Asia Pacific Science Press

Asia Pacific Journal of Clinical Medical Research
ISSN(O):3079-8345
ISSN(P):3079-8337
Vol. 2 No.5 (2026)

Authorization Dilemmas and Ethical Governance in the Cross-Cultural Adaptation of Nursing Scales into Chinese

Hongjun Chen*, Xinhui Qiu

Sun Yat-sen University Cancer Center; State Key Laboratory of Oncology in South China, Collaborative In-novation Center for Cancer Medicine, Guangzhou, Guangdong, 510060, China

Corresponding author: Hongjun Chen, chenhj1@sysucc.org.cn

Copyright: 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY-NC 4.0), permitting distribution and reproduction in any medium, provided the original author and source are credited, and explicitly prohibiting its use for commercial purposes.

Abstract: Objective: To examine the authorization and ethical issues involved in the cross-cultural adaptation of nursing scales, identify their institutional roots, and propose governance pathways. **Methods:** Using a deconstructive framework of "ethical foundations—practical dilemmas—authorization barriers—organizational support—governance pathways," we employed content analysis to explore the ethical tensions and underlying causes in current nursing scale adaptation practice. **Results:** A scale functions both as a standardized measurement instrument and as a copyrighted intellectual product; its translation and modification fall within the exclusive rights of the copyright holder. Nursing scale research in China faces several structural problems: a heavy reliance on imported instruments, a mismatch between the volume and methodological quality of adaptation studies, redundant adaptations that produce "multiple versions of one scale," and polarized ethical review standards. Four core barriers impede authorization practice: undervaluing the copyright status of scales, difficulty in identifying the rights holder, poor access channels and timeline mismatches, and the cost barrier of commercial licensing. **Conclusion:** To resolve the institutional tensions among research ethics, publication ethics, and intellectual property, an ethical governance strategy based on "obtain authorization before initiation, multi-party review, and registration and public disclosure of the Chinese version" is needed.

Keywords: Nursing Scale; Cross-Cultural Adaptation; Authorization; Copyright; Research Ethics

Published: Oct 10, 2026

DOI: https://doi.org/10.62177/apjcmr.v2i5.1722

1. Value and Ethical Foundations of Scale Development

1.1 Dual Attributes

A scale is both a standardized procedure for measuring latent variables in nursing research and a "creation of the mind" protected under the Berne Convention and the intellectual property laws of individual countries [1]. As a measurement instrument, its value for nursing research depends on reliability, validity, and cross-cultural validity. COSMIN lists "cross-cultural validity / measurement invariance" as a distinct measurement property and requires multigroup confirmatory factor analysis or differential item functioning (DIF) analysis to demonstrate that item performance does not differ substantially across groups [2-3]. As an intellectual product, the copyright holder enjoys the rights of attribution and integrity, as well as exclusive rights to reproduce, distribute, and create derivative works (including translation), and holds the exclusive authority to decide matters such as who may translate the scale and whether a translated version may be published under the original name [1].

Methodological non-compliance is at the same time ethical non-compliance. If an adapted version distorts items or collapses dimensions, the time contributed and the privacy disclosed by research participants lose their justification, and future nursing scholars may be misled in their research decisions. Rigor in cross-cultural adaptation therefore concerns not only technical quality but also the fulfillment of the obligations of beneficence and non-maleficence.

1.2 The Regulatory Framework for Academic Ethics

Three layers of regulation currently govern scale adaptation. At the research-ethics level, the Declaration of Helsinki [4] and the Measures for Ethical Review of Life Sciences and Medical Research Involving Humans (Order No. 4 [2023] of the National Health Commission et al.) [5] require ethical review for human-subjects research. Article 32 of the latter specifies four categories of exemption from review on the premise of "no involvement of sensitive personal information or commercial interest," and clarifies that exemption must be determined by the ethics review committee—researchers may not decide on their own. At the intellectual-property level, Article 24 of China's Copyright Law (2020 Amendment) enumerates instances of fair use; circumstances such as "making a small number of copies for scientific research" are constrained by the requirements of "small quantity" and "no publication or distribution" [6]. Publishing a fully adapted scale alongside a paper therefore rarely qualifies for exemption, so "purpose of academic research" is not automatically a defense against infringement. At the research-integrity level, the Rules for the Investigation and Handling of Research Misconduct (Order No. 221 [2022] of the Ministry of Science and Technology et al.) [7] does not explicitly list "using a scale without authorization," but its provisions on "plagiarism and misappropriation of others' research results" and "other research misconduct" provide a residual basis for characterization, leaving a gap in normative supply.

The Translation and Cultural Adaptation Special Interest Group (TCA-SIG) of ISOQOL advocates that the ownership of a scale and its derivative works should be clarified in a written agreement from the outset of development and maintained throughout its life cycle [1]. Authors should avoid publishing the full scale in journals; if publication is unavoidable, the scale's copyright must be retained in the publication contract. The rationale for controlling the copyright of translated versions lies in safeguarding instrument integrity, preventing the multiplication of versions, and providing a traceability channel [1].

2. Practical Dilemmas in Nursing Scale Adaptation Research in China

2.1 Structural Dependence on Instrument Supply

Conceptual frameworks and theoretical models in Chinese nursing are largely imported from Europe and North America. Domestically developed instruments have long been lacking for local needs such as readiness for clinical practice, ethical climate, and readiness for evidence-based practice, and most adaptation studies take "the absence of a relevant assessment tool in China" as their starting point [8-9]. Chinese versions developed in the Taiwan region and the Hong Kong region still require secondary adaptation for use in mainland China because of differences in health-care systems and language habits [10], which calls for further localized adaptations. When importation becomes the default rather than the last resort, the impetus for indigenous theory building is weakened and a path-dependence is formed.

2.2 The Gap Between Methodological Quality and the Growth in Volume

Adaptation studies framed by Brislin's translation–back-translation model [11] and Beaton and colleagues' six-step process [12] are substantial in number, yet their quality is uneven. Forward–back translation is often reduced to a mechanical procedure, and expert-committee review and cognitive interviewing are omitted. Validity evidence is thin: most studies stop at exploratory factor analysis and Cronbach's α, lacking confirmatory factor analysis, measurement invariance testing, and responsiveness assessment [8,13]. Some studies conclude after content validity verification alone [21], and others retain the original scale's scoring and norm interpretation after deleting items—a substantive alteration of instrument integrity. Once a low-quality adapted version enters the literature, it is treated as a ready-made tool, and its errors are amplified and entrenched.

2.3 Redundant Adaptation and Multiple Versions

The emergence of multiple incompatible Chinese versions of the same source scale is the most prominent structural problem in China. Different teams translate and name their versions independently, leading to inconsistent item wording and dimensional structures, precluding data pooling across studies, making it difficult for users to choose among them, and leaving the original authors unable to trace all derivative versions. Re-adaptation is justified when an existing version has

clear flaws or the target population genuinely differs. The problem is that a substantial share of redundant adaptations is not based on a systematic appraisal of existing versions but stems from ignorance of them.

2.4 Review Standards and Incentive Structures

Current nursing ethical review is polarized. At one extreme, questionnaire studies are exempted by default, without assessing the psychological impact of sensitive items or privacy risks; at the other, researchers are uniformly required to provide the original author's authorization, yet the long authorization cycle often leads them to bypass formal channels [5]. Meanwhile, adaptation studies are short in cycle and easy to publish, and are regarded as high-cost-performance outputs in the quantitative appraisal for degree conferral and professional promotion, which objectively amplifies disregard for compliance. Journals apply inconsistent criteria in verifying authorization materials, so the cost of compliance is borne solely by researchers while the cost of non-compliance approaches zero.

3. Four Barriers in Authorization Practice

3.1 Underappreciation of the Copyright Status of Scales

Copyright law follows the idea–expression dichotomy, protecting expression but not concepts, procedures, or methods of operation [6]. Scale items are brief and mostly functional in phrasing, and there is no uniform judicial standard for their originality. If the form of expression is unique or nearly unique, the scale may fail to constitute a work for lack of originality; if the item wording and structural design reflect the author's choices, it may be protected as a literary work [14]. This uncertainty in the threshold judgment leaves researchers unable to be sure whether use qualifies as fair use or whether authorization is required—so "not applying" becomes the default low-cost choice.

3.2 Difficulty in Identifying the Rights Holder

Even when researchers uphold the red line of seeking authorization, accurately locating the copyright holder is far from easy. The original author may be unreachable or deceased, in which case the copyright is enjoyed by the heirs and persists for 50 years after the author's death [14]. For scales developed by multi-center collaborations, rights are divided among authors and between authors and institutions, so a single party's authorization may be incomplete. Rights may have been transferred to a publisher, a commercial company, or a professional distribution agency, and contacting the original author personally yields no valid authorization. If the author published the full scale in a journal without reserving rights, ownership is more readily disputed [1]. China has no statutory license or escrow / default mechanism for cases where "reasonable efforts have been made but the rights holder cannot be reached," leaving nursing researchers to choose between abandonment and risk-taking.

3.3 Poor Access Channels and Timeline Mismatches

For scales managed by the original author, the only channel is usually email: response rates are low (the author may have retired, relocated, or stopped maintaining the instrument), correspondence is time-consuming, and language and time-zone barriers exist, often with conditions attached such as data sharing or co-authorship. Obtaining written authorization commonly takes weeks to months. This timeline seriously mismatches the rigid milestones of a graduate program, grant execution period, and ethics approval validity. Under pressure to graduate or publish, some researchers choose to "proceed first and supplement later," or even "proceed without ever supplementing." The "temporal paradox" in research is more vexing: ethical review requires submission of the scale text to be used, yet lawful access usually requires prior authorization, while some original authors require an ethics approval letter before granting authorization—a deadlock. Using a published Chinese version also requires authorization on a case-by-case basis: using a scale translated by a Chinese author requires written permission from both the original author and the translator, unless the original author explicitly states that authorization is not needed [15]. In practice, most users merely cite the adaptation paper as the source, creating a risk-diffusion chain of "one non-compliant adaptation—multiple studies using it in series—difficulty in journal traceability."

3.4 Commercial Licensing and Cost Barriers

Scales managed by professional agencies have standardized channels, but the accompanying fees and procedural requirements deter many nursing researchers. MAPI Research Trust aggregates and manages over 800 clinical outcome assessment instruments through the ePROVIDE platform; funded studies must submit an application, while those without specific funding can download directly [16]. The EORTC Quality of Life Group authorizes the QLQ-C30 on a per-study

basis: academic use is free but requires a separate application each time, and commercially sponsored use is charged per administered case [17]. FACIT.org waives the licensing fee for the English version but still requires a license; investigator-initiated studies and students are usually exempt from charges, while translation must be approved and carried out through the prescribed process [18]. WHOQOL is copyrighted by the WHO, and each language version must be applied for from the corresponding national principal investigator [19]. Three obstacles arise. First, the rule of separate applications per study conflicts with the sequential conduct of research in China. Second, nursing project budgets are limited and most funding management rules contain no "scale authorization fee" line item, so even willing payers struggle to record the expense compliantly. Third, for longitudinal projects involving industry collaboration or subsequent industrial application of data, there is no clear standard for judging whether a "commercial interest" exists, yet that judgment directly determines the fee obligation.

4. Compliant Organizational Resources Supporting Scale Adaptation

Organization	Core Function	Relevance to Nursing Researchers
MAPI Research Trust (ePROVIDE)	Distributes over 800 clinical outcome assessment instruments on behalf of copyright holders; the PROQOLID database provides queries on copyright, usage conditions, and available translations; offers centralized licensing, linguistic validation, and eCOA services [16]	The preferred entry point for resolving "unclear rights holders"
FACIT.org / FACIT trans	Manages the distribution and information of questionnaires such as the FACIT measurement system; non-commercial use is assessed case by case and usually free; translation must be approved and conducted through the prescribed process [18]	The primary authorization source for quality-of-life assessment in chronic disease
EORTC Quality of Life Group	Manages copyright and grants per-study authorization for the QLQ-C30 and its modules; free for academic use and charged per case for commercial use; provides a translation manual [17]	The official channel for the most commonly used instruments in oncology nursing
PROMIS Health Organization	Holds the intellectual property of the PROMIS item bank on behalf of the NIH, with unified management of intellectual property for derivative works (including translations) [1]	Offers a governance model of "centralized custody with encouragement of free use"
WHOQOL Centre (University of Manchester)	Grants usage licenses for the UK English version on behalf of the WHO; other language versions must be applied for from the national principal investigator [19]	Indicates that language-version rights may be dispersed across countries
ISPOR / COSMIN / ISOQOL TCA-SIG	Good-practice principles for translation and cultural adaptation [20]; standards for measurement properties and cross-cultural validity [2-3]; recommendations on scale copyright and translation norms [1]	Dual basis in methodology and rights norms

The organizations above form a support chain spanning rights inquiry, authorization acquisition, and methodological standards, yet three gaps remain: there is no entry point for Chinese users to inquire about scale rights information; there is no official registration and version-disclosure platform for Chinese-language scale versions, leaving redundant adaptation and version chaos ungoverned; and there is no standardized checklist linking "ethical review—authorization acquisition—journal verification."

5. Governance Pathways

5.1 Researchers: Uphold the Ethical Baseline of Adaptation After Authorization

Initiate the application at the study-design stage and reserve a 3–6 month period. Archive the authorization documents and correspondence completely and include them in the ethics submission materials; those not yet obtained should describe the authorization progress in the ethics application rather than conceal it. Before project initiation, systematically search for an existing qualified Chinese version, and any planned re-adaptation must state the limitations of the existing version. Report forward translation, back translation, expert review, cognitive interviewing, and measurement invariance testing

in accordance with the ISPOR principles [20] and COSMIN standards [2-3], and disclose the basis for any item deletion or modification. Electronic migration requires separate authorization and equivalence validation; machine-translation output must not be used directly as a translated version.

5.2 Ethics Review Committees: Add an "Instrument Legality" Review Item

The initial review checklist should require researchers to state the scale's source, authorization status, and the origin of the Chinese version. Exemption criteria should be unified, with the committee—not the researcher—making the determination, and questionnaire studies involving sensitive topics, vulnerable groups, or identifiable information should not be exempted [5]. A fast-track review channel for purely methodological studies would ease the compounded pressure with the authorization cycle.

5.3 Journals: Position Authorization Verification Upfront in the Submission Process

Author instructions should explicitly require adaptation studies to submit the source scale copyright holder's authorization, the Chinese version's authorization, and the ethics approval; full publication of a scale must be accompanied by the copyright owner's consent letter. The Methods section must report the authorization status and the entire adaptation process; authors with an existing qualified Chinese version must justify the need for re-adaptation; and a graded handling mechanism for authorization defects (correction, supplemental statement, retraction) should be established.

5.4 Funding Agencies and Professional Bodies: Reduce Costs and Build Platforms

Nursing research budgets should add a "scale authorization fee / linguistic validation service fee" line item, and authorization counseling should be provided through university libraries or research offices. The Chinese Nursing Association should take the lead in formulating a group standard for the ethics of scale introduction and cross-cultural adaptation, and build a registration and disclosure platform for Chinese-language scale versions that records the source scale and copyright holder, the adapter, the scope and term of authorization, items and dimensions, a summary of psychometric evidence, and access methods. This may draw on the centralized-custody approach of the PROMIS Health Organization [1], balancing accessibility with integrity protection.

Funding

No

Conflict of Interests

The authors declare that there is no conflict of interest regarding the publication of this paper.

Reference

[1] Anfray, C., Arnold, B., & Martin, M., et al. (2018). Reflection paper on copyright, patient-reported outcome instruments and their translations. Health and Quality of Life Outcomes, 16(1), 224. https://doi.org/10.1186/s12955-018-1050-4

[2] Prinsen, C. A. C., Mokkink, L. B., Bouter, L. M., et al. (2018). COSMIN guideline for systematic reviews of patient-reported outcome measures. Quality of Life Research, 27(5), 1147–1157.

[3] Mokkink, L. B., de Vet, H. C. W., Prinsen, C. A. C., et al. (2018). COSMIN risk of bias checklist for systematic reviews of patient-reported outcome measures. Quality of Life Research, 27(5), 1171–1179.

[4] World Medical Association. (2013). World Medical Association Declaration of Helsinki. JAMA, 310(20), 2191–2194.

[5] National Health and Wellness Commission, Ministry of Education, Ministry of Science and Technology, et al. (2023, February 18). Measures for ethical review of life science and medical research involving people (National Health Science and Education Development [2023]No.4). https://www.gov.cn/zhengce/zhengceku/2023-02/28/content_5743658.htm

[6] Standing Committee of the National People's Congress. (2020). The Copyright Law of the People's Republic of China (Amended in 2020). http://www.npc.gov.cn/

[7] Ministry of Science and Technology, Central Propaganda Department, Supreme People's Court, et al. (2022, August 25). Rules for the investigation and handling of scientific research dishonesty (National Science and Technology Commission No.221 [2022]). https://www.most.gov.cn/xxgk/xinxifenlei/fdzdgknr/fgzc/gfxwj/gfxwj2022/202209/t20220907_182313.html

[8] Qiu, Y., Yang, F., Li, C., et al. (2024). The Chinese version of the elderly network social support scale and its reliability and validity test. Medical New Insights, 34(1), 33–42.

[9] Zhang, J., Zhang, F., Tu, H., et al. (2025). The Chinese version of the clinical situation assessment scale and its preliminary application in evidence-based practice of medication management for hypertensive patients. Chinese Journal of Nursing, 60(10), 1230–1237.

[10] Nie, J., & Jiang, Z. Y. (2024). Revision and psychometric testing of the delirium care self-efficacy scale for ICU nurses. Journal of Multidisciplinary Healthcare, 17, 3205–3216.

[11] Brislin, R. W. (1970). Back-translation for cross-cultural research. Journal of Cross-Cultural Psychology, 1(3), 185–216.

[12] Beaton, D. E., Bombardier, C., Guillemin, F., et al. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. Spine, 25(24), 3186–3191.

[13] Wang, R., Wu, Y., Duan, G., et al. (2022). Cultural competence scale for clinical nurses: Translation, reliability and validity evaluation. Journal of Central South University (Medical Sciences), 47(10), 1413–1422.

[14] Zhang, Z. (n.d.). Can the supervisor sign the consent form when the cited author of the graduate thesis is unknown? Copyright Notes. http://www.copyrightnote.org/ArticleContent.aspx?ID=3&aid=2780

[15] International Nursing Science. (2024). Q&A on authorization for using the scale. International Nursing Science, 11(3), 365.

[16] Mapi Research Trust. (n.d.). COAs distributed by Mapi Research Trust. https://www.mapi-trust.org/questionnaires/questionnaires-distribute

[17] EORTC Quality of Life Group. (n.d.). Conditions of use. https://qol.eortc.org/questionnaires/conditions-of-use/

[18] FACIT.org. (n.d.). Licensing and translation services. https://www.facit.org/

[19] The International Hub for Quality of Life Research. (n.d.). WHOQOL: Questionnaires for research. http://research.bmh.manchester.ac.uk/ihqolr/questionnaires/research

[20] Wild, D., Grove, A., Martin, M., et al. (2005). Principles of good practice for the translation and cultural adaptation process for patient-reported outcomes (PRO) measures. Value in Health, 8(2), 94–104.

[21] Chen, J., Cai, Y., Yang, W., et al. (2025). The Chinese version of the institutional implementation of evidence-based practice readiness assessment scale and the verification of content validity. Chinese Journal of Hebei Medical University, 16(3), 765–776.