

## LINGUISTIC AND CULTURAL MEDIATION IN HEALTH CARE SETTINGS: AN OVERVIEW OF RUSSIA AND TURKEY

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### Abstract

People with limited official language proficiency in any non-native country are among the vulnerable groups. Mediation service for these people, especially in health care domain is a topic of great importance. The paper lays special emphasis on cultural, as well as language barriers in interpreter-mediated communication in health care domain. To be able to enhance the effectiveness of the actors - doctor-patient communication the interpreter needs to have necessary competencies. The **aim** of the paper is to identify these competencies through scrutinizing the existing practices in ensuring access to health care services in the Russian Federation as well as Turkey. Nowadays we witness a huge flow of people - immigrants, refugees, migrant workers travelling across borders having little or no knowledge in languages of host countries.

The authors apply qualitative and quantitative methods as the **research methodology**. We also include methods of empirical experiment as well as statistical data. In the course of the experiment students were directly involved into interpreting practice for people with limited official language proficiency in health care domain.

The **research findings** obtained before and after the experiment suggest that linguistic and interpreting competences "per se" are not sufficient enough to ensure effective interpreter assisted communication. Terminology knowledge is not sufficient and a medical interpreter has to act as lingua-cultural mediator. The research also provides data on patients' assessment on importance of cultural mediation component. The results of the article are of both theoretical and practical **value** as they can be used in determining the content and structure of master degree courses on interpreting and translation in health care domain.

**Keywords:** health care domain, linguistic barriers, public service interpreting, lingua-cultural mediation

## 1 INTRODUCTION

Mass migration, originally being economic migration, is intensifying, affecting the majority of the post industrial countries. It is migration, nowadays including refugee migration that determines social and economic development of a host country. Irrespective of the nature of migration, it impacts all levels of host

society including health care. This field is an extremely sensitive issue as it involves various difficulties of administrative formalities in the health care services of the host country, as well as language and cultural barriers that people with limited official language proficiency commonly encounter when trying to apply to medical institutions in the host country. Providing health care as one of the basic human needs and keeping in mind that migrants will integrate into the host society if their basic needs are met respectfully, countries have a long way to go developing their own approaches to address the problem if they are eager to avoid destructive consequences to the host society.

The present article rests on existing practices aimed at eliminating language and cultural barriers (or at least minimizing them) for people with limited official language proficiency in Russia and Turkey. The two countries, due to their geographical position are experiencing an unprecedented inflow of migrants: Russia - from neighbouring CIS countries and Turkey attracts migrants and refugees from such countries and regions as Bulgaria, Iraq, Iran, former Yugoslavia and Syria. In this regard both countries need to develop effective mechanisms of ensuring access to health care services for people with limited official language proficiency through eliminating linguacultural barriers. By doing this host countries ensure social stability for themselves as well as guarantee migrants' welfare and safety on the territory of a host country.

In this article the authors aim to analyse the existing practices in ensuring access to health care services for people with limited official language command in Russia and Turkey, to distinguish the interpreter's competencies working in health care, and also draw some recommendations on the bases of the experiment, that involves students of Public Service Interpreting and Translation master's Program at the RUDN University.

To achieve these aims the following **tasks** should be done:

- To ensure theoretical background for the experimental part of the research;
- An overview of the current situation with migrants in Russia and Turkey, as well as the historical evolution of migratory flows
- Defining the legislative framework to the issue of granting the status of migrant and refugee and access to medical services of this category of population in the countries studied.
- To provide a brief overview of the current situation in health care settings concerning people with limited official language command in the countries under analysis;
- To carry out an experiment aimed at identifying health care interpreter's competences in the context of migration;
- To develop recommendations on the basis of the best practices implemented in the countries under analysis.

## **1.1 Theoretical Background**

As it has already been mentioned above, the migrants' inflow is a sensitive related issue. It was noted by many of the scholars working in in this field. Almost all the researchers agree that one of the main reasons that significantly impacts the migrants' access to health services is the lack of the host country official language competences if not by all but by a part of arriving migrants (Moreno, 2004). Non-sufficient or lack of language command significantly affects the quality of the medical service provided. At the same time some scholars consider that cultural component is the main obstacle, such as beliefs, myths, taboos, religion, significant cultural differences of immigrants (Fernandez, 2004; Angelelli, 2004).

There are researchers arguing that there is no need for additional personnel to deal with migrants: linguistic training, obtained by the personnel itself would be enough to carry out their duties in this sphere (Antonín y Tomás, 2004). In 1997 Castilignoni expressed an opinion that linguo-cultural mediation involves working in a specific setting, and is oriented at preventing possible a conflict situation between communicants.

Our Turkish colleagues (at least the majority of them) focus on the problems of social and cultural adaptation of Turkish immigrants in Western society (Cağlar, 2002; Kirişçi, 2006).

As Carmen Valero stresses, the mediator is a much more complicated role than the interpreter, because interpreting is only an aspect of mediation though important one, which, in view of its characteristics, requires language training, but mediation itself involves not only language training, but also the mastery of intercultural communication methods, knowledge of the traditions and cultural habits of the different cultures involved in the communication process (Valero Garcés, 2001: 822; Valero Garcés, 2006, 2014). There is

also the issue of ad hoc interpreters when the job of a qualified interpreter is done by a relative, acquaintances or volunteers who may run the potential risk of providing incorrect interpreting. (Kelly, Zetsche, 2012)

Emotional state of proxy interpreters also affects the correctness of interpreting. Medical professionals' did not use to respect anybody else's participation in such a sensitive area as doctor-patient communication is. In the opinion of medical personnel the interpreter is only an assistant, not an equal participant in the communication in healthcare setting (Martín, A., Abril Martí, 2002). Guandra suggests 8 factors influencing the availability of health care services: language barriers, difficulties in organizing medical care for migrants, social deprivation and traumatic experiences of migrants, inadequate knowledge of the health care services' provision system, cultural differences, different understanding of the disease and treatment, the negative attitude on the part of medical professionals and other patients, lack of access to a medical record (Cuadra, 2012).

### *1.1.1 Turkey*

Being located in the crossroad of several sea routes as well as ground communications, Turkey has become a desired place for migrants as well as refugees. As Castles and Miller note, it was traditional that Turkey's immigration policy resembled, in many ways, the policies of Germany and Israel (Castles and Millar, 2003). Ethnic and cultural ties have determined the foundation of Turkish immigration policies. Immigration to Turkey was typically made up of people from primarily Balkan countries and was governed by legislation and practices that reflected, by large, the concerns for building a nation-state expressed by the "founding fathers" of the Turkish Republic. Priority was given to encouraging and accepting the entry of Muslim immigrants who spoke Turkish or who were perceived, by officials, as people belonging to ethnic groups capable of easily fusing into a Turkish identity (Cağaptay, 2005; Kirişci, 2000). This is a reflection of the way in which the definition of Turkish national identity evolved and how it influenced or was reflected in Turkey's immigration policy.

The main piece of legislation governing immigration to Turkey is the law on settlement (No. 2510) of 1934. (Cagatay, 2002) Conspicuously, the law limits the right to immigrate to Turkey only for those who have "Turkish ancestry and culture". Similarly, Turkish law of the same period, by tradition, severely restricted employment opportunities for non-nationals while discriminating, positively, in favor of non-nationals who have had a Turkish ancestry and culture. The law on the specific conditions of employment of Turkish citizens in their country No. 2007 reserved certain jobs and professions to Turkish citizens. In addition, in the 1930s and 1940s a practice was developed that would deny some of these professions to Turkish citizens who belonged to non-Muslim minorities, not to mention the professions of the public sector, such as positions of security and judicial forces (Aktar, 2001; Cağaptay, 2005). This practice of prioritizing and privileging people considered to be within "Turkish" ethnicity survived until recent years.

More than 1.6 million immigrants settled in Turkey between the beginning of the Republic and the mid-nineties. The state actively promoted immigration to Turkey and provided resources until the early 1970s. It kept a whole bureaucracy responsible for the establishment and integration of immigrants in the Turkish society. The vast majority of immigrants came from the Balkan countries, accompanied by a small number of immigrants who, at first, had fled Sinkiang, a western Chinese province, after Mao Tze Tung came to power in 1949. This "traditional" immigration to Turkey has stopped completely. After the fall of communism in the Balkan countries, the Turkish government has encouraged Turkish-speaking communities closely associated with Turkey to stay in their places of origin. Likewise, the possibility of the free crossing of borders, as well as the potential for business expansion and cultural relations between Turkey and the Balkan region, have been factors that have significantly reduced the pressure for these communities to immigrate to Turkey.

Immigration also includes the transfer of refugees to Turkey. In close cooperation with the United Nations High Commissioner for Refugees (UNHCR), Turkey received refugees from countries of the Communist bloc in Europe, including the Soviet Union. During their stay in Turkey, these refugees enjoyed all the rights provided by the Geneva Convention for the status of refugees. Turkey also experienced massive refugee arrivals in 1952, 1988, 1989 and 1991. Arrival flows in 1952 and 1989 included Turks and Pomaks from Bulgaria. They were allowed to stay and settle in Turkey. On both occasions, the government adopted special measures to facilitate their integration into the typical society. In the case of the 20,000 or 25,000 Bosnian Muslim refugees who arrived in Turkey between 1992 and 1995, a generous policy of "temporary asylum" was approved, which opened up access to education, employment and health to refugees, with possibilities just below of the integration itself. A similar policy was adopted for the nearly 17,000 Kosovar refugees from the 1999 crisis.

The preferred definition of national identity is also reflected in what refers to asylum policies. According to the law of origin, only asylum seekers of "Turkish ancestry and culture" can access full status of refugees, with the final possibility of settling in Turkey. This is also reflected in the way Turkey has adhered to the central legal instrument on refugees, the Geneva Convention of 1951. Turkey was part of the group of countries that actively participated in the production of a definition of "refugee", while it was among the countries that promoted the introduction of a geographical and temporal limit for the convention, as expressed in Article 1.b (1) (a). Accordingly, Turkey agreed to be bound by the terms of the convention for refugees fleeing persecution in Europe alone, as a result of events prior to 1951. In 1967, when the additional protocol was signed, Turkey agreed to withdraw the temporary limitation but chose to retain the "geographical limitation".

There is also a form of irregular migration in transit involving the nationals of neighboring countries, such as Iraq and Iran, as well as those from more distant countries such as Afghanistan, Pakistan. It is very difficult to calculate the number of migrants involved in this illegal transit in Turkey and the country of origin. However, according to government statistics, between 1995 and 2006, 622,000 of these people were apprehended.

Turkey's candidacy for the EU requires complex changes for Turkey's policies in the areas of asylum and immigration. An important requirement of the EU is for Turkey to withdraw the "geographical limitation", with which it accepted, in 1952, the Geneva Convention, related to the status of refugees. This represents, to Turkey, the overwhelming task of developing and implementing an asylum policy in a very difficult and demanding region. Turkey's fears focus on the possibility of becoming a "tolerant zone", a zone of EU security and, at the same time, outsourcing the costs of EU policy.

The Turkish government has, before it, a long list of tasks it has to fulfil in order to standardize its laws and policies with those of the EU. Meanwhile, Turkish society itself becomes more accustomed to an ethnically and culturally diverse society, which includes identities that cannot easily be associated with a traditional definition of "Turkish".

The 1990s and later mass flow of forced migrants from Iraq, Iran, Syria strived forward to Turkey. This inflow created huge problems for the country's social sphere, e.g. healthcare. However the country is ready to solve the healthcare problem, that cannot be done overnight. The Turkish government provides access to free medical services for those people living in and outside refugee camps.

Since January 1, 2012 Turkey introduced Compulsory health insurance (Genel Sağlık Sigortası). Foreigners staying in Turkey for more than 12 months must register in the Compulsory insurance system or arrange private insurance. (<http://emigranto.ru/evropa/turciya/meditsinskoe-strakhovanie-turciiia.html>) In Turkey you will not remain without support, even hitting a difficult situation for you. There are several "hot" phones that work specifically to help foreign citizens. They are: 157 - Hotline of the Representative Office of the International Organization for Migration in Turkey; 184 - "Hot Line" service "SABİM" of the Ministry of Health of Turkey; 444 47 28 - "Hot Line" of the International Patient Support Unit at the Ministry of Health of Turkey. (<http://alanyatoday.ru/articles/95-gorjachie-telefony-dlja-podderzhki-inostrannyh-turistov-v-turcii.html>)

The civil war in Syria, which began in 2011, had a great impact on Turkey, which has a 900-kilometer border with Syria. Approximately three million Syrian citizens forced to leave their homes found shelter in Turkey. To provide Syrian citizens with food, clothing, shelter, health care and training services Turkey spent 10.5 billion dollars by the end of 2015. (<http://www.trt.net.tr/english/programmy/2016/04/06/mighratsionnyi-potok-i-iegho-vliianiie-na-ekonomiku-turtsii-465166>)

Almost 75% of Syrian migrants in Turkey want to obtain Turkish citizenship, according to a study conducted by the Istanbul Political Centre and the Human Development Fund with the support of the United Nations High Commissioner for Refugees (UNHCR). In the study conducted by the Ministry of Labour and Social Security of Turkey, about 1 thousand 300 people were interviewed in 10 cities of Turkey, where 79% of the population is Syrian migrants. Researchers spoke with a total of 1,282 Syrians in Istanbul, the south eastern provinces of Şanlıurfa, Mardin and Gaziantep, the southern provinces of Hatay, Adana, Mersin and Kilis, the north-western province of Bursa and the western province of İzmir. About 650 thousand Syrians in Turkey currently have jobs, which corresponds to 31% of all refugees. However, the bulk of these workers are not registered, the study notes.

Earlier, the Ministry of Labour and Social Security of Turkey reported that the number of Syrians who have an official work permit is between 10 thousand and 15 thousand people. 17% of refugees work for Turkish employers, while 5% work for Syrians. In addition, about 15% of Syrians are engaged in private entrepreneurship, and only 1% act as employers. About 52% of the respondents agreed with the proposal that their children continue to live in Turkey, and the same 52% see their future and the future of their family in this country. 49% of Syrians noted that they consider themselves part of the republic, while the other half

of the respondents, on the contrary, stated that they had difficulties with social integration. In addition, 42% of refugees expressed the opinion that if they had a chance, they would like to move to a European country, while 44% said they "absolutely do not want to move anywhere". (<http://mk-turkey.ru/life/2017/11/08/pochti-75-sirijskih-migrantov.html>)

What becomes a huge obstacle associated with refugees' getting access to healthcare services is language barrier. Healthcare institutions are being staffed by in-house interpreters. Unfortunately, not all institutions have an interpreter working on permanent basis. Thus, in case of emergency healthcare institutions make appointments over the telephone in state language. Refugees need not only interpreting assistance, but also cultural mediation, because the latter is bridging the gap in life realities understanding.

To combat the difficulties with the tide of Syrian refugees and being unable to provide the required number of interpreters with ability to perform the role of cultural mediators, an initiative supported by WHO (World Health Organization) and ECHO) European Protection and Humanitarian Operations aimed at integrating Syrian medical professionals into Turkish healthcare system was launched. This initiative makes possible for the Syrian medical staff to be included into the Turkish healthcare system and provide services to their countrymen overcoming the emerged language barrier.

### *1.1.2 Russia*

The Russian Federation is a country experiencing a huge migratory influx, therefore issues related to the migration process require effective regulation. At present, there is a negative natural increase in the population in the Russian Federation, so migration can be viewed as a positive factor and as a source of maintenance of labor resources and population growth.

Given that the health problem of the population has been and remains traditionally important throughout human history, migrants cannot do without proper medical care either. Migrants are not always able to independently understand all the subtleties of the constantly changing Russian legislation and in cases when there is a threat to life and health, sometimes they do not know what kind of medical care is free, what documents are necessary and where to get them. The efficacy of the use of labor migrants for economic growth largely depends on the phenomenon that in economics has been called the "health capital". Often the "health capital" is viewed as an integral part of human capital, although there is a point of view about the independent significance of this concept. After all, knowledge, skills that allow to produce something, create new goods or services, make money is one thing, and the actual possibility to use (exploit) these skills for a longer time is quite another. Health is the basic condition that allows a person to realize his labor potential. Therefore, everything related to the analysis of the health of migrants is of practical importance.

The most significant documents in international law on medical care for migrants are the two ILO Conventions (the countries that have entered into these conventions, undertake to provide foreign citizens with exactly the same medical care as the citizens of this country.). Another convention, developed and approved by the UN, states that the state undertakes to provide assistance in emergency cases under equal conditions for its own and foreign citizens.

Russia has not ratified or signed the participation in these acts, but all its laws aimed at providing medical assistance to migrants are based in one way or another on international norms. The procedure for providing medical assistance to foreign citizens residing and staying on the territory of the Russian Federation is established by the Constitution of the Russian Federation, international treaties, Federal Laws of November 21, 2011 No. 323-FZ "On the Fundamentals of Health Care of Citizens in the Russian Federation", dated November 29, 2010 N 326-FZ "On Compulsory Medical Insurance in the Russian Federation", No. 115-FZ of July 25, 2002 "On the Legal Status of Foreign Citizens in the Russian Federation", Government Decrees No. 186 of 6 March 2013 "On Approval of the norms of providing medical assistance to foreign citizens on the territory of Russia. In the case of a threat to life medical assistance (including emergency care) is provided free of charge, including if the migrant does not have any documents confirming the legality of his stay on the territory of the Russian Federation. Immediate medical assistance in the form of an ambulance, including emergency specialized medical assistance in state and municipal health institutions is also provided for free. Other medical assistance in emergency, as well as medical assistance in the planned form, are rendered to foreign citizens for a fee. Also, foreigners can receive medical assistance under voluntary insurance agreements and (or) CHI, that is, on the basis of a medical policy that they receive under the general rules established for Russian citizens. In the absence of the policy migrants are forced to engage in self-treatment, resort to paid services. The researchers in the migratory and medical law noted the sharpness of this problem (Valieva, 2013; Jabrieva, 2014; Serguev, Alexandrova, Nasirova, 2014). The issues of medical care for migrants are especially acute in case of pregnant women and children (Akramov, Riasantsev 2014).

Attachment of pregnant women who are citizens of foreign countries to a women's consultation is carried out on the basis of a permission to attach to a medical and preventive institution: to do this they need to show a passport, medical policy, registration or a document confirming the actual residence. Children under the age of 14 years are provided with Compulsory medical insurance upon presentation of a birth certificate and a document confirming the permanent residence of one of their parents or guardians.

According to the "Russian Monitoring of the Economic Situation and Health of the NRU HSE in the case of a disease, about 40% of migrants turn to a doctor, 48% are engaged in self-medication, 12% do nothing. On this issue, there are minor gender differences. Women 7% more often than men turn to a doctor (44.9% and 37.8% respectively), 10% less do nothing (5.1% and 15%). Self-medication among women is (50%) and 47.2% among men. Such a situation can have a very negative impact on health. Quite often migrants resort to the help of "familiar physicians", the qualification of who can provoke questions. One of our respondents said that for several years Turkish builders applied for medical assistance to a Turkish citizen expelled from the Kazan Medical University for failure. Most often, the "trusted" doctors are representatives of their diaspora, but it happens that Russian doctors specialize in such clients.

It should be noted that according to Article 27 of the Law "On the Procedure for Departure and Entry into the Russian Federation," an alien or stateless person is not allowed to enter without providing a medical insurance policy valid in the territory of the Russian Federation, while this article of the law is not observed for migrants from countries with visa-free regime.

According to the Institute of Social Analysis and Forecasting of the Russian Academy of Sciences (<http://www.rosbalt.ru/moscow/2018/01/21/1675831.htm>) in Russia, at any given moment there are about 9-10 million foreign citizens. This percent has not changed for many years, and in the past three years has been somewhat reduced in connection with the deployment of Russian policy. The total number of migrant workers approximately fluctuates at the level of 5 million, of which about 4 million work legally, and the last one million are those who also work, but indicated in the migration card "other goals," especially the Ukrainians.

The share of labour migrants from the far abroad is very small - from 100 to 160 thousand people, mainly these are four countries: the PRC, DPRK, Vietnam and Turkey. The influx from Ukraine and Moldova is gradually declining, facilitated by the "visa-free space with Europe", which, although does not officially give the permit to work, but "allows you to catch on". Published in 2014, the results of monitoring of the Federal Service of State Statistics show that the largest number of migrants arrived in Russia from such countries as the Ukraine, Uzbekistan and Tajikistan. (The number and migration of the population of the Russian Federation in 2014 [Electronic resource] - Access mode: [http://www.gks.ru/bgd/regl/b15\\_107/Main.htm](http://www.gks.ru/bgd/regl/b15_107/Main.htm))

All researchers agree that it is language and culture that are the main mechanisms for the adaptation and integration of migrants into the host society. Only the clearly formulated legislation, the accessibility of the cultural and educational sphere will contribute to the successful adaptation and integration of migrants. The Russian state is carrying out many activities in this direction with a view to preventing the most acute migration crisis that, for example, European and other countries have encountered. One of the significant steps in this area is the introduction of an integrative (complex) level examination in the Russian language, the history of Russia and the basics of the legislation of the Russian Federation, as well as the prohibition of entry of foreigners holding internal national passports, toughening penalties for illegal migration and violations in the sphere of migration and at the same time providing of a simplified procedure for obtaining citizenship for compatriots who are citizens of other countries (Federal Law No. 71-FZ of April 20, 2014 "On amending the Federal Law "On Citizenship of the Russian Federation").

Thus, the leading role among the powerful tools of migration policy is assigned to the Russian language. In 2015, the Russian Government approved the Federal Target Program "Russian Language" for 2016-2020 as of May 20, 2015, No. 481, which aims to "ensure the efficiency and accessibility of the system for studying the state language of the Russian Federation (Russian language) as a native, as a non-native, as a foreign; improvement of conditions for the development of human and methodological potential in the field of teaching the Russian language".

The Public Chamber of the Russian Federation has developed and sent for approval to the Federal Migration Service the concept of creating a network of Centres for Social Adaptation for migrants from the CIS countries. According to the idea of the representatives of the Public Chamber in the near future in Russia centers should be established, consisting of schools, pharmacies, hairdressers and medical centres for migrant workers. The concept of adaptation of migrants in Russia proposes to provide migrants with a wide range of services for adaptation in the new country for them. The concept is divided into 12 structures and

services for visitors from CIS countries. In each centre the migrant will be able to obtain legal assistance and support in employment. In addition, it is proposed to create multidisciplinary medical centres, the specialization of which will start from therapy and massage up to surgery. The sources of financing the Adaptation Centres for migrants are budget, credit and investment resources (the Concept of Adaptation of Migrants in Russia, the Internet resource "Emigration and Immigration". (<http://emigrant.name/novosti-rossii/koncepciya-%20adaptaciimigrantov.html>).

An online magazine, "Migrant's Bulletin" <http://www.vestnik-migranta.ru/2017/12/2018.html> was established where foreign citizens can receive timely information on amendments to the law, new provisions of the Ministry of Health, language testing, and etc. The effectiveness of the programs of legal, social, cultural adaptation of migrants is unattainable without a language component. That is why the state support of activities aimed at popularizing the Russian language and expanding its presence abroad is becoming necessary.

The Russian Federation is currently experiencing a significant migratory influx, mainly associated with labor migration. (Cf. with forced migration in Turkey). Bearing in mind the natural decline in the population in Russia, the government considers migration as a key factor for stabilization and maintenance of labor resources as well as population growth. However, immigrants (and/or labour migrants) encounter a lot of difficulties such as lack of command in the Russian language, the housing problem, social and psychological adaptation, legal ignorance, etc. To make possible immigrants' integration into the host society it is necessary to develop a set of measures that would be within the competence of public organizations, aimed at social and cultural adaptation of the migrants.

Notwithstanding the difficulties of being ignorant about legislation on healthcare services provision, the necessary documents to get medical services, immigrants face language and cultural barriers while applying for medical help.

The procedure for providing healthcare to foreign citizens residing or staying in the territory of the Russian Federation is established by the Constitution of the Russian Federation, international treaties, and Federal Laws. In the event of a threat to life, medical care (including emergency care) is provided free of charge. Other types of emergency medical care are rendered to foreign citizens for a fee. Foreign citizens can access medical care under voluntary insurance agreements and (or) CHIP (compulsory healthcare insurance policy), that is, on the basis of a medical care policy that can be obtained under the general rules established for Russian citizens.

## **2 METHODS AND RESULTS**

In the course of the study, the authors analysed the model of access to the translation services of immigrants in the healthcare system of Russia, and identified the main issues related to this issue. The participants of the experiment were students from the RUDN University (PFUR), enrolled in the program of "Interpreter" at the RUDN Law Institute, employees of subordinate medical institutions, foreign students and immigrants registered with the Migration Service of the Russian Federation. The data were obtained as a result of 30 structured and organized meetings with persons who do not know the language of the recipient country (10 immigrants' interviews) and 20 hands-on translation lessons with the participation of foreign students of the RUDN. Also, 10 meetings were held with health professionals. In addition, the material for the study was a direct observation in medical institutions in Moscow (policlinics No. 25 of RUDN, Hospital No. 64). In the RUDN, a reference group of students undergoing the program "Translator in the field of professional communication" (50 students) was taken as a basis.

In order to obtain accurate data during the experiment, we considered the following research methods:

- Qualitative methods, including various methods of data collection, analysis and interpretation. Within the framework of the experiment, we conducted more than 40 practical sessions on interpretation in medical institutions.
- Quantitative method in this study, reporting data obtained through interviews, surveys and direct observations.
- Methods of statistical analysis and specific theoretical perspectives were also used in the article when analysing and explaining the results of research.

It should be noted that when analysing the results of interviews with the participants of the experiment, we took into account their cultural and educational background, as well as the period of their stay in Russia. Before the experiment a survey was conducted among the students.

Table 1. Students' answers before the experiment.

Issue of the Survey	Positive response	Negative response
Do you agree that mastering medical terminology is the main issue for translation practice?	36	14
Do you consider it appropriate to include additional courses that include: a) Do you consider it appropriate to include additional courses that include: b) peculiarities of national cultures c) a short course of religious studies d) features of medical ethno-anthropology e) legal aspects of the health care system (the procedure for providing medical services geographically)	16	34

The results of the table clearly show that most students consider the availability of medical terminology sufficient for the implementation of quality translation. Most students believe that they do not need to be psychologists, since this is the role of medical personnel, and there is no need to study special methods of communicative interaction. Medical anthropology, adjacent to ethno-medicine, caused misunderstanding of the audience. The study of the peculiarities of national cultures and religious studies as a possible course was recognized as a necessary discipline by a large number of students, and not from the practical point of view of application in subsequent work, but in terms of broadening the general erudition.

After participating in the translation practice in medical institutions and interviewing immigrants, students changed their mind, because they faced psychological difficulties; they needed to calm the patient, give him/her some advice, create a comfortable environment, relieve the stress caused by communication in an unfamiliar environment, often there was a conflict with the medical staff that also required a settlement. It was noted that the patients developed more confidence in the translator than in the doctor because in the conversation it was the interpreter who knew the native language of the service user. The cultural issue turned out to be quite relevant as well: when working with students from Asia, it was necessary to qualify a smile not as consent, but as a mere manifestation of politeness. In turn, an increased tone of voice and excessive gesticulation of Arab students could not be assessed as a manifestation of aggression. Our students also faced a large number of questions regarding access to medical services in Russia: how to obtain a medical policy, etc. All these factors have influenced the change in the perception of the importance and benefits of implementing certain courses in the educational program. The shift in the students' reference group can be seen in the table 2.

Table 2 Students' opinion before and after the experiment with translation services in medical institutions.

Issue of the Survey	Positive response	Negative response
Do you want to work as an interpreter in medical institutions (before the experiment)	29	11
After the experiment	2	38

As it can be seen, the picture changes dramatically after the experiment. All respondents explained their answers by the absence of any status of the profession, the lack of a clear and standardized list of the functions of an interpreter-mediator, vagueness of the profession, lower fees in relation to translators/interpreters employed in other spheres. Medical staff treated translators as low-level assistants, considering themselves entitled to require them to perform the function of the staff. Despite this, the students expressed a proposal to create a volunteer student bureau that could help immigrants with the translation, while stressing that they in no way expect to view such activities as permanent. One of the important factors



of the negative attitude was the psychological burden that an interpreter in medicine experiences similar to the one that his counterpart experiences in business or other fields, at the same time the status and financial reward in the profession is incompatible. As a result of the experiment, 100% of students recognized the fact that it was texts and other types of communication of medical nature that could be called texts over which the translator could not have control, unlike literary texts, whose possibly biased and artistic interpretation would not entail such significant results, often negative, as it can occur in the health sector. Moreover, 100% of students stressed that the fear of translation caused by negative consequences can be reflected in the translator himself, causing stress and frustration with the further performance of professional functions.

It should be noted the positive nature of this approach and the ability to involve students in the preparation and development of questionnaires, the creation of mini glossaries in a particular medical field. In addition, modern students, fully proficient in information technology, can take part in the development of multilingual electronic applications, which are distinguished by their visibility and ease of use.

Such an approach would allow students to develop an active professional position and become direct participants in the educational process.

When interviewing immigrants, medical workers, students of the reference group, after the experiment, an approximate and open list of competencies was made that the interpreter-translator should have in mind. Linguistic skills are only part of this list:

- Knowledge of medical terminology
- Mastery the interpretation techniques
- Knowledge of the legislative and regulatory framework for health services for immigrants
- Mastery of communication skills
- The ability to resolve conflict situations, negotiation skills
- The ability to integrate and work in a team in different contexts
- Flexibility, openness and initiatives
- Empathy, interest in the problems of the user of medical services
- Respect to cultural diversification
- Impartiality, neutrality

Summing up the opinions of the survey participants, it can be concluded that the interpreter-mediator must professionally master the working foreign language, and also have knowledge of the culture of the people using this language in order to correctly decode the messages of native speakers of the language and follow professional ethics and respect for the person who he represents. It must be remembered that the situation itself puts the interpreter in a time-saving frame: that the interpreter is not the author of the message, but only his transmitter, therefore, he should not search for literary beauties and refined phrases when translating. On the other hand, the interpreter must be able to distance himself from the patient, not identify with him, and assume only the role of a mediator, but not become a representative of one of the parties. The interpreter must possess certain strategies that allow him not to impose psychological stress on himself in the event of a serious medical situation. In some cases, the interpreter should act as a kind of educator capable of resolving the conflict situation between the user of the medical service and the medical worker, explaining and smoothing the contradictions of the cultures.

In the course of the survey and practical training on interpreting, students also mentioned the advantages that the RUDN multilingual and multicultural environment makes it possible to create. Namely, it is the possibility to create models of translation simulations with the participation of foreign students, the possibility to involve representatives of foreign compatriots who within the framework of cultural exchange can convey information on how to provide medical services in a particular country, and share knowledge in ethno-culture and ethno-psychology.

## **CONCLUSION**

One of the most important characteristics of the current health care system is the fact that currently medical facilities not only serve patients but interact with users of health services and the latter must have equally barrier-free access to the health care system for all levels of the population, including immigrants, which is determined in accordance with the provisions of the legislative acts of Turkey and Russia for persons having

the status of both regular and irregular migrants.

Nevertheless, in the legislative acts of both countries there are no envisaged mechanisms that fix the role of the interpreter-mediator, his status and functions, and the compulsory availability of such a position in medical institutions. In this regard, the authors believe that the current legal states should consider the issue of enacting in legislation or, possibly in regulatory legal acts of medical institutions the introduction of an interpreter-mediator who is certified in the foreign language for the special purposes of the relevant state body (Ministry of Health) with the assignment of a civil servant status.

In conclusion we shall note that the practical use of research results and the application of relevant recommendations can be possible only with the active participation of public services and with a clear awareness of the importance of problems of the migrant population in the modern ethno-political situation.

The health of migrants, being an integral part of their human capital, contributes to the effective growth of the economy. Currently, migrants in relation to the system of the Russian and Turkish health care system have unstable positions. Therefore, the development of optimal models of medical care for migrants is an important socio-economic and humanitarian problem.

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