

PUTTING PEOPLE FIRST

Interpreters, technology and intercultural communication with less well represented groups



Barbara Schouten, March 16th 2024, CIOL Interpreter's day

"Goat" scene



Informal/ad hoc interpreters: 'advantages'

- Cheap
- Often readily available
- Family interpreters know patient's lifeworld
- Trusted by clients¹⁻³



¹Robb, N., & Greenhalgh, T. (2006). "You have to cover up the words of the doctor": the mediation of trust in interpreted consultations in primary care. *Journal of health organization and management*.

. Edwards, R., Temple, B., & Alexander, C. (2005). Users' experiences of interpreters: The critical role of trust. *Interpreting*, 7(1), 77-95.

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"I would prefer my family members, because they know me and they know my illness and they would tell my problems like their own. He [the professional interpreter] doesn't know me, doesn't know my illness. How can I trust him?"
(Turkish female GP patient)



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Informal/ad hoc interpreters: disadvantages

- Insufficient language skills
- Difficult to discuss taboo topics
- Conflict of interest
- Less often patient advocate than perceived
- Less trusted by professionals¹⁻³



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“Like when there are relational problems in the family, how open can the patient be? I had that once with a family where the daughter was the initial interpreter, but when I called a professional interpreter a lot more misery came to the surface than via the daughter.” (General practitioner)



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²Zendedel, R., Schouten, B. C., van Weert, J. C., & van den Putte, B. (2016). Informal interpreting in general practice: Comparing the perspectives of general practitioners, migrant patients and family interpreters. *Patient education and counseling*, 99(6), 981-987.

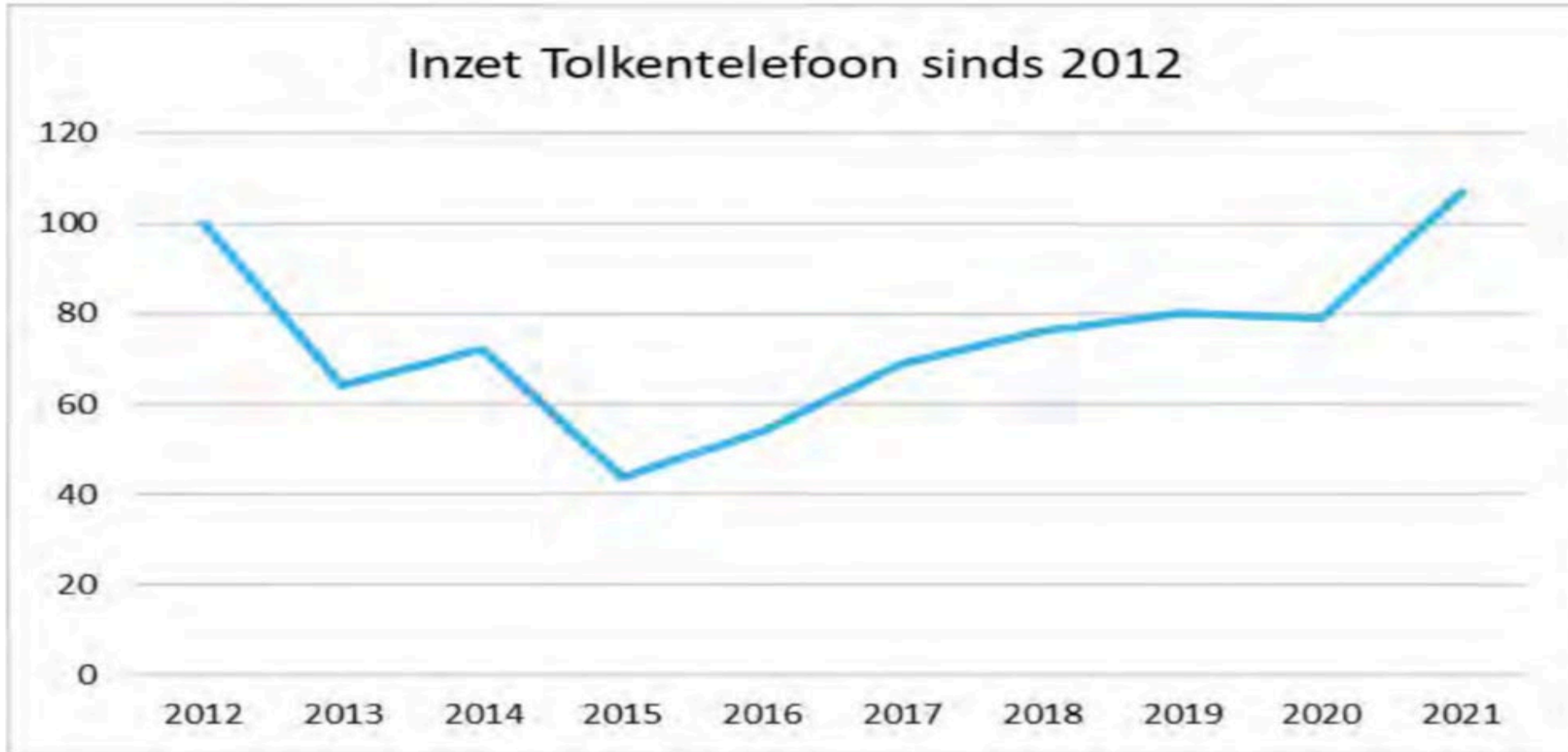
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Disadvantages informal interpreters: example

"A Serbo-Croatian speaking woman is referred to our mental health institution because of psychological problems after the loss of a child. Nowadays we ask all our insufficiently Dutch-speaking clients to bring along someone who can interpret. During the intake it turns out that the friend who has come along to interpret has lost a child herself. She gets so involved that she tells her own story instead of interpreting, and gets completely upset. Eventually a social worker who speaks the same language has to come along to calm the interpreter down. **Because our institution itself does not reimburse interpreter fees**, the client no longer wants to be treated with us. So we referred her to an institution further away where a social worker who spoke her own language worked. This means that we actually cannot treat people who do not speak enough Dutch and have to refer them to another institution where she can be treated in her own language." (Clinical psychologist)

Telephone interpreting in the Netherlands

Figuur 1: Aantal telefoongesprekken sinds 2012 (geïndiceerd, 2012 = 100 Bron: Global Talk)



I

(Legislative acts)

DIRECTIVES

**DIRECTIVE 2010/64/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 20 October 2010
on the right to interpretation and translation in criminal proceedings**

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

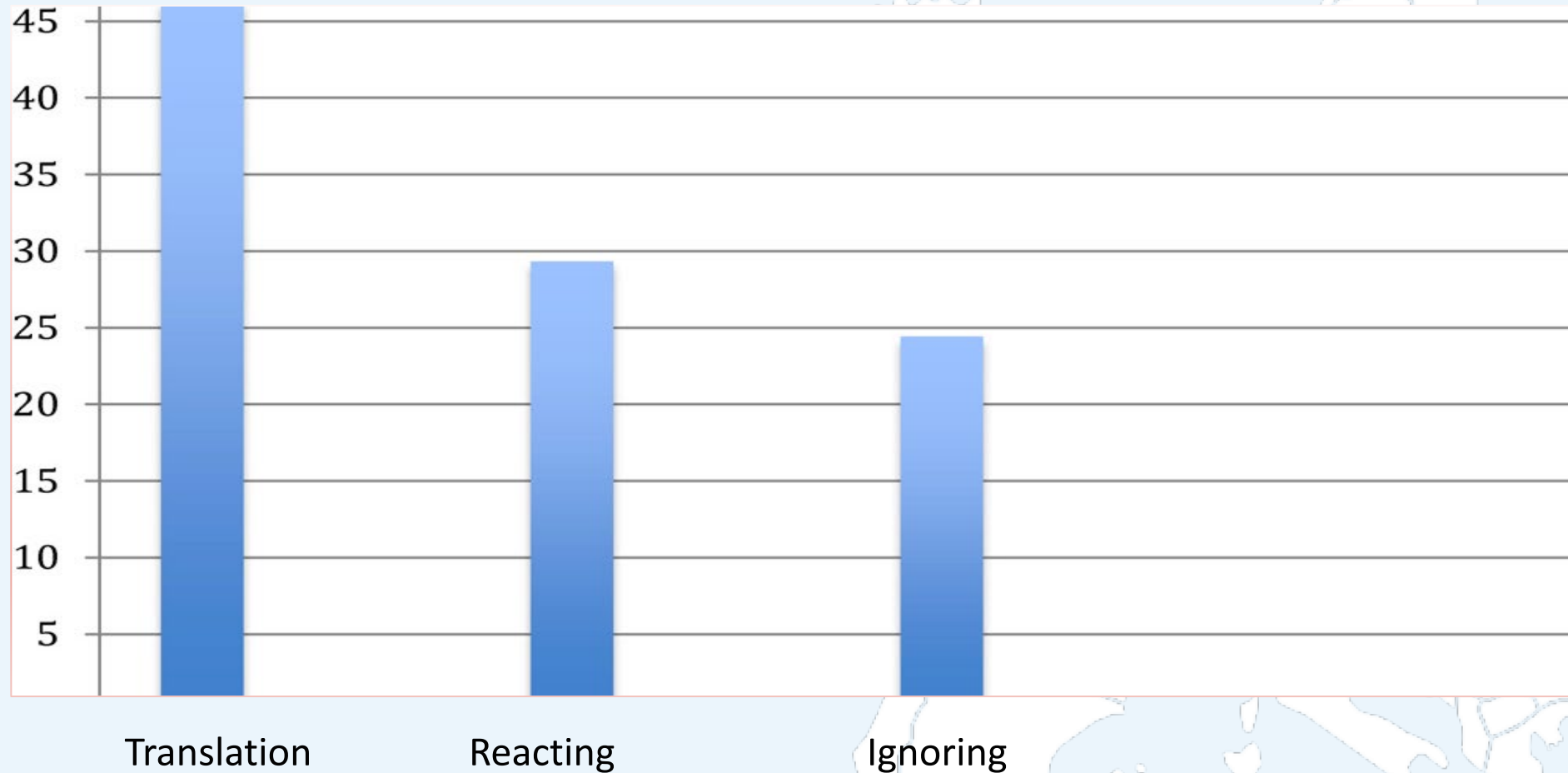
Having regard to the Treaty on the Functioning of the European Union, and in particular point (b) of the second subparagraph of Article 82(2) thereof,

Having regard to the initiative of the Kingdom of Belgium, the

- (2) On 29 November 2000, the Council, in accordance with the Tampere Conclusions, adopted a programme of measures to implement the principle of mutual recognition of decisions in criminal matters⁽³⁾. The introduction to the programme states that mutual recognition is 'designed to strengthen cooperation between Member States but also to enhance the protection of individual rights'.



Disadvantages informal interpreters: example



Schouten, B. C., & Schinkel, S. (2014). Turkish migrant GP patients' expression of emotional cues and concerns in encounters with and without informal interpreters. *Patient Education and Counseling*, 97(1), 23-29.



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Translations

15.8% correct

84.2% revision (most often downplaying emotional intensity)

Pt: *“Belim de agriyor her gun. Duramiyorum agridan.”* [Translation: “My back hurts every day. The pain is unbearable.”],

Int: *“Yes, her back troubles her too because of that.”*

Schouten, B. C., & Schinkel, S. (2014). Turkish migrant GP patients' expression of emotional cues and concerns in encounters with and without informal interpreters. *Patient Education and Counseling*, 97(1), 23-29.



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Reactions

66.7% non-explicit space-reducing response

Pt: *“Onu diyorum ya, kemik o zaman daha kotu olur ilerde.Turkiyeye gittigim doktor da oyle dedi daha kotu olur dikkat et dedi hani yuruyus yap iste boyle kendi kendine boyle sey.”*[Translation: “That’s what I mean, then the bone will get even worse in the future. The doctor in Turkey has said that as well, that it will become worse. You have to take care, he said, you have to walk and those kind of things.”]

Int: *“Simdi sey buldular ona ya sey buldular oraya sunni sey koyuyorlar.”* [Translation: They now have developed so and so for that, they put something artificial there.”]

Schouten, B. C., & Schinkel, S. (2014). Turkish migrant GP patients’ expression of emotional cues and concerns in encounters with and without informal interpreters. *Patient Education and Counseling*, 97(1), 23-29.



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Technology: 'advantages'

Van Lent, L., Yilmaz, N.G., Goosen, S., Burgers, J., Schouten, B. C., & Langendam, M.. (in progress). Comparing the effectiveness of strategies for mitigating language barriers on outcomes in health and social care: A systematic review.

For emergency medical services, 86-92% of LEP individuals reported that QuickSpeak (i.e., an EMS domain-specific fixed-sentence tool) compared to Google Translate more often helped them to understand questions (86-92% vs. 25-29%), to respond or speak to EMS personnel (75-79% vs. 25-43%), and to facilitate communication with EMS personnel (79-100% vs. 14-42%).

In the context of nursing and allied health for older people, patients rated the overall ease of use of CALD Assist, TalkToMe, and Google Translate as moderate, with TalkToMe and Google Translate receiving higher ratings. Satisfaction with these apps was high. However, satisfaction was highest for CALD Assist and TalkToMe, which both contained preset health phrases.

EMS personnel stated that QuickSpeak helped them to get the information needed more often than Google Translate (76% versus 59%), and that it helped them with communication more often (94% versus 59%). Besides, the usability of QuickSpeak ($M=65.3$, $SD=13.7$) was rated significantly higher ($p=.04$) than that of Google Translate ($M=48.4$, $SD=25.6$).

In the context of nursing and allied health for older people, healthcare staff perceived the overall ease of use of CALD Assist ($M=9.0$, 7-10), TalkToMe ($M=8.0$, 1-10) and Google Translate ($M=7.5$, 4-10) as high. Satisfaction with CALD Assist ($M=4.0$, 3-5), Google Translate ($M=3.5$, 2-5), and TalkToMe ($M=3.0$, 2-4) was also high. In both cases, CALD Assist (which contained preset health phrases) received the highest ratings.

In terms of translation quality, iTranslate [9] was generally similarly accurate (i.e. in terms of fluency, adequacy, meaning, and severity) to human translators on simple sentences. However, iTranslate made more errors when translating difficult sentences. Similarly, messages translated by Google Translate were generally understood equally well as those translated by a professional, with the exception of determining the status of symptoms, and clinicians were more confident in responding when a professional interpreter translated the messages.

In the evaluation of free iPad-compatible language translation apps, CALD Assist and TalkToMe (both containing preset phrases and related specifically to healthcare) were considered most suitable by clinical researchers. Google Translate, Microsoft Translator, MediBabble Translator, Universal Doctor Speaker, Canopy Speak, SayHi Translate, TriLingo, and Naver Papago Translate were considered to have low suitability.



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Audiovisual patient education

Patient rights & services



Emotional support



Clinical trials

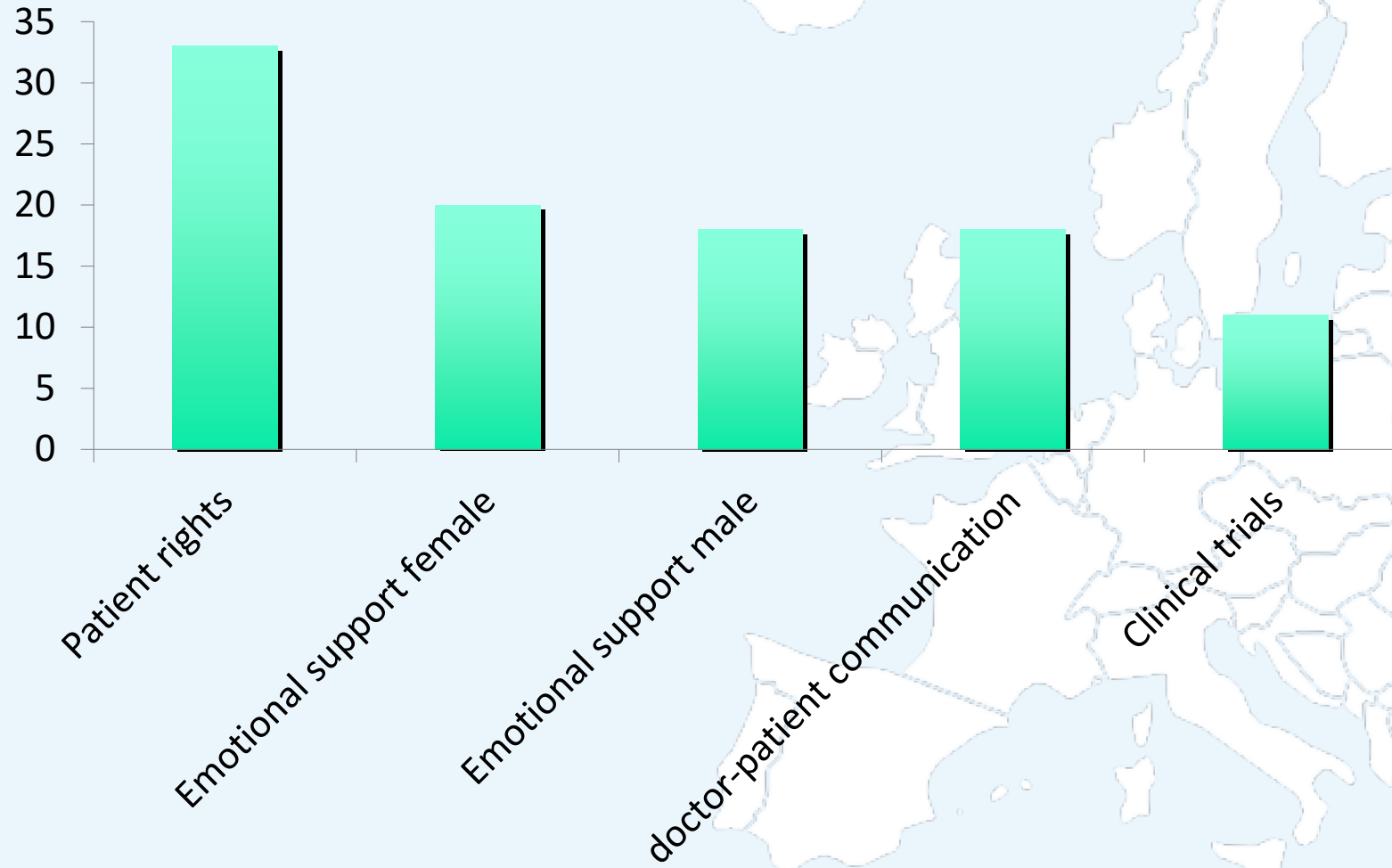


GP-patient communication



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Patients' choice of videos

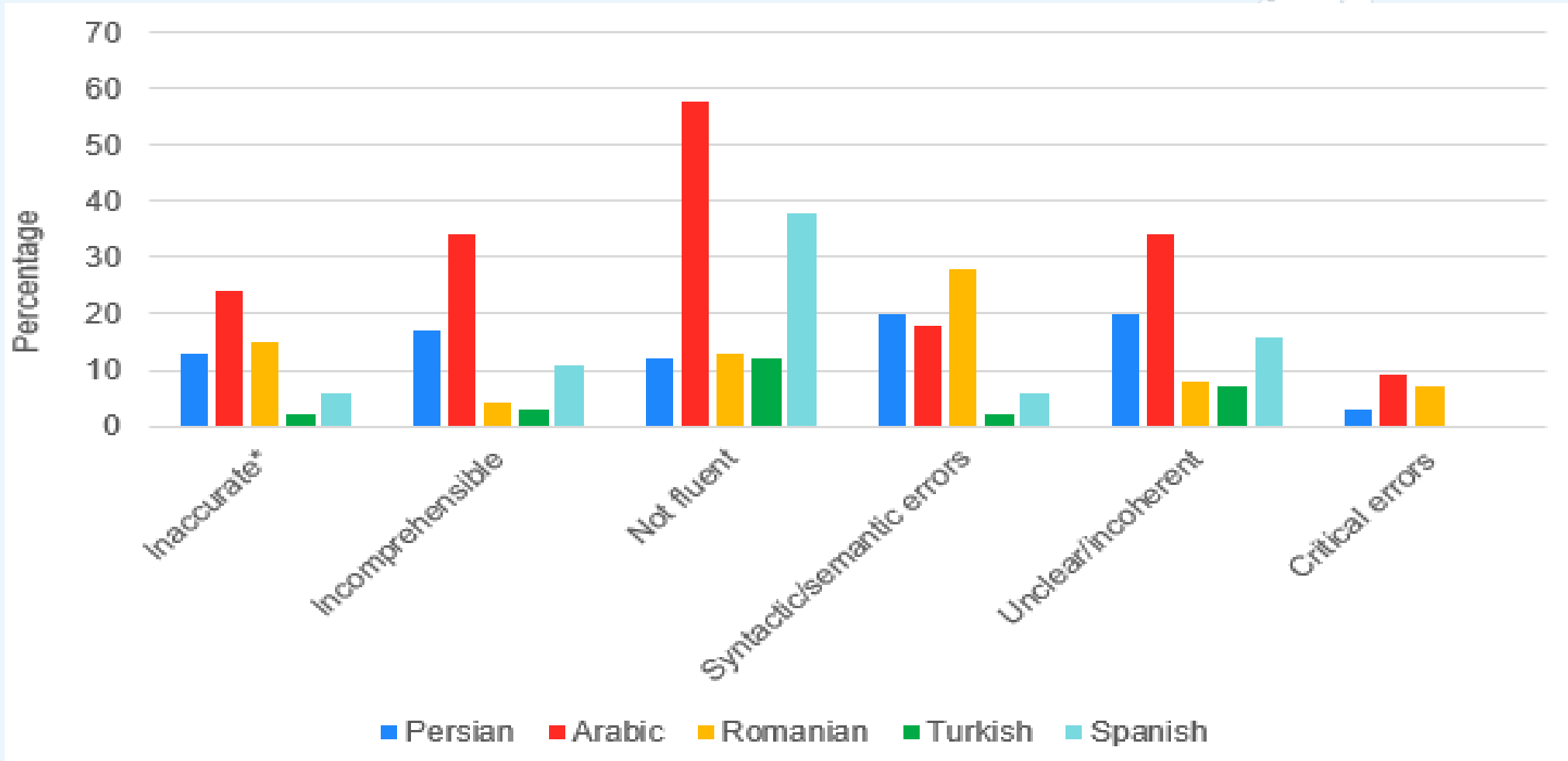


Sungur, H., Yilmaz, N. G., Chan, B. M. C., van den Muijsenbergh, M. E., van Weert, J. C., & Schouten, B. C. (2020). Development and evaluation of a digital intervention for fulfilling the needs of older migrant patients with cancer: user-centered design approach. *Journal Of Medical Internet Research*, 22(10), e21238.



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Technology: low translation quality



Delfani, J., Orasan, C., Saadany, H., Temizoz, O., Taylor-Stilgoe, E., Kanojia, D., ... & Schouten, B. (2024). Google Translate Error Analysis for Mental Healthcare Information: Evaluating Accuracy, Comprehensibility, and Implications for Multilingual Healthcare Communication. *arXiv preprint arXiv:2402.04023*.



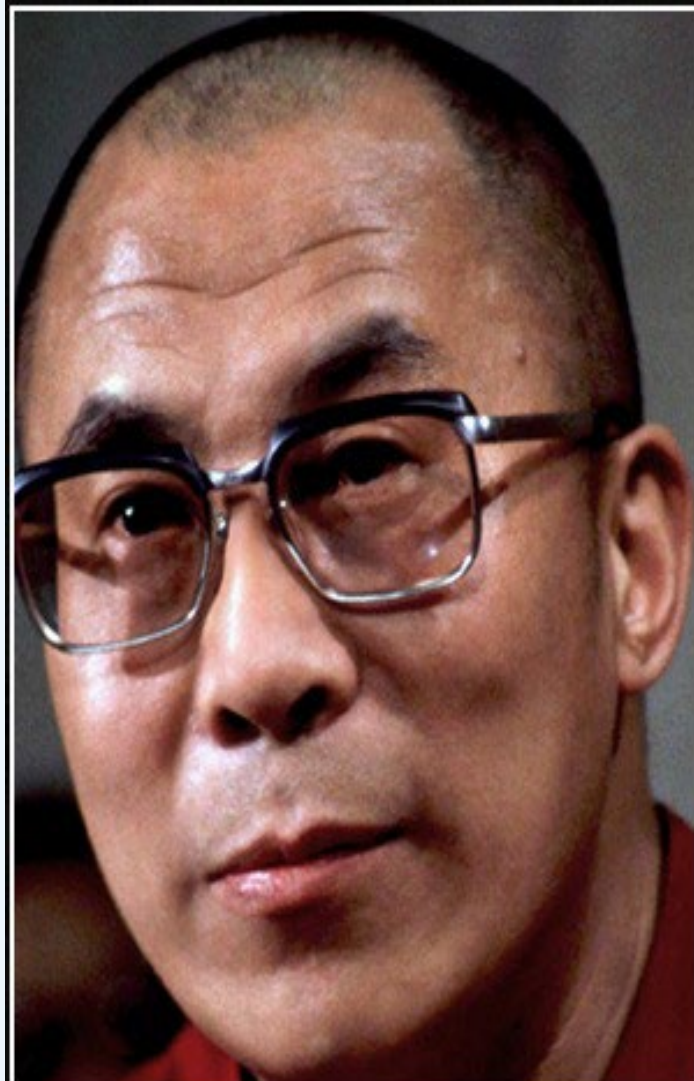
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Technology: low translation quality

Error type	Source text	GT output	Back translation
Critical	In your mind, you lose your self-confidence, start to feel hopeless, and perhaps even suicidal.	در ذهن شما، شما اعتماد به نفس خود را از دست بده شروع به احساس ناامیدی و شاید حتی خودکشی کن.	In your mind, lose your confidence, start to feel hopeless, and even kill yourself.

Error type	Source text	GT output	Back translation
Semantic	Focus your mind on mantras or breathe.	ركز عقلك على التغني أو التنفس.	Focus your mind on singing and breathing
Critical	Practice yoga or meditation to avoid stress in life.	تجنب ممارسة اليوجا أو التأمل ضغط في الحياة.	Avoid yoga or meditation on stresses of life.

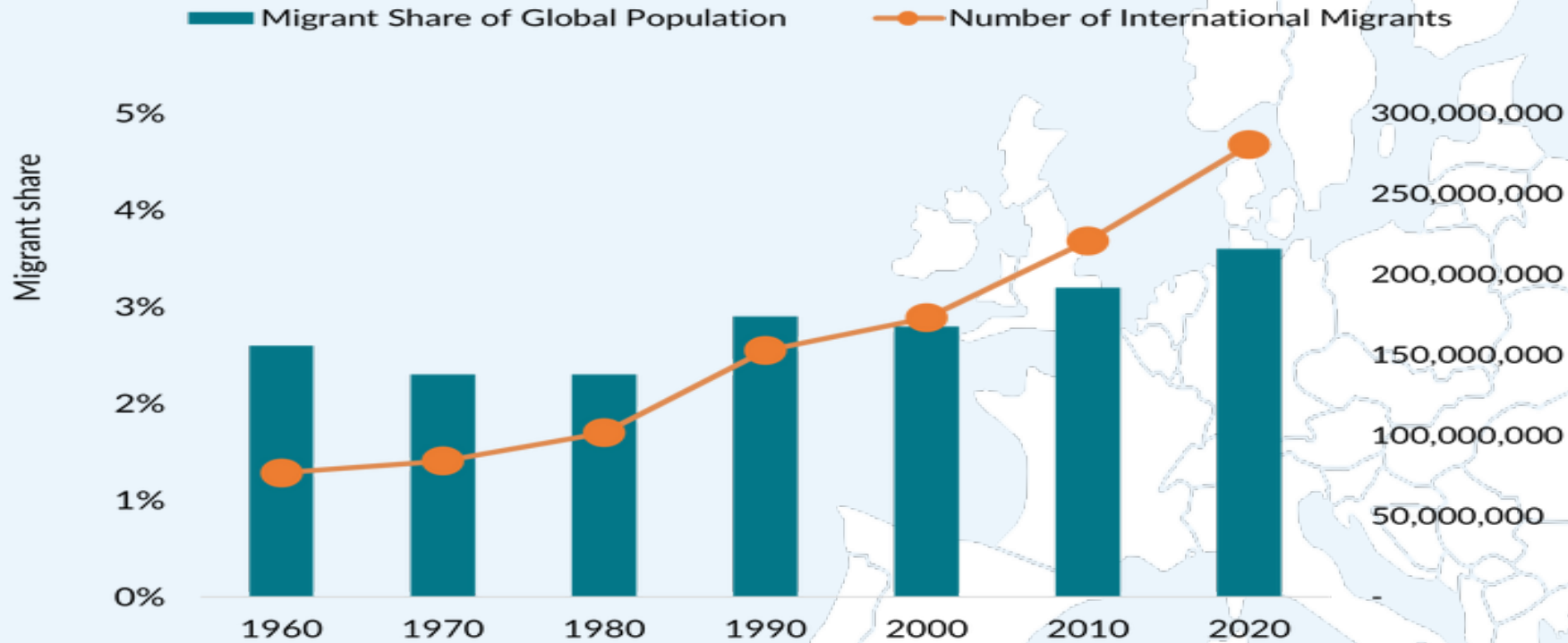
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I think technology really increased human ability, but technology cannot produce compassion.

— *Dalai Lama* —

Putting people first: 281 million international migrants worldwide



Source: Migration Policy Institute (MPI) tabulation of data from the United Nations Department of Economic and Social Affairs (UN DESA)



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Putting people first: superdiversity

“An increased number of new, small and scattered, multiple-origin, transnationally connected, socio-economically differentiated and legally stratified immigrants who have arrived over the last decade.”¹

“Newly emerged demographic and social patterns which surpass traditional categorizations of ethnicity, which are mostly based on country of birth, and take into account the dynamic interplay of a multitude of variables that exist on an individual, social and system level that affect how people function in a certain society at a specific time.”²

1. Vertovec S. Super-diversity and its implications. *Ethnic Racial Stud* 2007;30:1024-54.
2. Schouten B., Manthey L., Scarvaglieri C (2023). Training intercultural communication skills in healthcare to improve care for culturally and linguistically diverse patients.





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Putting people first: superdiversity and public service interpreting

1. Basic communication skills
2. Self-awareness
3. Situational awareness
4. Adaptability
5. Knowledge about culture

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Teaching intercultural communication skills in healthcare to improve care for culturally and linguistically diverse patients

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ARTICLE INFO

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Stereotyping
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Intercultural communication

ABSTRACT

Objective: To provide recommendations for adequately training healthcare providers in intercultural communication skills.

Discussion: We discuss three main recommendations concerning intercultural communication skills training. First, we give an overview of the fundamental skills in which healthcare providers should receive training, such as self-awareness and adaptability. Second, we briefly discuss how such training should be delivered, and focus on different language support methods, including those that work with different types of interpreters and digital tools. Third, we discuss how within-group differences can be taken into account to prevent stereotyping. To illustrate these recommendations, we provide certain examples of existing good practices and interventions.

Conclusion: In today's superdiverse societies, delivering culturally and linguistically sensitive healthcare tailored to the needs, values, and preferences of individual patients is a prerequisite for good quality healthcare communication. To achieve this goal, there is a need for clearer recommendations for affirmative action, guidelines, policy, and support for the topic of diversity sensitivity in healthcare, such as evidence-based interventions, than is currently the case. That is, structural changes on a system level are urgently needed to support healthcare providers to implement diversity sensitivity in their daily clinical work.

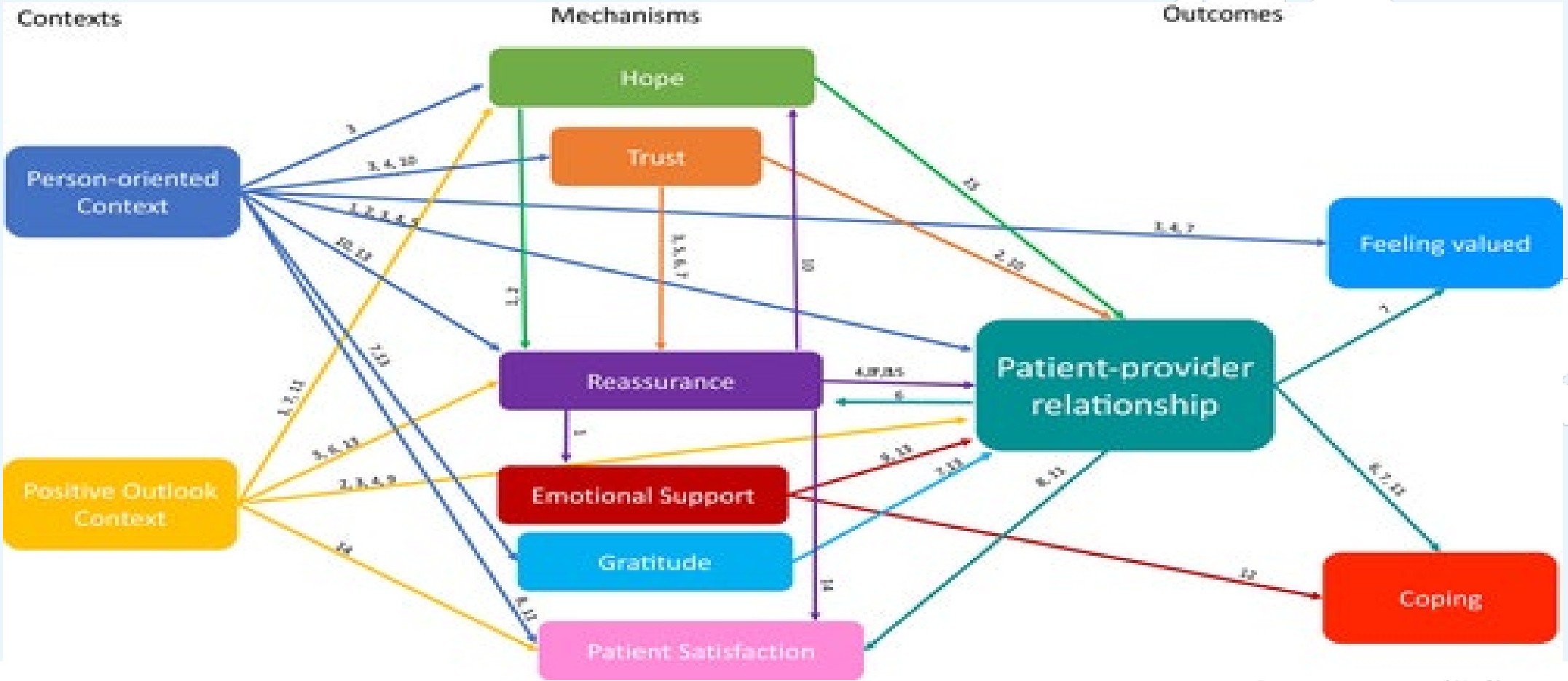


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Basic communication skills

Heyn, L. G., Løkkeberg, S. T., Ellington, L., Van Dulmen, S., & Eide, H. (2023). Understanding the role of positive emotions in healthcare communication—A realist review. *Nursing Open*, 10(6), 3447-3459.

Verbal and non-verbal skills (e.g. attentive listening)
Empathy and respect



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Self- and situational awareness & adaptability

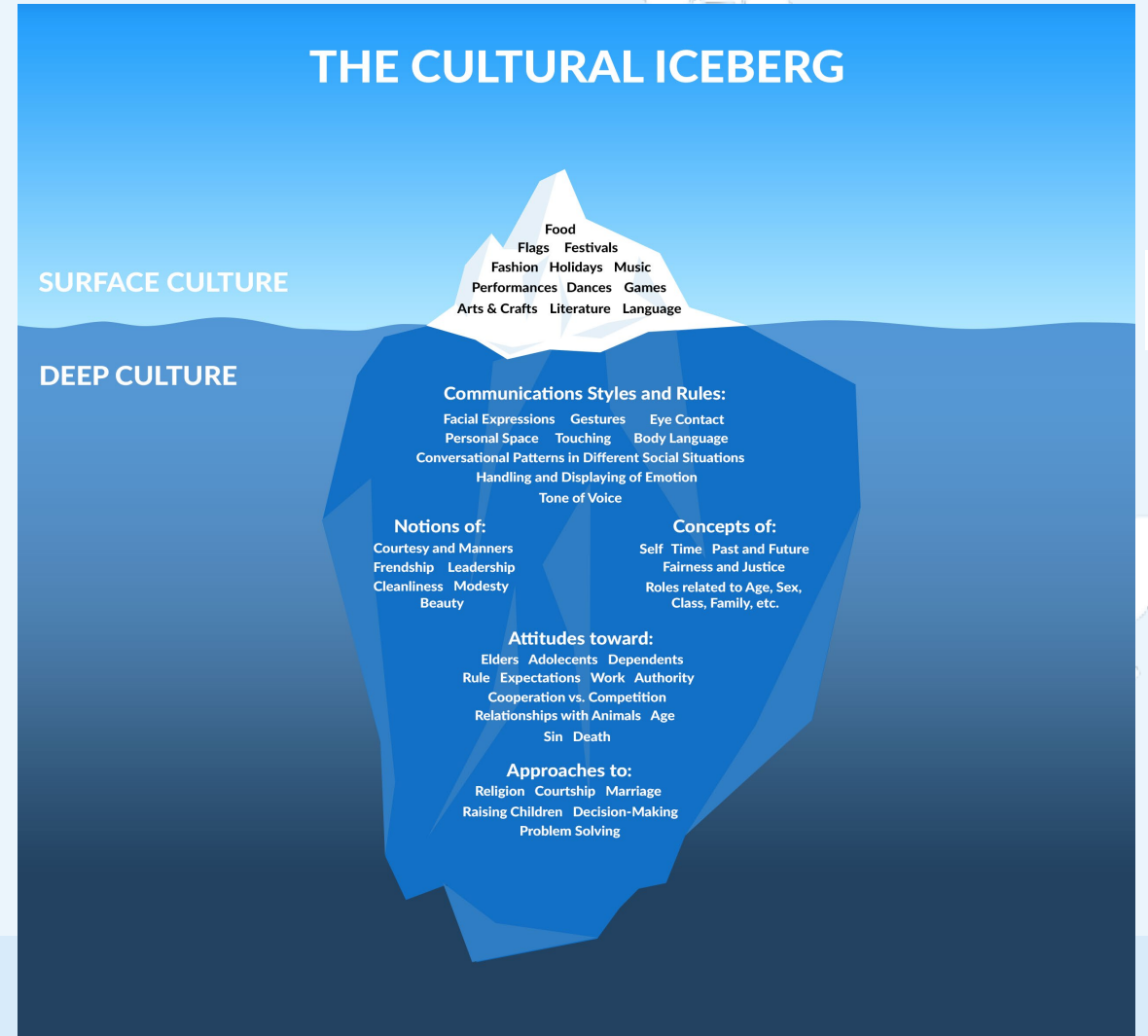
- Being aware of own cultural identity, beliefs and biases; having a sound understanding of your own values and behaviors.
- Mindfulness; being aware of all the nuances of the interaction, including paralingual cues.
- Ability to tailor communication to the beliefs and expectations of the individual.



Knowlegde about culture

Not about knowing all kinds of facts about a specific culture (stereotyping)

Knowledge about surface and deep culture



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In sum ...

Language barrier often 'solved' by non-professional interpreters and increasingly by technology

- Non-professional interpreters can be useful as they know the patient's lifeworld
 - Technology can provide new tools and resources for interpreters and healthcare providers to enhance their work
- ➔ Severe communication problems during interactions:
- less affect/empathy,
 - low quality of translations,
 - negative health-related outcomes.



Conclusion



“If I lion could speak, we would not understand him.” (Wittgenstein, 1953)

Focus on both the language barrier and the cultural barrier simultaneously

1. Ongoing need for high quality professional interpreters
2. Training in intercultural communication skills
3. Informal interpreters and technological solutions as add-on.
4. Better national and international policy needed to protect and advocate for PSI





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