

PERCEPTION OF INTERPRETER'S PROFESSIONAL ROLE IN HEALTH CARE SETTING FROM STUDENTS' PERSPECTIVE

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Abstract

The paper analyses healthcare interpreter's professional roles and boundaries from students' perspective. Health care interpreting as an independent profession has been developing within the frameworks of medical institutions; it is unavoidably influenced by values shared by medical professionals as representatives of the institution. On the other hand, health care interpreter frequently performs the function of cultural mediator, bridging the gaps in communication between health care service providers and users. These two aspects of interpreter mediated communication in health care setting have a significant potential for creating confusion in students' understanding of interpreter's professional roles as well as appreciation of its limits. The paper **aims** to identify students' tendencies in perception of interpreter's professional role in medical setting as well as to clarify their overall attitude to the profession. To achieve the aim we have conducted an experiment. The **methodology** of the empirical research included the method of survey based on questionnaire as well as the method of statistical analysis. The research **findings** reveal that students tend to trespass the boundaries of interpreter's professional role, they tend to get emotionally involved and some students admitted being disappointed in the profession due to uncertain professional roles and duties that may vary in hospitals and health centers across the sector. On the basis of the experiment the author formulates the recommendations that can be applied in developing and structuring both theoretical and practical master level courses on interpreting in health care settings.

Keywords: health care interpreting, professional roles, health care setting, interpreter assisted communication, mediation.

1. INTRODUCTION

Today's globalized world is characterized by tendencies to ever intensifying people's mobility of various kinds, including labor migration, forced immigration etc. Whatever the reason for people's coming for a prolonged period of time to another country may be, health care needs and getting access to adequate health care services is one of the central issues. Coming into a new country people commonly face a lot of difficulties associated with formalities, cultural adaptation to a new society and many other factors, but if a person has limited or no command of the host country's official language, these difficulties increase many-fold, especially so in health care services sector, where linguistic barrier may become a serious impediment to getting adequate medical help.

To respond to linguistic needs of vulnerable groups of people with limited official language proficiency, countries that are currently experiencing a significant influx of migrants or have traditionally been a desired destination for immigrants are developing their own strategies in terms of ensuring equal access to health care service. One of such instruments is provision of health care interpreting in medical institutions.

2. SPECIFICITY OF COMMUNICATION IN MEDICAL SETTING

Interpreter-mediated communication occurs within the framework of medical institutions with strict organizational requirements, regulations of professional activities, subordination structure - the fact, which unavoidably affects both interpreting process and social identities of interpreter (Elderkin-Thompson V., Silver RC & Waitzkin H, 2001). Health care interpreter may adopt various communicative goals such like obtaining correct information from the patient, or establish a good rapport with the patient, or facilitate the establishment of the rapport between doctor and the patient by bridging possible cultural gaps. However interpreter-assisted communication involves at least three participants, and doctors as representatives of the institution have their own communicative goals that may be in conflict with interpreter's ones. Thus the adequate choice of the communicative goal by the interpreter is of utmost importance since it directly affects the effectiveness of the interpreter assisted doctor – patient communication (Harrington, 2014).

The research literature on health care interpreting as a specific kind of interpreting within public service interpreting domain, generally distinguishes two types of roles adopted by interpreters in medical institutions. Thus B. Meyer describes the following roles of an interpreter:

- 1) supporter of primary interlocutors (assisting the communication between doctor and patient through rendering linguistic support).
- 2) primary interlocutor (assisting communication through taking active part in it like answering questions, providing commentaries and explanations concerning culturally motivated specific communicative behavior of doctor and patient).

Though the choice of the role will depend on a particular situation, the negotiation of the role with the medical practitioner prior to the interpreter assisted communication would be desirable as it would help avoid conflicts between professional roles of the doctor and the interpreter.

Despite the generally acknowledged fact that medical interpreters have specific professional skills, knowledge of the relevant terminology and are trained to work in specific professional setting, a number of researchers point out that medical practitioners sometimes find it difficult to work with an interpreter. Scholars identify the following reasons impeding effective communication: a) interpreter mediated communication takes longer; b) doctors feel less in control of the communication and find it harder to keep it in the right track, c) interpreters sometime trespass the limits of their professional roles.

3. EXPERIMENT

To clarify students' perception of health care interpreters' professional role and identify related mistakes in interpreters' professional conduct within health care setting, we conducted an experiment involving master level students majoring in interpreting and translation for public services and institutions, students took part in the experiment while they were doing pre-thesis interpreting internship.

3.1 Methodology

The empirical research was based on method of survey and method of statistical analysis. For the purpose of conducting a survey we developed a short questionnaire that included the following items:

- 1) Do you believe that the main role of medical interpreter is to ensure effective doctor – patient communication through linguistic mediation?
- 2) Is it difficult for you to remain neutral at all times, and act strictly within the boundaries of the professional role?
- 3) Do you believe that such subjects as cross-cultural mediation, medical anthropology or interpreter's professional ethics are of practical importance and should be added into the educational program's curriculum?
- 4) Are you planning to obtain permanent work as health care interpreter after graduation?

Students volunteered to take part in the experiment were offered the questionnaires after 3 weeks of doing internship and were required to submit their answers directly after finishing the internship. Total number of students was 20; all 20 questionnaires were returned completed. Students were expected to provide only "Yes" or "No" answers, but they also were encouraged to provide any comments they deemed expedient.

3.2 Findings and Discussion

In the course of the experiment we obtained the following data summarized in table 1.

Table 1. Survey data

Questionnaire item	Positive responses	Negative responses
Do you believe that the main role of medical interpreter is to ensure effective doctor – patient communication through linguistic mediation?	11	9
Is it difficult for you to remain neutral at all times and act strictly within the boundaries of the professional role?	14	6
Do you believe that such subjects as cross-cultural mediation, medical anthropology or interpreter's professional ethics are of practical importance and should be added into the educational program's curriculum?	18	2
Are you planning to obtain permanent work as health care interpreter after graduation?	10	10

The data obtained in the research suggest that students' perception of medical interpreters' professional role is not unified. Though almost a half of the responded believed that interpreter's role is to facilitate doctor – patient communication through linguistic mediation, 9 students out of 20 tend to take a broader view of medical interpreter's role. In the commentaries to the questionnaire they indicated that interpreter's role should not only cover linguistic mediation, but also cultural as a necessary component of ensuring effective communication. They pointed out that in the course of internship they had to deal with a number of conflict situations where medical professionals did not take into account patients' cultural background and misinterpreted their reaction to doctor's instructions.

Answering the second question almost 1/3 of the respondents acknowledged that it was difficult to remain neutral and not to trespass the limits of the professional role. Students explain that it is difficult for them to establish rapport with the patient and remain neutral. Patients with limited official language proficiency tended to regard an interpreter as more trustworthy person, in communication with the doctor they were more inclined to address the interpreter rather than the doctor, beginner interpreters frequently found themselves drawn into side conversations with such patients thus taking up medical professionals' time and sometimes even excluding them from communication. A small number of students adopted patronizing attitude to the patients with limited official language proficiency and tried to champion for their rights as they believed and ensure better treatment on the part of the inferior medical staff. They went that far beyond limits of interpreter's professional role as to engage in open arguments with doctors. Obviously doctors in their turn felt frustrated with such interpreter mediated communication and graded its effectiveness as low. At the same time such behavior is revealing in terms of students' poor understanding of their professional role and its boundaries, as well as lack of adequate training to work in the context of a specific social institution. It should be pointed out that doctor – patient communication takes place in institutional setting which means that there is a power-relation component in place. Doctor is the representative of the institution vested with authority to which medical professionals traditionally tend to be very sensitive. Interpreter is another independent professional working in the same setting, but with another scope of authority, lying exclusively in lingua cultural mediation of doctor – patient communication. As the research data convincingly demonstrate, students have to be specifically trained to work in institutional setting, respect the values shared by representatives of the institution and refrain from trespassing boundaries of professional roles, thus avoiding generating any conflicts.

Answering the third question respondents admitted that they had learned the basics of such subjects as Culture Study, Cross-cultural Mediation and Professional Ethics in the course of their theoretical study, but they largely neglected them as insignificant at that time. In the course of the interpreting internship students had to face and deal with cultural background as well as ethical issues on almost every day basis. Apparently real practical experience accounts for such a high number of positive responses: 18 out of 20.

Somewhat surprising results were obtained for the forth question: only half of the respondents were ready to take up health care interpreting as a full-time professional occupation after graduation the University. Comments provided by students suggest that though they generally believe that the profession of health care interpreter is important, nevertheless it is associated with less prestige than other types of specialized interpreting, like court or conference interpreting for example. Students perceived the profession as very stressful: they sometimes had to witness physical sufferings, interpret in emergency situations; they also realized that interpreter's possible mistakes may have very serious consequences. At the same time lack of clear understanding of health care interpreter's professional roles by medical personnel themselves, as the profession is only emerging in Russia, leads to a tendency to treat interpreters as support staff. In a number of cases students were asked to do the paper work or help the inferior medical personnel. Students comments also suggest that doctors demonstrated certain reluctance to work with an interpreter in some instances: if doctors had sufficient command of patient's language, they preferred to communicate directly with him/her virtually excluding interpreter from communication, students were only asked to help with certain words.

Summing up the research results we can conclude that there is no general understanding of health care interpreters' professional role not only on the part of students, but also on medical professionals' part. This lack of unified interpreter's professional roles perception brings about confusion about expectations and has a potential for generating conflicts.

3. CONCLUSION

Health care interpreting as a specific kind of specialized interpreting is a relatively new independent profession within public service interpreting domain. Its emergence and development is to a large extent attributed to processes of intensive migration which is characteristic of the modern world. The necessity to ensure equal access to health care services for people with limited official language proficiency through eliminating language barriers made the countries experiencing influx of migrants of various types develop their own approaches in dealing with this problem. One of the most obvious solutions is provision of interpreting services in health care institutions. However, as the experiment results suggest, there is no standardized perception of professional role of health care interpreter. In this respect and on the basis of the obtained research data we find it possible to formulate the following recommendations focused on health care interpreters' training:

- to develop unified standards for educational programs focused on training interpreters for public services and institutions that would take into consideration specificity of communication in institutional settings;
- to develop interdisciplinary training programs that would include such subjects as cross-cultural mediation, psychology and medical anthropology into the educational programs' curricula, as interpreter's cultural competences are of significant importance for effective interpreting viewed as lingo cultural mediation in health care setting;

The findings of the conducted research may be of practical value in developing structure and course content for master's educational programs on translation and interpreting for public services and institutions. The research results can also be used for identifying trajectories for further research in the field.

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