

Reporting of Translation Timing in Qualitative Research on Nursing Care in Malaysia: A Methodological Review (2021–2025)

Pelaporan Masa Pelaksanaan Penterjemahan dalam Penyelidikan Kualitatif mengenai Penjagaan Kejururawatan di Malaysia: Tinjauan Metodologi (2021–2025)

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ABSTRACT

Translation timing affects how participants' accounts enter qualitative interpretation, yet its visibility in nursing care research remains uncertain. This methodological review examined the reporting of languages, translation stages and timing justifications in research conducted in Malaysia and first formally published during 2021–2025. PubMed and CINAHL Ultimate were searched and 34 eligible reports were examined using a structured extraction matrix. Eighteen reports named at least one language used in data collection, while seven identified the language of analysis. Eleven described translation or interpreting involving qualitative data or findings, and eight explicitly identified at least one timing stage. Translation after analysis or for reporting appeared in five reports, translation before analysis in two, and interpreting during data collection in one. Three of the eleven reports provided timing-related reasons. These findings identify incomplete visibility of translation sequences, rather than demonstrating absent translation or inadequate research practice. Reporting the translated material, source and target languages, relationship to analysis and reason for timing would help readers trace how linguistically diverse experiences of nursing care are represented in published findings.

Keywords: translation timing; qualitative research; nursing care; multilingualism; methodological review

ABSTRAK

Masa pelaksanaan penterjemahan mempengaruhi cara pengalaman peserta ditafsirkan dalam penyelidikan kualitatif, namun kejelasan pelaporannya dalam penyelidikan penjagaan kejururawatan masih belum pasti. Tinjauan metodologi ini meneliti pelaporan bahasa, peringkat penterjemahan dan justifikasi pemilihan masa penterjemahan dalam penyelidikan yang dijalankan di Malaysia dan pertama kali diterbitkan secara rasmi pada 2021–2025.

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Carian dilakukan dalam PubMed dan CINAHL Ultimate, dan 34 laporan yang layak diteliti menggunakan matriks pengekstrakan berstruktur. Lapan belas laporan menamakan sekurang-kurangnya satu bahasa yang digunakan dalam pengumpulan data, manakala tujuh mengenal pasti bahasa analisis. Sebelas laporan menerangkan penterjemahan atau penterjemahan lisan yang melibatkan data atau dapatan kualitatif, dan lapan menyatakan sekurang-kurangnya satu peringkat penterjemahan secara jelas. Penterjemahan selepas analisis atau untuk pelaporan dinyatakan dalam lima laporan, penterjemahan sebelum analisis dalam dua laporan, dan penterjemahan lisan semasa pengumpulan data dalam satu laporan. Tiga daripada sebelas laporan memberikan alasan berkaitan pemilihan masa penterjemahan. Dapatan ini menunjukkan bahawa urutan penterjemahan tidak dilaporkan dengan cukup jelas, bukannya membuktikan bahawa penterjemahan tidak dilakukan atau amalan penyelidikan tidak memadai. Pelaporan bahan yang diterjemahkan, bahasa sumber dan sasaran, hubungan penterjemahan dengan analisis serta alasan pemilihan masanya dapat membantu pembaca menelusuri bagaimana pengalaman penjagaan kejururawatan dalam pelbagai bahasa diwakili dalam dapatan yang diterbitkan.

Kata kunci: masa penterjemahan; penyelidikan kualitatif; penjagaan kejururawatan; kepelbagaian bahasa; tinjauan metodologi

INTRODUCTION

Qualitative research contributes to understanding how patients and caregivers experience nursing care and how practitioners deliver and negotiate care in different contexts. Language is central to this understanding because participants express experiences through words whose meanings are shaped by social and cultural contexts. When research crosses language boundaries, translation becomes part of the interpretive process through which these experiences are represented. Decisions about who translates, what is translated, and how translation is integrated into research therefore have methodological significance (Temple & Young 2004: 161, 164; van Nes et al. 2010: 314). For research informing nursing care, these decisions matter because interpretations of participants' accounts may shape understandings of care needs, relationships, and experiences.

One important dimension of this process is translation timing, defined here as the stage or stages at which translation occurs within a study. Translation may involve preparing interview guides before data collection, interpreting conversations during interviews, or translating transcripts before analysis. It may also involve translating codes or themes during analysis, or translating quotations and findings when preparing publications (Yunus et al. 2022: 2). These activities concern different materials and may occur at several points within the same study. Consequently, reporting that an interview guide was translated does not establish whether, or when, participants' accounts were translated. Understanding translation timing requires attention to both the material translated and its relationship to data collection, analysis, and dissemination.

The timing of translation can shape the linguistic material available for interpretation and the participation of researchers with different language competencies. Translating transcripts before analysis can enable researchers who do not speak the source language to engage directly with the translated dataset. However, analytical interpretations may then depend substantially on choices made during translation. Retaining the source language during analysis can support attention to culturally situated expressions, although subsequent translation still requires interpretive decisions (van Nes et al. 2010: 315). The appropriateness of a particular sequence depends on the research context, the material being translated, and the competencies available within the team (Santos, Black & Sandelowski 2015: 134–144).

Transparent reporting allows readers to understand these choices and trace how participants' accounts informed the published findings.

Despite this methodological importance, translation processes have not always been adequately described in qualitative research. Squires (2009: 277–287) identified limitations in how cross-language studies addressed language-related methodological issues, while Aloudah (2022) highlighted the need for greater attention to translation timing. Yunus et al. (2022: 5) subsequently argued that established qualitative reporting guidelines provided insufficient guidance for documenting translation processes. More recent discussion in health professions education has also highlighted translation decisions that remain insufficiently visible in published accounts (Schumann et al. 2025: 589–595). Together, these contributions support closer examination of what reports disclose about translation and its timing. Such an examination must distinguish incomplete reporting from inadequate practice: an unreported procedure cannot be assumed not to have occurred.

Malaysia provides a relevant setting for this examination because of its multilingual social environment (Zhou & Wang 2017: 1–16). The languages used by participants, researchers, and publication audiences may differ, creating several possible relationships between translation and analysis. For example, Yunus et al. (2022: 3) described a Malaysian project involving analysis of Malay transcripts, development of English codes, and translation of selected quotations. This account illustrates why describing a study simply as having involved translation may obscure important methodological distinctions. However, neither the Malaysian setting nor the language of publication establishes that translation occurred in every study. A review must therefore examine reported language use alongside translation procedures, while retaining uncertainty where the available information is insufficient. These considerations motivate a focused assessment of reporting in qualitative research on nursing care in Malaysia.

This methodological review examines the reporting of translation timing in qualitative research on nursing care conducted in Malaysia and first formally published online between 2021 and 2025. It considers reported languages, the materials translated, the stages at which translation occurred, and the explanations provided for timing decisions. Its purpose is to describe reporting patterns and identify information needed to make the relationship between translation and qualitative analysis more transparent. The review evaluates published accounts rather than attempting to reconstruct unreported practices or directly assess translation accuracy. Specifically, it addresses the following research questions:

1. How clearly are the languages of data collection and analysis, and the timing of translation, reported in the included studies?

2. Among studies reporting translation of qualitative data or findings, at which stages is translation described, particularly in relation to analysis?

3. To what extent are translation-timing decisions explicitly justified, and what methodological or contextual reasons are provided?

LITERATURE REVIEW

TRANSLATION AS AN INTERPRETIVE PROCESS IN NURSING RESEARCH

Cross-language methodology treats translation as a component of knowledge production whose consequences extend beyond linguistic accuracy. Temple and Young (2004: 161, 164) linked the visibility of translation, the identity of translators, and their involvement in research to questions of representation. In nursing research, Squires (2008: 265–273)

similarly situated language barriers within methodological design, emphasising conceptual equivalence and the roles of translators and interpreters. These perspectives suggest that a fluent target-language account is insufficient evidence that participants' meanings have been adequately represented. Readers also need to understand how language differences were addressed when accounts were generated, interpreted, and presented. This concern is particularly relevant when qualitative findings inform understandings of patients' needs and experiences of care.

Recommendations differ in their emphasis on procedural checks and contextual interpretation. Chen and Boore (2010: 234–239) described a sequence involving original-language transcription and analysis, translation of emerging concepts and categories, back-translation, and expert agreement. Al-Amer et al. (2015: 1151–1162) emphasised planning translation alongside analysis from the outset of health care research. Meanwhile, van Nes et al. (2010: 313–314) illustrated how culturally situated meanings and metaphors can remain difficult to convey even when researchers share participants' language. Together, these contributions support attention to both translation procedures and the interpretive circumstances in which they operate. Reporting that back-translation occurred, for example, does not by itself explain when translation entered the analytical process.

TRANSLATION TIMING AND ITS RELATIONSHIP TO ANALYSIS

Translation timing is best understood in relation to what is translated and how the translated material is used. Santos et al. (2015: 134–144) examined two international research collaborations involving Portuguese and English, contrasting early translation of interview data with later translation of a research report. Their analysis connected timing with the object of translation and the competencies of research team members. The broader decision framework proposed by Abfalter, Mueller-Seeger and Raich (2021: 469–486) likewise emphasises making translation decisions explicit. These approaches support treating timing as one dimension of an interconnected methodological process. Translating transcripts, analytical categories, or selected quotations represents different relationships between translation and interpretation, even when all three activities produce English-language material.

The literature provides reasons for both retaining the source language during analysis and translating material earlier. Van Nes et al. (2010: 315) advocated maintaining the source language for as long as possible to support attention to contextual meanings. Earlier translation may nevertheless facilitate analytical participation by team members who do not understand that language, as discussed by Santos et al. (2015: 134–144). Neither sequence removes the need to explain how interpretations were developed and checked. For a review of reporting, the relevant question is therefore whether readers can establish the sequence and understand its stated rationale. Translation timing should not be treated as a simple hierarchy in which later translation automatically indicates stronger research.

EVIDENCE ON REPORTING AND THE SCOPE OF EXISTING GUIDANCE

Reviews have identified limitations in the methodological information available about translation. Squires (2009: 277–287) examined 40 purposively selected cross-language studies from nursing and health sciences journals; six met all 14 criteria synthesized from methodological literature. These criteria addressed broader issues, including translator roles and qualifications, rather than translation timing alone. Aloudah's (2022) literature review of 31 studies involving Arabic-speaking participants found that translation commonly preceded analysis. However, the author explicitly acknowledged that the review was not systematic. Its findings establish the relevance of examining translation sequences within a defined

literature, while providing no basis for assuming the same distribution in Malaysia or nursing care research.

General qualitative reporting guidelines provide a foundation for transparency but require more specific application to cross-language processes. The 32-item Consolidated Criteria for Reporting Qualitative Research (COREQ) addresses interviews and focus groups, including researcher characteristics, study design, analysis, and presentation (Tong, Sainsbury & Craig 2007: 349–357). The 21-item Standards for Reporting Qualitative Research (SRQR) covers broader qualitative approaches and includes data processing, analysis, reflexivity, and methodological justification (O'Brien et al. 2014: 1247–1248). These domains offer places to describe language-related decisions, but the checklists do not provide a dedicated framework for reporting translation timing. Yunus et al. (2022: 5) consequently called for more detailed guidance on reporting translation processes in qualitative health research.

The reporting problem also extends beyond naming a translation technique. McKenna (2022: 1) drew attention to incomplete descriptions of data languages and translation procedures in nursing publications. Schumann et al. (2025: 589–595), writing in health professions education, similarly highlighted translation decisions that remain insufficiently visible in published reports. Such methodological discussions support examining whether reports connect translation to particular materials, stages, and reasons. However, reporting completeness must remain distinct from the quality of the underlying research, a distinction explicitly recognised in the SRQR (O'Brien et al. 2014: 1245). An omitted explanation restricts appraisal; it does not demonstrate that the relevant procedure was omitted in practice.

IMPLICATIONS FOR REVIEWING NURSING CARE RESEARCH IN MALAYSIA

Malaysian research illustrates how several translation activities can coexist within one study. Yunus et al. (2022: 3) described a Malaysian–Australian collaboration in which interviews were transcribed and analysed in Malay, while codes and team discussions used English. Selected quotations were subsequently translated with professional assistance and iterative checking. The authors connected their approach to the availability of bilingual researchers and the cost of translating entire transcripts. This account demonstrates why a single label such as "translated into English" may inadequately describe the process. It also distinguishes contextual characteristics from explicit explanations: a reporting review can identify a stated rationale without assuming that every reported team characteristic determined the timing decision.

Broader review evidence from Malaysia is now available. A recent systematic review examined 78 qualitative health research studies from 2022–2024 through macro-, meso-, and micro-level epistemological perspectives (Author(s) 2026: 248–249, 256–257). That review selected translation-related literature. The present review addresses a different reporting question within nursing care research first formally published during 2021–2025. It retains otherwise eligible reports whether or not they mention translation and examines identifiable timing stages, their relationship to analysis and the reasons explicitly given for timing decisions. Retaining reports without translation information makes non-reporting observable within the search-defined corpus. These differences in scope and selection mean that reporting percentages should not be compared directly between the reviews.

The present review therefore focuses on published accounts of qualitative research on nursing care in Malaysia first formally published online during 2021–2025. The nursing care scope encompasses nurses' care practices, interprofessional care, and directly relevant patient and caregiver experiences. The methodological literature supports distinguishing translation of research instruments from translation of participant data and findings. It also supports

examining reported data languages before deciding whether translation timing is identifiable or applicable. Neither publication in English nor a Malaysian study setting establishes that translation occurred. By maintaining these distinctions, the review can describe reporting patterns without reconstructing unreported practices, attributing unsupported motives, or claiming to assess translation accuracy.

METHODOLOGY

RESEARCH DESIGN

This methodological review examines the reporting of translation timing in qualitative research on nursing care conducted in Malaysia and first formally published online between 2021 and 2025. The review focuses on what published reports disclose about their methods. A lack of information about translation therefore does not establish that translation was not performed. Individual reports constitute the unit of inclusion, because different publications from the same research project may provide different accounts of language and translation procedures. For example, the reports by Tong et al. (2024, 2025) concern related phases of implementing an insulin patient decision aid and were retained as separate reports. The identification and selection process is documented using a PRISMA 2020 flow diagram (Page et al. 2021). A PRISMA 2020 reporting crosswalk identifies applicable items and explains items that do not apply to this descriptive methodological review. This review was not registered, and no review protocol was prepared.

ELIGIBILITY CRITERIA

Eligible reports presented original empirical qualitative research conducted in Malaysia, or mixed-methods research with an identifiable qualitative component and independently extractable qualitative findings. Multicountry reports were considered eligible when the Malaysian participants or settings and their relevance to nursing care could be identified. The nationality of participants or authors alone was insufficient to establish that a study had been conducted in Malaysia.

Nursing care was interpreted to include the delivery, organisation, and experience of nursing care. Relevant reports could involve nurses, other healthcare professionals working within care teams, patients, or family caregivers. Studies involving patients or caregivers required a substantive connection to nursing care; a general reference to nursing implications was insufficient. Health education delivered by nurses as part of healthcare provision was considered within scope, whereas research focused solely on nursing curricula, student education, or examinations was excluded. The inclusion of nurses in a sample was not sufficient on its own when the reported findings concerned general health or product perceptions without a substantive link to care delivery, organisation or experience.

Publication eligibility was based on the first formal online publication date, within 1 January 2021 to 31 December 2025. Reports were excluded if they were purely quantitative, reviews, study protocols, non-empirical publications, or studies concerned solely with instrument translation and validation. Reports were also excluded when the research setting fell outside Malaysia, the focus was solely nursing education, or a qualitative component and its findings could not be independently extracted. The presence of interviews or focus groups alone was insufficient to demonstrate an eligible qualitative component. Eligible reports were retained irrespective of whether their abstracts or full texts explicitly described translation, including reports in which the languages of data collection or analysis remained unclear. First online dates were distinguished from issue years and years embedded in DOIs. Supplementary Table S1 documents the first formal online publication dates of the included

reports, and Table S2 explains how the publication-date and nursing-care eligibility criteria were applied to selected included reports.

INFORMATION SOURCES AND SEARCH STRATEGY

PubMed and CINAHL Ultimate (EBSCOhost) were last searched on 8 October 2026. Both searches used publication-date limits of 1 January 2021 to 31 December 2025 and an English-language publication restriction; CINAHL Ultimate was additionally restricted to scholarly, peer-reviewed journals. The language restriction concerned publication language and did not imply that data collection, transcription, or analysis had been conducted in English. The searches combined three concepts: Malaysia, nursing, and qualitative research. Synonyms within each concept were combined with OR, and the three concepts were combined with AND. Translation-related terms were not required, allowing the searches to retrieve relevant qualitative reports regardless of whether translation was mentioned in their indexed information. Eligibility regarding publication type was assessed during screening. Appendix A provides the complete text search strategies, field tags, limits, recorded interface options and record counts for each database.

In PubMed, Medical Subject Headings (MeSH) and title/abstract terms were used (Appendix A). The geographical block included Malaysia and names of Malaysian states and territories. The nursing block included Nursing, Nursing Care, Nurses, Nurse-Patient Relations, the nursing subheading, and the truncated term nurs*. The qualitative block combined controlled vocabulary with terms for qualitative research, interviews, focus groups, ethnography, phenomenology, grounded theory, thematic analysis, content analysis, framework analysis, narrative analysis, mixed methods, photovoice, and participant observation.

The strategy was adapted for CINAHL Ultimate using subject headings and title and abstract fields (Appendix A). Its nursing block included Nursing Care, Nurses, Nurse-Patient Relations, and nurs*. The qualitative block included the subject heading Qualitative Studies and corresponding free-text methodological terms.

RECORD MANAGEMENT AND REPORT SELECTION

Retrieved records were collated in a spreadsheet. Duplicate records were identified by comparing standardised DOIs, followed by titles and author information where necessary. Cross-database records judged to represent the same publication were merged. PubMed bibliographic information was retained preferentially, database provenance was combined, and the longer available abstract and its source were preserved. Each unique record was assigned a stable identifier for tracking across screening and full-text assessment.

The first author screened titles and abstracts and assessed full-text reports against the eligibility criteria. Records with insufficient information about the research setting, relevance to nursing care, publication date, or qualitative component were retained for further assessment. All reports retained after title and abstract screening were retrieved in full. A coauthor verified all eligibility decisions against the inclusion and exclusion criteria, and uncertain cases were resolved through discussion. One principal reason was recorded for each report excluded at the full-text stage. Exclusion reasons are summarised in the PRISMA flow diagram, with report-level details provided in Supplementary Table S4.

DATA EXTRACTION AND CODING

The full texts were examined using a structured extraction matrix by the first author. Extracted information covered study context, languages of data collection, transcription and

analysis, translation objects and language direction, translation stages, translator or interpreter roles, checking procedures, and stated reasons. Verbatim evidence and page locations were retained alongside the codes. The matrix was checked by a coauthor, and flagged cases were resolved before the final consensus record was used for synthesis. This was a verification-and-consensus procedure, not independent duplicate extraction. No inter-rater reliability statistic was calculated. The final stage and reason codes are reported in Supplementary Table S1.

Drawing on the distinction between translation objects and timing in the methodological literature (Santos et al. 2015: 134–144; Yunus et al. 2022: 2), five operational categories were used: translation of research guides before data collection (T0); interpreting during research encounters (T1); translation of qualitative data before analysis (T2); a distinct translation activity during analysis (T3); and translation after source-language analysis or explicitly for reporting or publication (T4). T4 therefore distinguished a reporting function from a necessarily complete chronology. More than one category could apply to a report. Translation of clinical materials or care interventions was not counted as translation of research guides or participant data.

Each category distinguished explicit evidence, inference, translation reported with timing insufficiently specified, absence of reporting, and explicit non-applicability. Main stage counts included explicit evidence only. Bilingual coding, English quotations, back-translation and the order of sentences within a methods paragraph were insufficient by themselves to establish when translation occurred. Reasons were classified as timing-related explanations (J2), general translation purposes or accuracy assurances without a timing explanation (J1), or no stated reason (J0). A contextual characteristic was treated as a reason only when the report linked it to the translation decision.

DESCRIPTIVE SYNTHESIS

Language descriptions were grouped during synthesis according to whether an actually used collection language was named, supported only by inference, mentioned only in eligibility or participant descriptions, left unnamed, or unreported. These descriptive groupings were not a validated reporting score. Frequencies were calculated at report level. Language-reporting proportions used all 34 reports; translation-stage and justification proportions used the 11 reports describing translation or interpreting of qualitative data or findings. Interview-guide translation was summarised separately. Counts were interpreted alongside the evidence excerpts and insufficiently specified sequences. No pooled effect estimate, causal analysis of timing determinants, or overall methodological-quality score was calculated. Language labels were retained as reported. The broad label Chinese was not reassigned to a specific variety, and languages mentioned only in participant eligibility, language repertoire or clinical interactions were not counted as languages actually used to collect research data.

RESULTS

REPORT SELECTION AND SCOPE

The searches identified 80 records: 56 from PubMed and 24 from CINAHL Ultimate. After removal of 13 duplicates, 67 records underwent title and abstract screening; 26 were excluded. All 41 reports sought for full-text assessment were retrieved. Seven were excluded at that stage: two fell outside the publication-date range, two concerned nursing education alone, two lacked an independently extractable qualitative component or findings, and one did not establish a substantive connection to nursing care. The final corpus comprised 34 reports (Figure 1). Supplementary Table S1 identifies the included reports, and Table S2

provides eligibility rationales for selected included reports. Table S4 lists all reports excluded at the full-text stage and their principal reasons for exclusion.

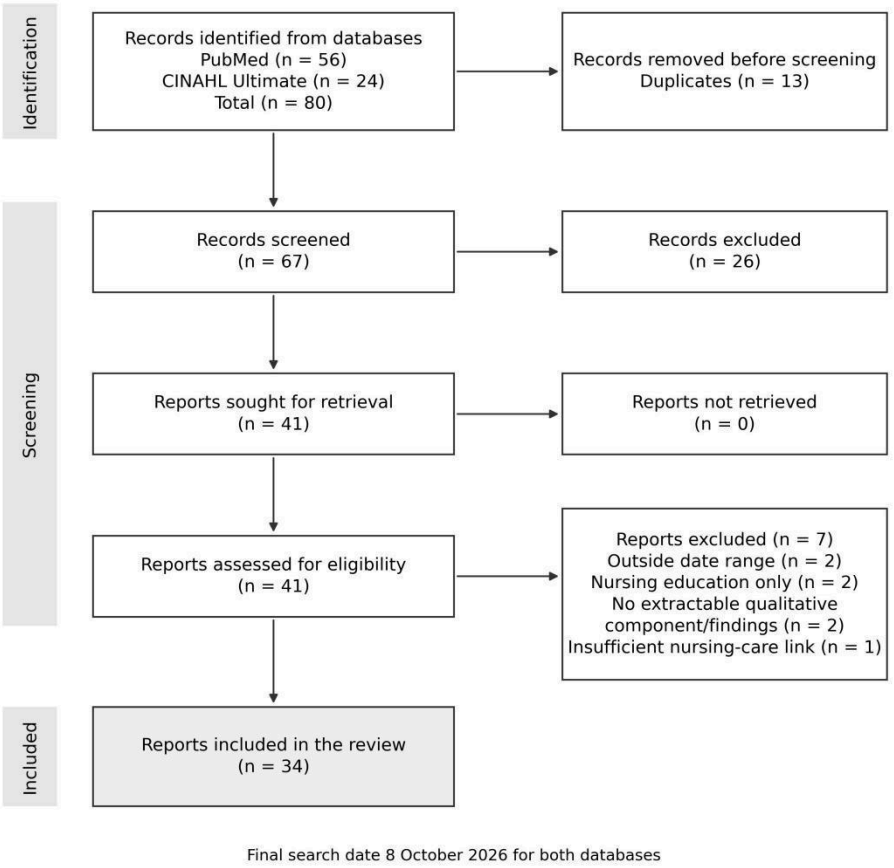


FIGURE 1. Identification and selection of reports for the methodological review.

VISIBILITY OF DATA LANGUAGES AND TRANSLATION

Eighteen reports (52.9%) explicitly named at least one language actually used to collect qualitative material. This did not necessarily identify every language or its distribution across participants. One further report supported a bounded inference from its transcription and coding description. Six provided language eligibility criteria or descriptions of participants' language repertoire without clearly identifying actual use. One referred to an original or native language without naming it, and eight provided no collection-language information. Analysis language was identifiable from explicit statements in seven reports (20.6%) (Table 1).

Named collection languages included Malay (also reported as Bahasa Malaysia), English and Chinese. These labels do not establish complete language coverage within each report or correspond directly to ethnic categories. Chinese was retained as reported and was not renamed Mandarin. Languages mentioned only as participant eligibility criteria, guide versions or features of observed clinical encounters were not counted as actual data-collection languages. Supplementary Table S3 presents the report-level evidence.

Eleven reports (32.4%) described translation or interpreting involving qualitative data or findings. The remaining 23 did not report such activity; none explicitly established that translation was unnecessary or had not occurred. Among the eleven, eight (72.7%) explicitly

identified at least one timing stage. Three described translation without enough information to assign an explicit stage. Reporting a translation procedure therefore did not always make the overall sequence identifiable.

TABLE 1. Reporting of language use and translation among 34 reports

Reporting characteristic	n	% of 34
Collection language: actually used language explicitly named, at least in part	18	52.9
Collection language: bounded inference only	1	2.9
Collection language: eligibility or participant repertoire only	6	17.6
Collection language: unnamed original/native language	1	2.9
Collection language: no information identified	8	23.5
Analysis language identifiable from explicit statements	7	20.6
Translation or interpreting of qualitative data/findings reported	11	32.4
At least one explicit translation stage identified	8	23.5

Note: The five collection-language categories are mutually exclusive. Subsequent rows describe separate dimensions and do not sum to 34. Naming one language does not establish complete language allocation. No information and no reported translation do not mean that the corresponding activity was absent.

REPORTED STAGES AND THEIR RELATIONSHIP TO ANALYSIS

Five reports described translation after source-language analysis or explicitly for reporting; two described translation before analysis; and one described interpreting during data collection. No report explicitly identified a distinct translation activity during analysis under the operational definition. Two reports additionally described translation of interview guides before data collection. These categories were not mutually exclusive, and guide translation did not establish the timing of data translation (Table 2).

Two reports described translating qualitative material into English before analysis. Yu et al. (2023: 3) described translating Malay and Chinese transcripts into English for analysis. Ang et al. (2021: 249) placed the translation of Malay responses within a sequence of transcription followed by thematic analysis. The latter report used the term back-translation for rendering responses into English; that terminology was retained in extraction without assuming that a separate reverse-language verification procedure had occurred.

Later translation involved different materials. Mohd Mydin et al. (2022: 6) explicitly placed quotation translation after analysis in Malay. Abdul Rashid et al. (2026: 90) retained original languages during analysis and translated Malay quotations for the results. Amirul Amzar and Hanafi (2024: 2) described original-language analysis and translation for reporting. Che Hasan, Stanmore and Todd (2021: 4) described Malay analysis before English translation, but the precise translated object and its coverage remained unspecified. Lim et al. (2023: 4) described translation of Malay quotations for publication. These reports supported a later or reporting-stage code without implying that the same quantity of material was translated.

Ambiguous accounts remained distinct from these explicit sequences. Chew et al. (2022: 5) described translation of selected quotations without establishing its temporal position. Au

and Stephens (2023: 497) described professional transcription and translation, while Chong et al. (2022: 205) reported translated transcripts alongside concurrent transcription and analysis; neither description fixed translation relative to analysis. References to preserving meaning in these accounts did not resolve their timing.

Al Zamel, Abdullah and Chan (2024: 267–268) presented a different combination: interpreting during interviews was explicit, but translation of recorded material into English was not positioned clearly enough relative to initial reading, memo writing and subsequent coding. This report contributed to the interpreting count while retaining insufficiently specified timing for recorded-data translation. Consensus on this classification resolved the coding decision; it did not remove uncertainty in the published account.

TABLE 2. Explicit translation stages among the 11 reports describing translation or interpreting

Stage or reporting status	n	% of 11	References
T1: Interpreting during research encounters	1	9.1	Al Zamel et al. (2024)
T2: Qualitative data translated before analysis	2	18.2	Ang et al. (2021); Yu et al. (2023)
T3: Distinct translation activity during analysis	0	0.0	—
T4: Translation after analysis or explicitly for reporting	5	45.5	Abdul Rashid et al. (2026); Amirul Amzar and Hanafi (2024); Che Hasan et al. (2021); Lim et al. (2023); Mohd Mydin et al. (2022)
No explicit stage identifiable	3	27.3	Au and Stephens (2023); Chew et al. (2022); Chong et al. (2022)
Additional tool translation: T0, interview guides before collection	2	18.2	Che Hasan et al. (2021); Lim et al. (2023)

Note: Only explicit evidence contributes to stage counts. Categories permit multiple stages per report. T0 concerns research tools and is presented separately from translation of participant data and findings. Al Zamel et al. (2024) also reported translation of recorded data, but its timing relative to analysis was insufficiently specified. T4 includes translation explicitly undertaken for reporting and does not necessarily establish a complete chronology. Che Hasan et al. (2021) did not specify the precise material translated after analysis. Supplementary Table S1 provides the corresponding report identifiers, titles, DOIs and consensus codes.

JUSTIFICATIONS FOR TRANSLATION TIMING

Three of the eleven translation reports (27.3%) provided timing-related explanations. Abdul Rashid et al. (2026: 90) connected retaining the original language during analysis to preserving meaning. Che Hasan et al. (2021: 4) linked analysis in Malay to retaining implicit and contextual meanings before subsequent translation. Al Zamel et al. (2024: 267) explained that interpreting was arranged after pilot interviews indicated that nurses preferred to answer some questions in Malay. The first two explanations concerned the language of interpretation; the third concerned language access during data generation.

Seven reports (63.6%) stated general translation purposes or accuracy-related goals without explaining why translation occurred at a particular point. Examples included retaining original meaning or tone, checking translations against source material and obtaining agreement on translations. These statements concerned translation quality or use,

but did not establish a reason for the selected sequence. One report (9.1%) gave neither a timing-related reason nor a general translation rationale. No unreported motive was attributed to publication requirements, cost, translator availability or team composition.

DISCUSSION

TRANSLATION REPORTING AS A TRACEABLE SEQUENCE

This review found limited visibility of the relationship between language, translation and analysis in the included nursing care reports. Only seven of 34 identified analysis language, while eleven described translation or interpreting and eight identified at least one timing stage. The central difficulty was therefore reconstructing the reported sequence through which participants' accounts became analytical material and published findings. English-language publication could not resolve that difficulty, because it established the language of the report rather than the languages used to generate and interpret its data.

These findings extend concerns about translation transparency raised by Squires (2009: 277–287), McKenna (2022: 1) and Yunus et al. (2022: 5). A methods statement may identify a translator, a checking procedure or an English-language output while leaving the point of translation unclear. Each item provides useful information, but none substitutes for a sequence connecting source material, translation and analysis. The visibility of that sequence matters because translation contributes to interpretation and representation (Temple & Young 2004: 164, 175). Nonetheless, limited reporting cannot demonstrate weak translation, loss of meaning or poor clinical relevance in the underlying study. The review also complements Malaysian evidence reported by Author(s) (2026: 248–249, 256–257). Their broader health-research review selected translation-related literature, whereas the present corpus retained eligible nursing care reports whether or not they mentioned translation. This difference makes non-reporting observable within the present search-defined corpus, but prevents direct comparison of reporting percentages across the two reviews. The contribution is a focused account of identifiable timing and its evidential limits, rather than a national estimate of how often Malaysian researchers translate qualitative data.

INTERPRETING THE APPARENT PATTERN OF LATER TRANSLATION

Translation after analysis or for reporting was the most frequently identifiable stage, appearing in five of the eleven translation reports. This pattern should not be interpreted as a general preference for postponing all translation. The category included selected quotations and other incompletely specified material, and it allowed an explicit reporting purpose even where a complete chronology was unavailable. Earlier transcript translation and later quotation translation also answer different methodological needs. Their frequencies cannot determine which sequence produces more faithful interpretation.

Two reports explicitly linked source-language analysis to preserving meaning, consistent with the attention to contextual expressions advocated by van Nes et al. (2010: 315). Earlier translation can support participation by analysts who do not understand the source language, as discussed by Santos et al. (2015: 134–144). The present evidence does not establish comparative benefits or harms of either approach. It supports asking authors to explain what material became available to which analysts, in what language and at what point, so that readers can assess the relationship between the stated approach and the research context.

The absence of an explicit during-analysis translation code also warrants restraint. Bilingual researchers may interpret source-language transcripts while developing codes in another language. Without a description of a distinct translation activity, that practice could

not be confidently counted as T3. Yunus et al. (2022: 3) demonstrate how source-language transcripts, English codes and translated quotations can coexist. More detailed accounts could therefore reveal analytical language movement that the present operational definition and published descriptions did not capture. Zero explicit T3 reports means that this activity was not identifiable under the coding rules, not that multilingual interpretation was absent.

REASONS, CHECKING PROCEDURES AND REPORTING PRIORITIES

Only three translation reports explained a timing-related decision. More often, authors described accuracy, meaning preservation or checking procedures. Such information helps readers understand translation safeguards, but does not establish why translation preceded or followed analysis. Al Zamel et al. (2024: 267) further illustrates that a clear reason for one activity, interpreting during interviews, may coexist with insufficiently specified timing for another. Reporting requirements should therefore attach explanations to particular translation activities rather than requesting one undifferentiated justification for the study.

A concise account could identify the material translated, its source and target languages, its timing relative to analysis, the people involved and the reason for that arrangement. Where different activities followed different sequences, each should be distinguished. Authors could also state when analysis remained in the source language, when translated material was used only for team discussion or publication, and whether selected quotations or entire transcripts were translated. Existing domains in COREQ and SRQR provide locations for these details, although a dedicated timing account requires greater specificity (O'Brien et al. 2014: 1247–1248; Tong et al. 2007: 349–357). These suggestions are reporting priorities derived from the observed gaps, rather than a validated checklist or a prescription to translate at one preferred stage.

STRENGTHS AND LIMITATIONS

Retaining reports regardless of whether they mentioned translation reduced reliance on authors' translation terminology during selection. The review preserved source excerpts and page locations, distinguished research translation from translated care materials, and retained insufficiently specified sequences after coauthor checking. These features support a transparent account of how the reported patterns were derived.

The corpus was restricted to PubMed and CINAHL Ultimate, English-language publications and the specified nursing care scope. These databases do not provide exhaustive coverage of Malaysian qualitative research. Reports indexed only in other databases or local sources, published in other languages, or described without the search terms may have been missed. Although the corpus includes reports from *Medicine & Health* and *the Malaysian Journal of Nursing*, their presence does not establish complete coverage of either journal. Restricting publication language may select for reporting conventions associated with English-language journals and underrepresent locally published accounts of multilingual research. Publication language must therefore remain distinct from the languages used to collect and analyse data. All main reports and supplied supplements sought for eligibility assessment were retrieved. The findings describe this search-defined corpus and should not be treated as national estimates of translation practice or reporting.

The report-level unit allowed different accounts from a shared project to remain visible, but means that the 34 reports are not necessarily 34 independent studies. Small stage-specific counts and incomplete language information precluded meaningful comparisons by setting, participant group or period. The language-reporting groupings were developed for descriptive synthesis and were not a validated scale. No translation products were compared with source

recordings or transcripts, and the review did not test translation accuracy, researcher competence, ethnic differences or effects on nursing care. Its conclusions concern reporting and the inferences that reporting permits. Data extraction and coding were verified by a coauthor, but independent duplicate coding was not undertaken. Some classifications required interpretation where translation sequences were not explicitly reported. The absence of registration and a written protocol limits external assessment of changes to the planned methods.

ETHNIC AND DIVERSITY STUDIES IMPLICATIONS

For ethnic and diversity studies, translation timing is relevant to how linguistically situated accounts enter the evidence used to describe care experiences. Malaysia's multilingual context makes language an important consideration in representation, while language use cannot be inferred directly from ethnic identity (Zhou & Wang 2017: 1–16). A participant may use more than one language, and members of the same ethnic group may differ in language preference or fluency. Accordingly, reporting an ethnic composition does not establish the languages used in interviews, the availability of interpreting or the languages in which meanings were analysed.

The review identified a practical example of responsiveness to language preference: Al Zamel et al. (2024: 267) linked the provision of interpreting to nurses' preference for answering some questions in Malay. This documents an accommodation within the research encounter. It does not establish equal participation across ethnic groups or show whether comparable support was available for other languages. Similarly, source-language analysis by Abdul Rashid et al. (2026: 90) and Che Hasan et al. (2021: 4) provides information about how meaning was handled, but cannot demonstrate that all cultural perspectives were equally represented. Such distinctions keep methodological implications proportionate to the evidence.

More explicit language and timing accounts would help readers examine whose expressions remained accessible during interpretation and how those expressions were presented to an English-reading audience. Where relevant and ethically appropriate, authors could identify the languages actually used, explain how language preferences were accommodated, and clarify how culturally specific expressions or language switching were handled. This would allow ethnic and diversity scholarship to assess representation through documented research practices. The present review provides no basis for ranking ethnic groups' representation or claiming that a particular translation sequence reduces inequity; it identifies the reporting needed before such questions can be examined.

CONCLUSION

Among 34 reports of qualitative research on nursing care in Malaysia first formally published during 2021–2025, eleven described translation or interpreting of qualitative data or findings. Eight explicitly identified at least one timing stage, and three gave timing-related explanations. Translation after analysis or for reporting was the most frequently identifiable stage, but the translated materials and completeness of reported sequences varied. These findings concern the visibility of methodological decisions and do not establish whether unreported translation occurred or whether a particular sequence was superior. Clearer accounts of data languages, translated materials, timing relative to analysis and reasons for decisions would make the representation of multilingual care experiences easier to appraise. Future evaluations can build on this reporting foundation to examine the consequences of different translation arrangements.

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APPENDIX TABLE S1

Included reports and consensus coding of translation timing

This register identifies all 35 included reports. E = explicitly reported stage; U = translation reported but stage unresolved; NR = not reported. A dash in the E or U column means that no stage received that code. It does not establish that translation was absent.

T0: research-guide translation before data collection; T1: interpreting during research encounters; T2: data translation before analysis; T3: distinct translation during analysis; T4: translation after analysis or explicitly for reporting. U entries identify candidate stages retained in the coding matrix, not confirmed occurrences.

J2: timing-related reason; J1: general purpose or accuracy rationale only; J0: no stated reason. For reports without translation reporting, J0 records an absence of explanation and does not imply an unjustified translation decision.

ID	Report title and DOI	E	U	Reason
N004	Primary care nurses' challenges, opportunities, and facilitators of elder abuse intervention in Malaysia. https://doi.org/10.1111/phn.12961	T4	—	J1
N005	Schizophrenia and cancer: Insights into psychiatric nursing care. https://doi.org/10.1016/j.apnu.2025.01.006	—	—	J0
N006	The influence of religious/spiritual beliefs on Malaysian hospital healthcare workers' attitudes towards suicide and suicidal patients: a qualitative study. https://doi.org/10.1177/17449871211008520	—	—	J0
N009	Exploring the lived and coping experiences of patients with kidney failure undergoing haemodialysis in Malaysian private hospitals. https://doi.org/10.1177/17449871241235627	—	—	J0
N011	Caregiver burden for adults with epilepsy in Malaysian families: A qualitative study. https://doi.org/10.1016/j.yebeh.2023.109395	T2	—	J1
N012	Stroke thrombolysis in a middle-income country: A case study exploring the determinants of its implementation. https://doi.org/10.3389/fneur.2022.1048807	—	—	J0
N014	Formative Evaluation of the Acceptance of HIV Prevention Artificial Intelligence Chatbots By Men Who Have Sex With Men in Malaysia: Focus Group Study. https://doi.org/10.2196/42055	—	—	J0
N015	Caregiving Experiences Among Carers of Moderate and Severely Dependent Stroke Survivors. https://doi.org/10.1177/10105395251400122	T4	—	J2
N016	The challenges in managing the growth of indigenous children in Perak State, Malaysia: A qualitative study. https://doi.org/10.1371/journal.pone.0265917	—	T4	J1
N017	Experiences of Malaysian primary healthcare providers with vaccine hesitancy: A qualitative study. https://doi.org/10.51866/oa.388	T4	—	J1
N023	Barriers to help-seeking for Malaysian women with symptoms of breast cancer: a mixed-methods, two-step cluster analysis. https://doi.org/10.1186/s12913-023-09046-x	—	—	J0
N024	The strategies used by the school health team during the delivery of sexual health information to unmarried adolescents in Malaysia. https://doi.org/10.33546/bnj.2223	—	—	J0

ID	Report title and DOI	E	U	Reason
N025	I Am Not Just a Nurse: The Need for a Boundaried Ethic of Care in the Context of Prolific Relationality. https://doi.org/10.1007/s10551-022-05246-3	—	T2	J1
N026	Barriers of and strategies for shared decision-making implementation in the care of metastatic breast cancer: A qualitative study among patients and healthcare professionals in an Asian country. https://doi.org/10.1111/hex.13590	—	—	J0
N028	Perspectives of ESCAPE-Pain Programme for Older People With Knee Osteoarthritis in the Community Setting. https://doi.org/10.3389/fpubh.2020.612413	T0, T4	—	J2
N030	Information needs of Malaysian parents of children with cancer: A qualitative study. https://doi.org/10.1016/j.apjon.2021.11.001	—	—	J0
N031	A Conceptual Framework of the Way Forward to a Community Pharmacist-General Practitioner Collaborative Medication Therapy Management Model for Chronic Diseases in Malaysian Primary Care: A Qualitative Study. https://doi.org/10.2147/rmhp.s296113	—	—	J0
N033	Experiences, Challenges, and Coping Strategies of Frontline Healthcare Providers in Response to the COVID-19 Pandemic in Kelantan, Malaysia. https://doi.org/10.3389/fmed.2022.861052	—	—	J0
N035	Exploring the beliefs of caregivers about the caregiving experiences of children with acute lymphoblastic leukemia in Malaysia. https://doi.org/10.33546/bnj.2083	—	T2	J1
N036	Exploration of non-pharmacological interventions in the management of behavioural and psychological symptoms of dementia. https://doi.org/10.11622/smedj.2021125	—	—	J0
N037	Challenges and strategies to reduce food waste in malaysian hospitals from the perspective of multidisciplinary professionals: a qualitative descriptive study. https://doi.org/10.1186/s12913-025-12365-w	—	—	J0
N038	Capacity Building of Music Care for Older Adults and Caregivers: Qualitative Exploration of Enablers and Barriers. https://doi.org/10.1177/07334648251318781	—	—	J0
N039	Clinician perceptions of common mental disorders before and after implementation of a consultation-liaison psychiatry service: a longitudinal qualitative study in government-operated primary care settings in Penang, Malaysia. https://doi.org/10.1136/bmjopen-2020-043923	—	—	J0
N040	Understanding Parental Role in Children's Participation in Decision Making during Hospitalisation: An Ethnographic Study in Malaysia. https://doi.org/10.21315/mjms2023.30.3.13	—	—	J0
N041	Evaluation of the implementation of an insulin patient decision aid for patients with type 2 diabetes in an academic primary care clinic in Malaysia: a mixed method study. https://doi.org/10.1186/s12913-025-12588-x	—	—	J0
N042	Perceived unmet needs of an age-friendly environment: A qualitative exploration of older adults' perspectives in a Malaysian city. https://doi.org/10.1371/journal.pone.0286638	T0, T4	—	J1
N043	Supporting caregivers of people with dementia: insights from Demensia KITA mobile application online content development. https://doi.org/10.1038/s41598-024-69947-7	—	—	J0

ID	Report title and DOI	E	U	Reason
N049	Views of healthcare professionals regarding barriers and facilitators for a Fracture Liaison Service in Malaysia. https://doi.org/10.1371/journal.pone.0307919	—	—	J0
N051	User preferences for an mHealth app to support HIV testing and pre-exposure prophylaxis uptake among men who have sex with men in Malaysia. https://doi.org/10.1371/journal.pdig.0000643	—	—	J0
N053	Developing an implementation intervention, and identifying strategies for integrating health innovations in routine practice: A case study of the implementation of an insulin patient decision aid. https://doi.org/10.1371/journal.pone.0310654	—	—	J0
N057	Factors Influencing Malaysian Nurses' Intention to Leave: A Qualitative Study. https://doi.org/10.14744/jern.2024.39112	T1	T2	J2
N061	Clinical Handover among Nurses in an Emergency Setting: Facilitators and Barriers. https://doi.org/10.31674/mjn.2024.v16i02.001	—	—	J0
N062	Enhancing Cultural Awareness : A Qualitative Exploration of Nurses' Perspectives on Application of Cultural Competence in Elder Care. https://doi.org/10.31674/mjn.2024.v15i04.009	—	—	J0
N066	Safe use elements of finished herbal products: insights from consumers and practitioners in Malaysia. https://doi.org/10.1186/s12906-024-04546-7	—	T2	J1
N067	Healthcare Professionals' Experiences on Interdisciplinary Collaboration in a Medical Department of a Malaysian General Hospital. https://doi.org/10.17576/mh.2021.1601.20	T2	—	J0

Notes: N057 explicitly reported interpreting during data collection (T1). However, the timing of recorded-data translation relative to analysis was insufficiently specified (T2 = U); translation during analysis was not explicitly reported (T3 = NR). N066 reported translation but insufficiently specified its timing relative to analysis (T2 = U). These codes represent final consensus decisions; U indicates insufficient reporting to determine timing, rather than an outstanding coding disagreement.

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