

Can the NHS Staff Survey be translated into languages other than English?

We do not currently include a facility for translation of the NHS Staff Survey's questions into languages other than English. Whilst we always strive to make the survey as accessible and inclusive as possible, we also need to ensure that the survey maintains a robust standard of data quality and offers the best possible value for money. We do not provide written translations of the survey – or permit survey contractors to do the same – because:

- Each of the questions in the survey is carefully designed and tested to ensure that it can be consistently understood by staff from a range of backgrounds. Changes to the wording of questions can affect how people respond to them, and this includes changes associated with linguistic translation. A particular challenge is that literal translations may still create bias because of cultural factors – for example where adjectives in rating scales are interpreted differently in different language contexts. Best practice in survey research therefore calls for a thorough translation, adaptation, and testing process – typically including both forward and backward translation of the questionnaire by experienced translators, as well as retesting of the translated instrument with members of the target population. This is a costly and time consuming process that needs to be repeated for every language used for a survey.
- The level of demand for any specific translation of the questionnaire is likely to be low. First, whilst there is little evidence available about the languages spoken and understood by NHS staff, there are good reasons to expect that the vast majority will be able to complete a questionnaire written in plain English. Public authorities including NHS providers have a statutory duty to “ensure that each person who works for the public authority in a customer-facing role speaks fluent English”¹. Professional regulators including the General Medical Council² and the Nursing and Midwifery Council³ have similar requirements. Language barriers may be most common in hotel, property, and estates role, which represent less than 5% of the secondary care workforce. If this group are similar to the general population, where around 1.8% of people cannot speak English well, including 0.3% who cannot speak English at all⁴, then it would imply that the proportion of NHS staff with limited proficiency in spoken English is in the order of one tenth of one percent. Second, there is wide variation in the languages spoken by people for whom English is not their main language: only two languages account for more than 6% of the total (Polish, 11.9%, and Romanian, 9.2%) and twenty separate languages are required to account for 75% of the total⁵. To be effective in reducing language barriers to response, a translation approach would therefore need to allow for a large number of translations, each of which may be expected to be used by only a very small

¹ Immigration Act 2016, c.19, part 7, 77(1)

² General Medical Council. (2024). *Good Medical Practice 2024*. <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice> p8

³ Nursing and Midwifery Council. (2018). *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives, and Nursing Associates*. <https://www.nmc.org.uk/standards/code/> p11

⁴ Office for National Statistics. (2022). *Language, England and Wales: Census 2021*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021>

⁵ *Ibid.*

number of people. The cost of translation and testing per response is thus expected to be prohibitively high.

- Reading proficiency across the population is an important consideration. Most of the statistics in the above paragraph deal with proficiency in spoken languages; skills in written languages differ, and the proportion of people with very poor literacy skills is around double the proportion for whom English is not their main language⁶. Ensuring that the questionnaire is designed to use plain English is therefore an important consideration for all participants, and one that supports completion by people whose skills in written English are limited.

Whilst written translations of the questionnaire are not currently available from either the coordination centre or from contractors, there are ways that people with limited skills in written English can participate in the survey. These include informal support from colleagues, family members or friends, who may assist non-readers of English in completing the questionnaire. The use of online questionnaires as the main mode of response to the survey also creates additional accessibility options: participants can use screen readers or translation software to create audio or translated versions of the questionnaire independently. This is in some ways less than ideal: machine translations may misrepresent questions and affect responses. Unfortunately it is impossible for survey contractors to determine whether user-side accessibility software has been used, so we cannot readily evaluate its prevalence or impact.

⁶ Department for Business Innovation & Skills. (2013) *The International Survey of Adult Skills 2012: Adult Literacy, Numeracy, and Problem Solving Skills in England*. BIS Research Paper Number 139. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/246534/bis-13-1221-international-survey-of-adult-skills-2012.pdf