, sources)
TL – Target Language
TT – Target Text

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