

HEALTHCARE INTERPRETERS' PROFESSIONAL TRAINING: CHALLENGES AND EXPECTATIONS IN THE CONTEXTS OF GLOBAL MIGRATION

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Abstract

Increased general mobility of population including migration processes is a characteristic feature of present times which affects almost all regions of the world. This phenomenon poses new challenges not only to social institutions of the recipient countries, but also sets new standards for training perspective specialist who would work within the framework of these institutions. Effective communication between service-user and service-provider who belong to different linguistic and cultural backgrounds, largely depends on competent interpreter, whose role is increasingly regarded as that of lingua cultural mediator. The present research focuses on issues of healthcare interpreters' training. The article **aims** at analyzing current challenges and professional competences required of healthcare interpreters in the context of global migration. In order to achieve the set aim a number of tasks have been identified to be fulfilled:

- To explore the relevant research literature;
- To analyze specificity of interpreter's professional role within the framework of healthcare institutions;
- To conduct an experiment aimed at analyzing medical professionals' expectations of working with interpreter and compare them with students' (perspective interpreters) perception of interpreter's role as well as professional performance standards.

The research **methodology** rests on both qualitative and quantitative analysis as well as on method of empirical experiment. The experiment involved students doing Master course on public service interpreting and medical professionals who agreed to take part in the survey. The research findings obtained in the course of the experiment indicate certain discrepancies between doctors' expectations and students' ability as well as willingness to meet those expectations. On the basis of the research data recommendations on developing educational programs for healthcare interpreters' training have been drafted.

Keywords: healthcare interpreting, interpreters' professional training, educational program, interpreter's professional role

1. INTRODUCTION

Modern world is characterized by dynamic changes in geopolitical and economic situation in many regions triggering ever increasing population mobility, which has attained an unprecedented scale. The reasons that make people leave their native countries temporarily or permanently are diverse ranging from the search of better life to the sheer necessity to save life in the regions swept in hostilities. However, regardless of the reasons that stand behind people's outflow from their native places, countries that are receiving hundreds of thousands of immigrants, refugees and migrant workers have to develop their own strategies in dealing with this multifaceted problem. The present article will focus on ensuring the access to health care services for people with limited official language proficiency through mitigating language and cultural barriers.

Countries that are experiencing massive inflow of immigrants have implemented measures aimed at

preserving the stability of the host society through responding to various needs of the newly arrived foreign people. One of the basic human needs as well as the right enshrined by international conventions is the right to health, consequently they have to be provided with access to health care services. Meanwhile, social institutions including healthcare sector of the host countries are operating under considerable strain due to larger amount of patients with no or very limited command of the official language and who belong to another cultural background. One of the most obvious solutions for this situation would be to staff medical institutions with interpreters. However, the competences that are required from a health care interpreter in the context of global migration go beyond traditional conduit model and mere knowledge of medical terminology, which means that interpreters' training programs also have to be designed to meet the changing need of the society. On the other hand, medical professionals, being a traditionally closed professional community, tend to have their own perception of interpreter's role as another professional working in the field, as well as their own expectations of interpreter's performance. The article **aims** at analyzing the health care interpreter's competences required in modern multilingual and multicultural societies in the context of global migration from both interpreters' and medical professionals' perspectives.

2. LITERATURE REVIEW

Traditional and the predominant attitude to an interpreter irrespective of the settings he/she is working in has always been the conduit model (Dysart-Gale, 2005). The majority of interpreters' training educational programs are designed to train interpreters as conduits, focusing on developing specific skills of rendering a message from the source language to the target language as accurately as possible, and as unobtrusive as possible. The same principle is enshrined in codes of ethics developed in various domains of interpreter's professional practice. According to E. Hsieh, the conduit model of interpreting implies a number of aspects: first of all it logically presupposes that the ideal interpreting does not depend on interpreter's personality, which is practically irrelevant for the communicative process, and would be the same for all interpreters; secondly, interpreter's understanding of the communicative purposes of the communicants makes no difference as well (Hsieh, 2010).

In other words the conduit model requires an interpreter to remain inconspicuous and neutral, acknowledging his/her presence only by conveying messages between interlocutors. From certain point of view this "neutrality" serves as a defense against accusations of distorting the meaning by parties involved into the communication. Besides, being regarded as not an interacting party in the communication, interpreter bears no responsibility for the decisions taken in the course of the communication or its general outcomes. However, as researchers point out, interpreter's neutrality is a rather relative issue (Resta, 2013), it is even more so in health care settings. As Atabekova points out currently "interpreters and translators bear much stronger social responsibilities" (Atabekova, 2018), going far beyond the boundaries of mere message conveyors. New conditions related to the global migration crises set new challenges both to healthcare institutions of the immigrants receiving countries and to educational institutions that provide professional training to interpreters and translators qualified to work in these new conditions.

3. EXPERIMENT

It is an evident fact that the doctor-patient communication takes place in an institutional context and commonly involves interlocutors from various cultural backgrounds, interpreter constantly has to make a decision what words to use apart from medical terms to achieve the target communicative goal which may vary from doctor's getting acquainted with the patient to obtaining patient's consent for certain medical manipulations. Whenever decision-making process is involved there is always an element of subjectivity, the choice of exact words determines to certain extent the success of the doctor client communication. From this perspective interpreter's communicative behavior is not that inconspicuous as it expected to be. It should also be pointed out that public service interpreter's performance standard as a professional activity has been developing under the influence of the institution, consequently medical professionals expectations of interpreter assisted communication's effectiveness can be regarded as a potential factor that would influence the interpreter to deviate from the conduit model. In real practice doctors usually determine the extent to which an interpreter can deviate from the conduit model and go beyond professional role.

Modern multilingual society, which is being formed by ever growing population's global mobility, poses new problems to health care institutions, challenging traditional understanding of interpreter assisted doctor-patient communication.

3.1 Experiment Methodology

To find out how medical interpreters perceive their role in the context of global migration as well as to have a

glimpse at medical professionals' understanding of interpreters' role, we conducted an experiment involving students, perspective interpreters, and practicing doctors. The conducted research employed quantitative and qualitative methods of analysis through survey and statistical processing of the results. The experiment involved Master students majoring in Public Service Interpreting who were doing their pre-thesis internship as healthcare interpreters (total number of students 16); as well as 20 medical professionals who worked with the students (only doctors, no supporting medical staff has been involved) who agreed to be interviewed by internship supervisors a week later after the internship had ended.

The experiment was held at Moscow Health Care Center No 25, which provides health care services to students, teaching staff and other categories of the university employees. This center was chosen as a site for the experiment because it routinely provides services to international students and the university staff. The experiment involved 16 students, who were doing their pre-thesis interpreting internship, as well as 20 doctors. Both students' and doctors' questionnaires contained only 4 or 3 items to which experiment participants were expected to give yes/no answers, however they were strongly encouraged to provide comments.

3.2 Results and Discussion

First we will consider the data obtained from students. Table 1 shows the results of the analysed students' questionnaires.

Table 1 Students' questionnaire

Questionnaire Item	Positive answers	Negative answers
Do you think that health care interpreter should remain within the boundaries of interpreter's professional role at all times?	8	8
Do you think that knowledge of medical terminology and mastery of interpreting skills are enough to ensure effective doctor-patient communication?	6	10
Do you perceive your work as an independent professional activity within the health care setting?	9	7
Would you consider working as health care interpreter after graduation?	5	11

As can be seen from the table positive and negative answers divided in halves. Students who gave the positive answer indicated in their comments that they felt comfortable that way and it was consistent with what they were taught in classroom. They also believed that it was better to refrain from going beyond his/her professional role as it caused disapprobation on doctors' part and sometimes caused displeasure with patients. Some of the students who gave negative answers, stated in their comments that it was unprofessional not to interfere where they saw that the doctor-patient communication was about to fail due to significant cultural misunderstandings. Five comments mentioned the importance of cultural mediation as a way of ensuring effective doctor-patient communication, but which required students to be an interlocutor, not just a conduit. In this regard it is not particularly surprising that more than a half of the respondents found mere knowledge of specialized terminology is not enough to ensure effective doctor-patient communication in multicultural context. Students indicated in their comments that they had to be flexible, trying to maneuver between doctor's instructions for brevity, attempts to remain within the boundaries of their professional role and, at the same time, trying to tune the communication to consider cultural background of the communicants. In their comments for the second question students also expressed an opinion that in the course of their studying they had an intensive and thorough language and interpreting skills training, but they lacked in trained intercultural communication competencies. Students complained that they themselves assessed their performance as poor in the situation where actual linguacultural mediation was required, they had to search many issues related to cultural specifics up in the internet, they were also stressed by inability to clarify to the patients the procedure of medical services provision to foreign citizens or stateless persons.

Answering the third question about 56% of the respondents said that they perceived health care interpreter's work as an absolutely independent professional activity with 44% of respondents perceived their professional

role as that of the ancillary staff. This question triggered a variety of comments, which led the author to believe that much depended on the doctor with whom students worked. Some students said that they established partnership relations with the doctor and tried to adjust the communication to doctor's requirements, others expressed their dissatisfaction with doctor's attempts to control their work and disregard of their comments related to possible cultural specificity of some patients' reactions, some students (2 of the total amount of the respondents) even confessed to having had a conflict with the doctor caused by doctors' remarks related to students' going beyond interpreter's role and advocating for patients' rights. The provided comments clearly indicate that there is no unified understanding of health care interpreter's professional role neither on interpreters, nor on doctors' part.

The surprising and somewhat frustrating results were obtained for the fourth question: only 5 students out of 16 confidently declared their intention to work as health care interpreter after graduation. As discouraging factors students name low prestige of the profession, limited career opportunities within health care institutions, no clear performance standards. It should also be mentioned that 100% of students emphasized that the fear of causing negative consequences through inaccurate interpreting can greatly affect the interpreter him/herself, causing stress and frustration in further performance of professional functions.

Now we shall provide a brief analysis of the results obtained from doctors' survey.

Table 2 Medical professionals' questionnaire

Questionnaire Item	Positive answers	Negative answers
Do you think that interpreter's knowledge of medical terminology and mastery of interpreting skills are enough to ensure effective doctor-patient communication?	11	9
Do you perceive interpreter's work as an independent professional activity within the health care setting?	5	15
Are you generally satisfied with interpreter assisted communication?	17	3

As can be seen from the table 55% of the respondents, more than a half, strongly believe that knowledge of medical terminology is a key factor of interpreter's effective professional performance. Most of the doctors admitted that during the sessions of interpreter- assisted communication, they tended to focus on students' correct use of medical terms which was the leading factor of their assessment of students' performance as interpreters. However some of the doctors appreciated students' ability to manage the communication deviating from word-for-word interpreting in favor of rendering the gist, providing explanations where necessary of culture determined perception peculiarities of certain medical issues. It should be pointed out, that in the interview that we held with doctors after internship the majority of them acknowledged the importance of training cross culture communication competences as well as linguistic ones, to provide effective doctor-patient communication. More than that, the majority of the interviewed doctors expressed their strong belief that it is interpreter's task to provide intercultural mediation as doctors are too busy to pay attention to these things. However, during interviews several doctors emphasized the importance of putting students on their guard against falling into another extreme and becoming patients' advocate rather than an interpreter. At the same time medical professionals found it very helpful when an interpreter is able to provide patients with limited official language proficiency with some general information on Russian system of health care, some basic procedure of rendering medical services, types of medical services provided and conditions of their free of charge provision. Doctors also drew our attention to the necessity of teaching students some basics of institutional communication ethics.

Answering the second question 75% of the respondents indicated their strong conviction that interpreter's professional activity within health care domain is ancillary to that of doctors, interpreters are expected to work with doctors and for doctors strictly following the instructions concerning communication management. Almost all medical professional said that they discouraged students from going beyond their professional role and attempts to engage into independent conversations with patients.

Generally doctors tend to be satisfied with their experience of working with interpreters. they indicated that interpreter assisted communication is much more effective due to interpreters' professional skills, on the one

hand, besides it tends to be less emotionally charged as in the case with patients' relatives or friends acting as an interpreter, who sometimes due to cultural background reasons try to filter some information.

4. CONCLUSION

The analysed data suggest that in the view of the increased language diversity which is becoming characteristic of contemporary societies, medical practitioner's expectations regarding effective interpreting go far beyond mere knowledge of medical terminology and decent interpreting skills. The modern migration crises has set the tasks of training specialist that are able to provide lingua cultural mediation, aware of administrative issues related to provision of medical services, competent of institutional values and roles assigned to communicants. Consideration of all these aspects in developing educational programs for healthcare interpreters would significantly enhance as well as diversify interpreters-to-be professional competences. It would contribute to bringing into the market specialists oriented to smoothing out possible cross-cultural as well as professional conflicts and misunderstandings.

Concerning more general recommendations related to public service interpreters' training, we would like to suggest the following

- The creation of interdisciplinary training programs that, in addition to courses in general linguistic disciplines involving the acquisition of language competencies and translation techniques, provide for the introduction of such disciplines as psychology, cultural studies, communicative techniques and techniques of intercultural mediation);
- Development of practical methodological tools that would allow to include intercultural and inter-language mediation as a specific types of interpreting services.

It should be pointed out that further research in this socially significant field should be continued and expanded through involvement of other stakeholders in healthcare communication as well as specialists from related fields.

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