The need for adequate community interpreting services in healthcare multilingual settings

A case study in Al-Ain, UAE*

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Language is often a barrier to high-quality healthcare. Providing culturally and linguistically appropriate services is part of eliminating health disparities, offering quality care, and minimizing risk exposure. In the city of Al-Ain in the United Arab Emirates, residents argue for appropriate interpreting services in order to have access to quality care and good health outcomes. The focus of this study was on the need for professional interpreting services to facilitate communication between patients with no functional English and English-speaking health professionals. A survey, structured in-person and telephone interviews, and patients’ comments in four hospitals in Al-Ain were conducted and participants were asked to answer twenty open-ended questions on the state of healthcare in their city. The rate of response was 51% (62 returned surveys). The analysis of the data indicates a need for effective language services in Al-Ain healthcare institutions, and perhaps across the country. It was also found that most of the interpreting services are provided by ad hoc interpreters. This serves as a challenge to educational and medical institutions to cooperate and design programs to prepare well-trained professional interpreters so as to ensure quality interpreting services and quality patient care.

Keywords: healthcare interpreting, language barriers, ad hoc interpreters, community interpreting, limited English proficiency (LEP)

1.0 Introduction

There is a growing need throughout the world for skilled interpreters who can provide services within the business, health, and human service sectors. According to Meyer et al. (2003: 78) and Hale (2007: 35), community interpreters work with
other professionals in the delivery of certain services. They not only interpret but also act as cultural brokers, mediators and advocates.

Overcoming language barriers to healthcare (HC) is a global challenge. Medical interpreting (also HC interpreting and dialogue interpreting) concerns itself with multilingual professionals who are able to speak, read, and write two or more languages fluently. This kind of interpreting takes place in HC settings of every kind, including doctor’s offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations.

Providing professional interpreters (i.e., persons with a formal background in translation as well as with relevant cultural and medical competences) reduces liability exposure by lessening the chance of error and miscommunication. The potential impact of ineffective communication is substantial: A single case in California resulted in a $71 million judgment (Kohn, Stubblefield-Tave and Seifert 2004: 5). A lack of HC professional interpreters often results in the use of unqualified “ad hoc” interpreters, including untrained bilingual staff, family members, friends and children. According to Kaiser Permanente (2011) without the ability to communicate with their providers, these health consumers are at risk for decreased access, delayed care, and poorer health outcomes. Studies have shown that inappropriate or improper use of interpreter services can increase patient confusion, inflict emotional distress, jeopardize safety, and prove costly to an organization. On the other hand, without the ability to communicate with their patients, providers are at risk for misdiagnosis, decreased satisfaction and increased medical errors among their patients with limited foreign language proficiency.

Expanding international ties have led to an increase in the number of foreign language speakers in the United Arab Emirates (UAE). Therefore, the need for qualified translators and interpreters is growing. The present study restricts itself to investigating English-Arabic HC interpreting issues in Al-Ain, one of the most important cities in the UAE with a large number of expatriates representing different nationalities. The research was conducted in four of Al-Ain’s largest hospitals: Tawam, Al-Jimi, Oasis, and Al-Noor. In addition, the author concentrates on the topic of HC communication between HC providers and their patient-clients. The paper highlights the importance of this communication and looks at the current movement in HC education in the UAE.

1.1 Overview of the current state of medical interpreting in Al-Ain hospitals

The future of any nation depends in large part on the health of its people. Medical interpreting is an integral part of providing quality HC to maintain and improve the health of Al-Ain residents who have limited English proficiency (LEP). These include many Emirates and expatriates who reside in the UAE, mostly in the
larger cities of Dubai, Abu Dhabi, and Al-Ain, especially old people, women and children. These are among the most vulnerable individuals who visit hospitals for various HC services.

In recent years, many nurses, doctors, and other HC staff have been employed in Al-Ain hospitals. Most of these HC providers speak primarily English, either as native speakers of English who lack any knowledge of Arabic or as non-native speakers of English, mostly Philippinos, Indians, and Romanians, who use English as a means of intercultural communication and who also lack any knowledge of Arabic.

At Tawam hospital, for instance, bilingual nurses (who speak English in addition to their Arabic native language) have been employed to facilitate communication between HC providers and their LEP patients, a service that is in addition to their other medical duties. However, these nurses often have very limited knowledge of medical terminology in their second language and have no skills and experiences in translation or interpreting. Two units in Tawam hospital are responsible for translating patients’ medical reports and other hospital documents between English and Arabic: the Educational Unit and the Continuing Education Center. No other translation and interpreting tasks take place in this hospital, although professional translators and interpreters are needed when small conferences, seminars, and workshops are held.

At Al-Noor hospital, most of the medical staff contributes to offering interpreting services as volunteers although this is not part of their official tasks. Therefore, anyone who speaks even a little English may help by interpreting between the LEP patient or his or her family members and the HC provider who speaks no Arabic. In general, nurses or specialized medical interpreters have not been employed to overcome language barriers in their hospital. They keep translators of English and of many other languages on a list to contact in case of emergency. On rare occasions, they contact embassies to provide an interpreter of a language they do not have on their list.

The situation is similar at Al-Jimi (or Al-Ain) hospital. They have a translation unit the head of which has no specialized assistants. The unit is only responsible for translating patients’ medical reports between English and Arabic; this hospital also contacts translators from their list in emergency situations.

As for the Oasis hospital, a large number of doctors and HC providers are native speakers of English who speak no Arabic. Interpreting services in the hospital are needed but there is a shortage of professional translators and interpreters between English and Arabic to provide the necessary language services to their LEP clients. This hospital is visited daily by a large number of Emirates for various medical services, especially in the women’s and children’s clinics, and in emergency units.
No additional background information can be provided in this review regarding the interpreting situation in Al-Ain and the other Emirates in the UAE as no previous studies have been carried out on this subject. The present study is the first in the country that focuses on the significant role of professional HC interpreters in providing equal access and high quality medical services to LEP patients in Al-Ain hospitals.

The investigation seeks to document how the use of professional interpreters increases patient trust as well as satisfaction while reducing the risk of health problems related to language barriers. It also aims at awakening public awareness as this issue is totally ignored and there are no authorized associations or organizations in the UAE that are responsible for testing, assessing, certifying and accrediting the performance of the HC interpreters in the country.

Therefore, HC organizations in Al-Ain must develop strategies for providing high quality linguistic access to their patients. Interpreters should gain prominence to enable effective communication between providers and their LEP patients. It is a substantial need to prevent adverse events such as medical errors due to unqualified interpreting. This will also ensure that LEP patients receive this critical health service.

1.2 Professional HC interpreting and the quality of medical services

Disparities in HC indicate that language barriers may affect the delivery of adequate care due to poor exchange of information, loss of important cultural information, misunderstanding of physician instructions, and poor shared decision making:

Where such assistance is not available to meet patient needs, lack of proficiency in English [or any target language] may have significant, if not life-threatening, consequences. Linguistic barriers can impede access to timely health care, as well as patients’ ability to communicate symptoms, follow medical advice and understand medication instructions. (Andrulis, Goodman and Pryor 2002: 3)

Language barriers can increase medical costs in two main ways: (1) they increase the risk of medical errors and complications of disease, and (2) they can produce unnecessary costs (Flores 2005: 255–99; Bernstein et al. 2002: 171–76).

This general review of the literature offers useful insights into the significance of professional interpreting services in various medical settings and their effect on the quality of HC services provided to patients with limited language proficiency. It is an attempt to provide a salient background for identifying apparent gaps and needs in the field.

A substantial number of studies have documented how language barriers can have a major adverse impact on health and HC. Bernstein et al. (2002) show that
patients without an interpreter received poorer quality HC services. They received less medication and had fewer tests done than did the patients who were assisted by an interpreter. Moreover, Lee et al. (2005: 161–65) indicate that other studies confirm a higher level of patient satisfaction when assisted by an interpreter during the medical encounter than those without access to interpreting services.

Green et al. (2005: 1050–56) emphasize that the use of professional interpreters allows for better communication of complicated symptoms, specifically in relation to psychosocial or psychological problems, and is generally well received by patients and health staff. According to the literature, a number of studies demonstrate that interpreters employed in medical settings tend to be ad hoc, and more than half of the patients with LEP “preferred” to use their relatives as their interpreters (Garrett 2009: 75). Moreover, errors in interpreting occur above all with ad hoc interpreters. Such errors (e.g., omissions, giving personal opinions, adding unnecessary sentences) can lead to increased costs for the patient and medical institution, not to mention compromising the health of the patient (Solomon 1997: 87; NCIHC Board 2004: 3–23; Cohen et al., 2005: 575–79; Pöchhacker and Shlesinger 2007: 12; and NV AHEC 2011).

Angelelli (2004: 2, 4 and 7) points out that standards of practice for interpreters often value accuracy over the goal, intent, and context of the communicative event, and see the interpreter as a conduit. Flores (2006: 229–231) indicates that inadequate communication can have tragic consequences. In one case, the misinterpretation of a single word led to a patient’s delayed care and preventable quadriplegia. A Spanish-speaking 18-year-old male stumbled into his girlfriend’s home. He told her he was *intoxicado*, and collapsed. When the girlfriend and her mother repeated the term, the non–Spanish-speaking paramedics thought it to mean ‘intoxicated,’ while the intended meaning was ‘nauseated.’ After more than 36 hours in the hospital being treated for a drug overdose, the comatose patient was revaluated and given a diagnosis of ‘intracerebellar’ hematoma with brainstem compression and a subdural hematoma secondary to a ruptured artery. In the end, the hospital paid a $71 million malpractice settlement. In addition, Juckett (2005: 2267–74) states that professional interpreters protect the patient’s right to intimacy and confidentiality more than ad hoc interpreters do.

The HC interpreter’s cultural competency is a crucial part of communication. More than just knowing the correct words to use, interpreters must have a firm grasp of the cultures involved. Studies point out that the differences between patients’ and doctors’ cultural beliefs and values hinder the establishment of a cooperative partnership, which is important in a doctor–patient relationship. Therefore, interpreters must have a level of fluency in the cultures of the languages involved (NV AHEC 2011). Moreover, Angelelli (2008: 150) emphasizes that, as members of society, interpreters in fact co-construct and interact in the
communicative event. They are powerful parties who can alter the outcome of the interaction.

Studies also indicate that it is important for a professional HCI to have a certificate of successful completion from a recognized educational institution or training program, whether through a private institution, a two-year college, or a four-year college (Avery 2001: 2–15; Explore Health careers 2011; and Moore and Swabey 2007). Overall, this review of the literature confirms that interpreting in the medical setting is a challenging task and that a great deal of research, curriculum development, and learning is still to be done.

2.1 Methodology and data

The value of providing linguistically appropriate care for the patients in Al-Ain hospitals has been recognized, and the needs of LEP patients are being addressed. A small-scale survey and in-person and telephone interviews were conducted to provide data for an overview of the complex tapestry of the health care interpreting in UAE. The survey was intended to include a larger group of informants and other hospitals in Al-Ain (e.g., NMC Specialty Hospital), but the researcher did not receive the permission necessary to conduct her survey in those institutions. Incidentally, the survey, the interviews, and the responses were in English only.

2.1.1 Survey

To get a well-rounded perspective on the current state of interpreting services in Al-Ain, I sought to incorporate the experiences of the people who actually do the interpreting for patients, as well as the organizations and institutions that provide the services. To that end, I conducted a small-scale survey (as I could not obtain more data) of the people involved in medical interpreting to understand their views on how language services are provided in HC settings in this city, and some of the challenges they face in the existing system.

At first, I intended to conduct a survey based on twenty open-ended questions with a cover letter explaining the purpose of the study (see Appendix A) to be distributed among the staff of HC providers, translators and interpreters, and doctors and nurses working in the largest and most important hospitals in Al-Ain (Tawam, Al-Noor, Oasis and Al-Jimi or Al-Ain hospital). Unexpectedly, few of the working groups in these hospitals cooperated with me and agreed to fill out the forms as the majority of them are non-specialists in interpreting and confirmed they were very busy and were more committed to serving patients than completing forms or being interviewed. In addition, very few or no specialized interpreters are working in these hospitals. Most of the nurses who do interpreting claimed that the questions of the survey were not applicable to their academic and work
experiences as they target mainly people who obtained a degree in translation or interpreting or who do interpreting as a profession. As a result, data collection methods were confined to in-person and phone interviews and forms filled out by some of the medical staff and translators working in each of the four hospitals. However, I considered the data reliable and representative of the state of HC interpreting in Al-Ain as most of the participants gave almost the same responses, leading me to believe that if there had been a larger sample, the responses would have been approximately the same. Data collection took three months, from September to December 2010.

The aim of the survey was to obtain detailed information about interpreting services in Al-Ain hospitals. The questions of the survey investigated the need for well-trained professional HC interpreters, the adequacy of interpreting, and the general level of satisfaction with the current state of the profession. They present the results of the survey in only one community, Al-Ain, although it can be safely assumed that the situation in other Emirates, such as Abu Dhabi and Dubai, would be for the most part similar.

The content of the survey was first shown to my colleagues, faculty members in the Department of Translation Studies at UAE University, for feedback. After incorporating that feedback, I received their approval. The survey was conducted in the summer of 2010 and was intended to gather information from 30 participants in each of the four hospitals, i.e., 120 questionnaire forms were distributed among the staff of the four hospitals. The survey was administered by some cooperative staff members in each of these hospitals who later collected the forms for me. Electronic copies of the questionnaire were also sent to the respondents via e-mail. The respondents consisted of translators (also acting as HC ad hoc interpreters as part of their daily tasks), medical consultants, consulting pediatricians, clerks, patient care assistants, quality assistants, administrative officers, head nurses, service and customer relation managers. They represented different language combinations (mostly English and Arabic in addition to Swahili, Romanian, French, Spanish, Italian, Nepali, Urdu, Hindi and Russian) and years of experience (ranging between 2–30 years).

Most of the forms were filled out by the people whose daily work involves translation or interpreting. A period of three weeks was provided for them to complete the questionnaire. A total of 62 completed questionnaires were returned, accounting for a 51% response rate. Some respondents sent me the completed form a month later by e-mail, which was attributed to a lack of or very limited free time. The researcher complemented data collection with structured in-person and telephone interviews of some staff members in the above-mentioned hospitals.
2.1.2 Interviews

Structured interviews were conducted at Tawam and Al-Noor hospitals to investigate the need for well-trained professional interpreters in Al-Ain. The only person responsible for the Translation Unit in Al-Jimi hospital was interviewed on the telephone. No interviews were carried out at Oasis Hospital.

Finding a time for an interview was a problem. I was able to collect the information when the informants called me after working hours. Each telephone call lasted approximately 30 minutes to one hour. Two or three telephone calls were enough to obtain all the information I needed. Other respondents were interviewed on the telephone, too. During the call, I took notes. I also recalled some other information, as the entire telephone conversations were recorded on my cell phone. Some of the staff at Al-Noor and Tawam hospitals, who had already taken part in the in-person interviews, provided me with more information on the telephone as they could not find time to answer all my questions in the face-to-face interview. All the informants insisted that I not reveal their identities in my study, and they agreed to give me the information needed only after I promised them to do so.

I interviewed translators who do interpreting occasionally in specific settings (e.g., small conferences and workshops at their workplace or conversations between patients or customers and HC providers), translators who do not do interpreting, and HC providers occupying various positions. Five translators, one translator/interpreter, and eight HC providers of the same language combination (i.e., English and Arabic) and representing different backgrounds (i.e., different countries and different levels of education) represent the samples I interviewed in this study.

During my stay at Al-Noor hospital, I spent a lot of time with the informants, that is, HC providers acting as ad hoc interpreters for the patients when needed, asking questions and taking notes during their breaks. I could not observe them while they were on duty to see what they did or said. The time of the interview varied according to the number of interruptions, the speed of communication, the number and length of pauses, the clarity of speech and pronunciation, the length of the answer given, the amount of experience and background information, the interest in solving the problem, and the cooperative spirit of the respondent. Each informant was given enough time to answer the questions. For many reasons, some needed three to four interviews to accomplish the task. I tried not to overload the informants with heavy questions and tried to make the interview as friendly and natural as possible, initiating them only when the informant felt ready and relaxed.

I was not permitted to speak to the patients as this is part of the hospitals' policy of confidentiality of information and protection of patients' rights. However,
I did manage to conduct some very short interviews with some local, Arab and non-Arab patients in the waiting rooms or outside the hospitals. These interviews focused on only three questions: (1) the need for well-trained professional interpreters at Al-Ain hospitals; (2) their satisfaction with the current state of interpreting in hospitals; and (3) any problem they might have faced which they would attribute to a lack of adequate interpreting. I also asked them about their suggestions, if any, to solve the problems mentioned.

Most of the information was obtained from the participants at Al-Noor and Tawam hospitals. Some are acquaintances from my previous visits to their workplace as an academic supervisor during the internship programs of my students and from my regular visits and contacts with them during the period of data collection in the present study. I briefly explained the purpose of my study, about which they had already been informed by their managers and had consented to be interviewed. All the participants showed great interest in the study and were highly motivated to help in solving interpreting problems in their hospitals. Asking short questions, obtaining answers, refining questions and getting more detailed answers allowed me to refine my sense of what was happening at Al-Noor hospital in this respect. The same thing occurred at Tawam hospital. In friendly, open discussions and in-person interviews with the five translators in the Education, Training and Development Unit, I obtained all the necessary answers to the questions raised. At Al-Noor and Al-Jimi hospitals, I could not have access to any translator on the list as they are mostly unavailable at the hospital and only come when there is an emergency. I was told that none of them is specialized in translation or interpreting. They are bilinguals acting as ad hoc interpreters when needed.

3.1 Findings and discussion of results

The data collected from the electronic and hard copies of the questionnaire, the notes and records of the in-person and telephone interviews and patients’ opinions and suggestions in short informal interviews were analyzed and classified in terms of the theme of the question and the similarities and differences among the answers, thereby giving an overall picture of the HC interpreting services offered at Al-Ain’s largest hospitals.

This study has one limitation. I had a 49% non-response rate, with no data on non-responders, and therefore cannot say to what degree the results obtained are representative of the general situation. Nevertheless, the study provides us with a look at attitudes and practices regarding interpreter use at Al-Ain hospitals and suggests areas for improvement.

In the following section, the researcher will address a diverse range of factors that affect the interpreting services provided to LEP patients at Al-Ain hospitals.
The need for adequate community interpreting services in healthcare multilingual settings

3.1.1 Analysis of data and discussion
The first question concerned the extent to which there is an urgent need for HC interpreting services in Al-Ain hospitals. All the data collected — the responses to the survey (100%) and responses elicited in the interviews and patient conversations — confirmed there is a very urgent need for adequate interpreting services to be performed by well-trained professional interpreters. A Project Manager at Al-Jimi hospital who has 30 years of experience in HC sectors maintained that, “the need for well-trained interpreters is critical,” while a Staff Nurse and a Registered Nurse in the same hospital stated that, “there is very great need to enhance high level of effective communication.” At Tawam hospital, the translators I interviewed whose work experience ranged from 3–20 years included: one who holds an MA in Translation and Interpreting from the American University in Sharjah, two who hold a BA degree in English literature, a Nurse who holds a BA degree in Biochemistry. The nurse reported that, “interpreters are not welcomed to work with doctors and the currently appointed nurses as interpreters are not qualified and they lack the professional ethics and the interpreting techniques.” However, all of them as well as the other respondents in the hospital believed that adequate interpreting services performed by well-trained professional interpreters are “very important” and “highly needed especially for emergency cases because of the foreign staff working in the hospital.” At Al-Noor hospital, a Medical Services Manager with 20 years of work experience maintained that “this urgent need varies in selected areas.” A Customer Relations Manager with nine years of work experience stated that, “this is an everyday need… everyday customers and patients who speak different languages visit the hospital.” At Oasis hospital, a Professor indicated that this is “a very important issue not only in Al-Ain but throughout UAE for the expatriates constitute most of the population.”

Regarding the second, third and fourth questions, which deal with the purposes of interpreting services, by whom interpreting is done and if any bilingual person can do the interpreting, almost all the respondents in this study gave similar answers. They all agreed that adequate language services in hospitals are essential to maintain and facilitate effective communication between the HC providers (who only speak English) and the Emirate and expatriate patients and family members or customers (who do not speak English), stressing the importance of giving clear instructions, information and diagnoses to patients and their families. A Nurse at the Oasis hospital reported that, “our doctors are bilingual speaking English and their mother-tongue, so interpreting services are needed to make communication possible with the LEP patients.” Her colleague stated that, “bilinguals who are hired for this purpose, when they have good linguistic and cultural competence,
can do well, but still they lack awareness of the medical terminology, techniques and ethics of the profession.” A translator at Tawam hospital confirmed that, “lack of accurate, complete, and timely information can result in critical impediments to care, so interpreters are needed.” At Al-Noor hospital a Quality Assistant pointed out that, “this service is important to ensure that the patient’s rights are maintained.” In all four hospitals, most of the informants indicated that interpreting services are performed by “the bilingual HC providers, doctors, nurses, and ad hoc translators who are only on the list and are in most cases not available at the hospital in time of emergency or urgent needs.” They indicated that the ones doing interpreting are non-specialized bilingual staff members working in dual roles (interpreting and providing HC services). At Al-Jimi hospital, they have a directory of staff members who speak different languages and sometimes they contact the embassy of a certain country when they cannot find anyone who speaks a particular language. At Tawam hospital, interpreting is usually done by Assistant Nurses and Patient Care Assistants (PCA), who are nurses that have mainly been appointed to do interpreting between doctors or HC providers and patients; they are not specialists in translation or interpreting. Some of the respondents emphasized that, although PCAs have good medical backgrounds, they lack knowledge of the necessary medical terminology and the ethics and techniques of interpreting. However, they think the PCA staff members are better at interpreting than the bilingual ad hoc interpreters who have no medical background. A PCA at Tawam hospital did not believe that any bilingual person could do the interpreting, indicating that, “the interpreters have special communication and interpersonal skills, time management skills that differentiate them from any bilingual person.”

In these hospitals, almost all the respondents confirmed that “not any bilingual person can do HC interpreting.” Further, the translators at Tawam and Al-Noor hospital and all the informants indicated that interpreters “who have a good medical background and TL cultural knowledge in addition to skills and techniques in their field are the best individuals who can do adequate HC interpreting.”

I asked the informants a fifth question about the requirements of adequate interpreting services in their hospitals. At Al-Jimi hospital, a Clinical Resource Nurse maintained that interpreters are needed 24 hours a day, seven days a week. She added “as HC providers, we provide a 24 hour service and, therefore, should ensure people understand what we are doing.” Other respondents in the hospital indicated that effective HC interpreting requires medical qualifications, experience with medical and hospital teams, and effective communication skills. A Translator at Oasis emphasized the importance of training courses and workshops to improve the quality of the language services they offer to their patients. At Tawam hospital, a Translator interviewed believed that, “a HC interpreter needs familiarity with the hospital environment, high linguistic and cultural competences in
both languages, knowledge of the field, good comprehension and fluency.” A Clerk at the same hospital confirmed that a HC interpreter should have at least “a Bachelor’s in Translation / Interpreting, and he should have taken courses and training in a medical institution (e.g., on medical terminology, anatomy, diseases, etc).” A PCA at Tawam indicated that, “medical interpreters should have utmost respect to [sic] the privacy of the patient. They should know how to deal with emergency situations and should show courtesy and respect towards the patients and all the medical staff.” A Head Nurse at Al Noor Hospital emphasized the importance of a university degree and training for an HC interpreter.

Regarding the sixth question in the survey, which deals with the problems that may emerge for lack of interpreting services in hospitals, a Translator interviewed at Al-Jimi hospital reported that:

such a problem causes impediment in the HC services that are supposed to be provided to patients, inability to give clear explanation to patients from the legal side, patients' dissatisfaction due to language barriers, much delay that may result in misunderstanding, misdiagnoses, mistreatment or unexpected consequences in the patients’ cases and much waste of time when trying to find a suitable interpreter.

A Consultant Professor with 18 years of experience at Tawam hospital stated that, “lack of adequate interpreting services leads to the risk of poor quality of treatment.” A Translator and a PCA maintained that:

poor HC interpreting services may damage the hospital’s reputation and therefore reduces the profits. In addition, this may lead to legal suits against the hospital for providing wrong and inaccurate information to patients that might cause death or any risky consequence.

At Al-Noor hospital, a Head Nurse indicated that:

untrained and inexperienced interpreters affect negatively the patient’s health, and lack of interpreting services may lead to medical errors, miscommunication, delay in the delivery of HC services, sending patients to the wrong clinic and patient’s complaints.

An HC Manager at Oasis confirmed that, “all kinds of problems are possible because most of the staff are English speakers.” In the four hospitals, the informants indicated that the languages mostly involved in the interpreting activities are English and Arabic as they are spoken by the expatriates and local citizens. The third language widely needed in interpreting is Urdu. This is attributed to the large community of Pakistanis and Bengalis residing in Al-Ain. Other languages include Bengali, Malawi, Pashtu, Hindi, and Nepali, representing much smaller communities in the city.
In the four hospitals, informants indicated that the individuals who need interpreting services are the non-Arab doctors, HC providers, and patients, or the Arab patients if the doctors are non-Arabs and speak only English or other languages. The other informants gave the same answers to this question. Translators I interviewed at Tawam hospital confirmed that elderly Emirate men and women who lack knowledge of English and come to the hospital without a family member or a friend to do the interpreting for them are the ones who most desperately need interpreting services. A Consultant Pediatrician at Tawam indicated that, “interpreting is sometimes performed even by the people in the kitchen, receptionists, clerks, or any medical or non-medical staff available.”

The linguistic and other problems the interpreters at the four hospitals in the current study have encountered include: limited knowledge and experience of the languages involved and of the medical genre and terminology, lack of the necessary medical background, lack of sufficient training and skills, problems of comprehension of the ST and linguistic reformulation in the TL, and other technical, ethical, and psychological problems. A Project Manager at Al-Jimi hospital believed that the main problem lies in “how to understand a text and how to make others (e.g., the patients, their families, or the HC providers) understand it.” Most of the respondents in this hospital maintained the lack of available interpreters when needed and that not all the language services needed are covered. At Tawam hospital, A Clerk and a Quality Assistant confirmed that the main problem in interpreting is “misunderstanding that leads to misinterpreting that results in misdiagnosis or other risky consequences sometimes.” They attributed this problem to the lack of professional interpreters in the hospital and poor performance of the ad hoc interpreters currently available. The informants interviewed and the survey respondents at Al-Noor hospital emphasized that, “they have written translation in the hospital which they described as a challenging task.” In addition, they complained of the problem of not finding interpreters in time of need as it takes time to contact the ones on the list and for all languages. Such a delay may lead to serious risky results especially in times of emergency when the patient’s case develops fast.

The eleventh question in the survey is very important as it deals with the sources of the problems and the responsible parties for these problems. The majority of the respondents agreed that lack of qualified interpreters with no sufficient knowledge, training and education is the main source of the problem. A PCA and two Translators interviewed at Tawam hospital emphasized that, “the hospital has applied a cost reduction strategy when selecting the candidates to fill interpreting positions.” This has obviously been at the expense of the quality of interpreting performed by these individuals. In addition, “intensive orientation programs and training courses have become essential requirements to reduce the skill gap and to correct the deficiency.” Another Translator maintained that, “taking courses in
medical terminology as well as interpreting courses and much practice is so essential before and after graduation.” She confirmed that, “very little or no training opportunities for staff development exist and this is the responsibility of both the university and the hospital.” An HC provider at Tawam said that, “the UAE University does not graduate qualified students who are specialized in interpreting to fill the vacant positions in the labor market.” Her colleagues supported her view and added that, “the hospital is now under budget and has followed a reduction of expenditure policy.” So very few apply for the job for the limitations in payment and working conditions (as there is lack of understanding of the interpreter’s role and lack of appreciation of the task place pressures on interpreters to enable them to perform at a professional level). The same comments were given by the respondents at Al-Jimi, Oasis, and Al-Noor hospitals in this respect.

Most of the informants considered the university the main responsible party for the interpreting problems at Al-Ain hospitals. A PCA doing interpreting and translators interviewed at Tawam pointed out that:

universities should prepare their students with the knowledge and skills needed in the job market. There should be a kind of collaboration between the two parties in this respect. In addition, universities should give more importance to the training courses in its study programs and the training period of the students should be expanded to six or twelve months instead of three only to improve the skills of the trainees and prepare them to real work situations. The cooperation between the field and the academic supervisors will also help in identifying the students’ problems and find solutions to overcome these problems.

Respondents at Al-Jimi and Oasis indicated that the majority of staff hospital interpreters at Al-Ain have little or no training at all. At Tawam hospital, the translators interviewed confirmed that the hospital staff interpreters should attend workshops and constantly take practical courses and training in the field. A Head Nurse at Al-Noor hospital pointed out that, “universities should train interpreters to acquire medical terminology and give them intensive courses in the field to develop a good medical background.” A Customer Relation Manager at Al-Noor stated that, “universities should conduct actual and hands-on training for their students in organizations involved in direct contact with the community.”

The thirteenth question in the survey pertaining to whether the university program was adequate and sufficient to graduate qualified interpreters to the labor marker, was not answered by most of the informants interviewed and surveyed at Al-Jimi, Al-Noor, and Oasis as most of them were not specialized in translation and interpreting. They are simply ad hoc bilinguals who do translation and interpreting as an extra duty only in time of need. This is also the reason behind limited participation in the survey as most of the individuals interviewed and
responded to the survey were non-specialists in translation and interpreting—a proof of a lack of professional interpreters among the staff of Al-Ain hospitals. Yet, a Translator at Tawam who holds a BA in language and translation emphasized that, “if the university program is well-planned and complete with respect to the type of courses and time devoted for training, four years are enough for a student to acquire good skills and knowledge in the field.” She also maintained that the university should give more attention to interpreting courses in its plan and “open new MA and PhD programs in community interpreting to graduate well-trained qualified interpreters that can fill the empty positions and satisfy the needs of the medical institutions.” Two other Translators at Tawam graduated from the UAEU in Al-Ain indicated that the university did not give them any courses and training in interpreting. They confirmed the lack of interpreting courses and the necessary interpreting tools and labs at the university, as well as the lack of effective language skill courses and of courses offering a good background in the culture of the foreign language. On the other hand, they maintained the lack of interest among students in medical interpreting due to the complexity of the profession in comparison with their poor language skills.

This same situation applies to the fourteenth question in this survey which was also not answered by most of the respondents in the four hospitals as the majority of them have degrees in other fields of knowledge, mostly scientific. However, they are involved in this process in one way or another as part of their daily work duties. I interviewed a translator who graduated from the University of Ajman (UAE) and is now working at Tawam hospital. She maintained that she took only two consecutive interpreting courses, i.e., Interpreting I and Interpreting II, and one course on simultaneous interpreting in the university. All the other courses dealt with written translation. The ones who graduated from the UAE University in Al-Ain are specialized in English Literature and did not study anything relevant to translation and interpreting theory and practice.

Question fifteen deals with the supplementary courses to adequate interpreting that any of the specialized respondents might have taken in university. A telephone interview with a Translator at Al-Jimi hospital who graduated from the UAEU three years ago reported that the linguistic courses she took at the university were only at an intermediate level, i.e., they provide basic but not advanced knowledge that helps in preparing adequate interpreters and translators. These courses include: grammar, writing and speaking courses. As for the translation courses, they include basic issues in translation and translation of various text types. She maintained that she did not take any interpreting courses during her study at the university. She has not yet taken any courses or training after her graduation in this field although she has been asked to do interpreting as part of her daily work duties or in the conferences held in the hospital sometimes. At Tawam, Oasis and
Al-Noor hospitals, most of the informants were non-specialists in translation so they did not answer this question.

I asked the informants in the sixteenth question in this survey about the most common difficulties and obstacles they face in doing interpreting and the possible sources of these problems. Two Translators at Oasis indicated that medical terminology is a primary problem and they asked doctors in most cases to help or they browsed the Internet for electronic dictionaries on the field. At Tawam hospital a Translator stated that, “when the speaker speaks very quickly using a special native accent, it is very difficult for me to recall everything that was said.” She also pointed out to “finding no time to think and choose the appropriate word to convey the exact meaning.” Therefore, problems of comprehension and misunderstanding, a lack of familiarity with the appropriate terminology and failure to choose the right equivalent are common in their interpreting. This leads to much delay, the patients’ misunderstanding of their cases, and general confusion. Other Translators at Tawam hospital confirmed that, “medical terminology and translating medical reports are most problematic.” All the respondents in the other hospitals are non-specialists. The translators on the hospitals’ lists were not available.

I faced the same challenges in obtaining answers to the seventeenth question, which concerns the mode of interpreting and the text types and genres the informants deal with in doing interpreting. The Translators at Tawam hospital indicated that they translate medical reports and do oral translation of English reports to clarify and explain things that are unclear to the patients or their families. Other translators translate texts on nutrition, disease, and medical research. A Clerk doing interpreting sometimes stated that she “uses different techniques according to the situation, like oral communication, body language, and pictures.” A PCA doing interpreting at Tawam said that she “does more consecutive than simultaneous interpreting between doctors and patient.” At Al-Noor hospital, a Quality Assistant confirmed that he “relies more on body language to make things easy to patients to understand,” while his colleague who is a Head Nurse maintained that she does something between “consecutive interpreting and body language when acting as a mediator between doctor and patient.”

In question eighteen, I asked the informants to mention any workshops or training programs they enrolled in or courses they took after graduation, whether organized by the university, an educational institution or the hospital where they work, and the extent of their benefit, if any. As most of them are non-specialists in translation and interpreting, I received very few answerers to this question. Most of the respondents confirmed that they had no training at all. They emphasized the “lack of developing skills courses for the hospital staff.” At Oasis, the staff involved in translation said they attended English courses only at the hospital. The translators
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at Tawam hospital indicated that the only training they had was during their three months internship while they were still students in the university. They trained as translators of various medical genres in the Education Unit at Tawam hospital and did no interpreting at all. They also learned how to write medical reports and acquired new medical terminology.

Most of the respondents, as non-specialists, did not answer question nineteen about the salary of interpreters and if interpreters are well paid in comparison to the workload and tasks they perform. However, a PCA at Tawam hospital said, “like any job, salary depends on training, education, qualifications, and experience.” The translators at Tawam complained of the low salary in comparison to the stressful workload. A Nurse in the same hospital doing interpreting maintained that, “what they do is not recognized and not appreciated and they are under-paid.” A Head Nurse at Al-Noor hospital said the same thing. Finally, a translator at Oasis commented, “it is sufficient.”

The last question in the survey concerned any suggestions for improving the quality of interpreting in Al-Ain hospitals and solving any relevant problem. Most of the informants did not answer this question, but others who are closely involved in translation and interpreting did. A Clinical Resource Nurse at Al-Jimi hospital indicated that:

> it would boost the health of patients who are potential customers if they realize that they would have access to people who speak the same language as they do. It would allay their anxiety and they would engage more frequently with the hospital. Therefore, making a good name of the hospital and increasing the number of people who access healthcare.

At Oasis, a Nurse believed that, “in each hospital in Al-Ain there should be language services for patients.” She emphasized the lack of interpreters in Hindi, Urdu, and Bengali, which is “an urgent need.” A Translator interviewed at Tawam hospital believed that, “the university should give solid theoretical and practical training programs to its students.” She indicated that the main problems faced by the student interns who have training at their hospital involve comprehension, grammar, writing skills, and poor communication skills. Other problems are psychological, involving communication apprehension, social shyness, and a lack of self-confidence, which are all closely related to language deficiencies. A Consultant Pediatrician stated that the field of HC interpreting is rapidly growing these days and there is a demand in the labor market. So, “universities should start opening MA and PhD programs in this field to graduate professional qualified interpreters who can occupy the vacant positions in the medical institutions and organizations throughout the UAE.” A Head Nurse at Al-Noor hospital thought that, “interpreters should have full knowledge of the patient’s history and should
understand what information the doctor likes to convey to the patient or his family before doing the interpreting.”

Finally, the results of my in-person interviews with some patients in the four hospitals in Al-Ain revealed that patients are in urgent need of well-trained professional interpreters’ language services. In general, they are not completely satisfied with the current services offered as they confirmed that problems of delay, wrong diagnosis, and misunderstanding are normal in these hospital due to a lack of professional well-trained HC interpreters (HCIs), the limited knowledge and medical background of the ad hoc interpreters, and the lack of availability of professional interpreters especially in languages other than English and Arabic (e.g., Urdu) in critical situations and times of emergency. Providing linguistically and culturally appropriate services is part of eliminating health disparities, providing quality care, and minimizing risk exposure. Al-Ain residents argue for appropriate interpreting services in order for them to have equal access to quality care and improved health outcomes.

4.1 Conclusions

Overall, interpreting in the medical setting is a complex, challenging, and important task, and one that requires intensive preparation and education. Professional HCIs must have excellent oral communication skills, knowledge of specialized HC terms and concepts, and a commitment to adhere to the code of ethics and standards of practice for interpreters in HC.

The present study has highlighted the unmet need for interpreting services within four main hospitals in Al-Ain. With the increasing number of international expatriates coming to the UAE, and to Al-Ain in particular, demand for effective interpreting will continue to rise. In other words, there is a great need for effective interpreting services in Al-Ain city, and this is probably the case across the country. The languages mainly required are English, Arabic, and Urdu.

The results of the survey, interviews and patients comments in the present study offer very important views on the state of HC interpreting in Al-Ain and the concerns of the respondents. The survey revealed that most of the language services offered at Al-Ain hospitals are now performed by ad hoc interpreters who are neither professional and well-trained, nor accredited or certified. They are non-specialists in Translation and Interpreting and have not taken sufficient and effective university-level courses in the field.

The lack of availability of professional HCIs and the limited knowledge, experience, and proficiency of the ones currently available are among the main sources of the problems that impede the provision of high quality of language services at Al-Ain hospitals.
The current ad hoc interpreters’ problems involve medical terminology, limited knowledge of the general vocabularies and knowledge of the field, under-developed comprehension and memory skills, and other ethical, psychological, cultural and technical problems. Another source of these problems is the lack of in-house training and staff development programs, workshops, seminars or conferences that can help interpreters to improve their skills and perform adequately. While most of the surveyed individuals considered the university the main responsible party for the interpreting problems at Al-Ain hospitals, they showed considerable interest in professional development opportunities.

Respondents who deal with translation and interpreting indicated that the major difficulties they have been facing involve comprehension, memory, speed of the speaker, the different varieties of English used by various foreign HC providers and patients, medical terminology, finding the appropriate linguistic and cultural equivalent under time pressure and when translating medical reports and documents. They normally do consecutive dialogue interpreting and sight translation between patients, their families, and doctors or HC providers. Some maintained that body language is a device that helps in clarifying messages on certain occasions.

The respondents focused in their final suggestions on the indispensible role of the university and its Continuing Education Center in establishing training programs and intensive courses in collaboration with the medical institutions to help in solving any problem and strengthening the interpreters’ skills. The patients interviewed emphasized the real need for adequate language services to overcome problems of delay, wrong diagnosis, and misunderstanding which are currently normal in these hospitals due to a lack of professional well-trained HCIs.

Finally, decision makers, both at institutional and government organizations, should be sensitized to the fact that professional interpreters are an essential component in the quality care of diverse patient populations.

4.2 Recommendations

As the findings of the survey offer important information on the state of HC interpreting in Al-Ain, some pertinent recommendations for improving HC language services and for action through policy are offered below:

1. The integral part of HC interpreting in the medical team in Al-Ain and UAE hospitals should be made clear, and patients, their families, and HC providers should be made aware of the essential role of HCIs in facilitating communication and understanding between these parties when they do not share the same language and the same culture. This ensures proper care of patients and
The need for adequate community interpreting services in healthcare multilingual settings

improves health outcomes, in addition to increasing patient satisfaction and compliance with language access requirements.

2. As there is a lack of accreditation programs for professional HC interpreting, a lack of sufficiently trained HCIs who demonstrate consistent quality in their interpreting, as well as a lack of performance standards for interpreting throughout UAE, appropriate government support, continuing education, and quality assurance are urgently needed. Hospitals should only employ trained interpreters with adequate education and a university degree. Also badly needed is an HC Interpreting Certificate Program that addresses the dearth of qualified professional HCIs along with the issue of culturally competent care to meet the needs of patients who come from diverse cultural backgrounds and speak languages other than English in the community.

3. In partnership with UAEU, the Education Units and Continuing Education Units, hospital programs should develop a model HC interpreting curriculum, involving internship programs and certified faculty members, that can be disseminated across the country. Such a model would demonstrate that partnerships between HC organizations and accredited academic institutions are sustainable and mutually beneficial. These collaborative efforts help to promote a renewable balance of supply and demand by connecting the HC institutions that need professional HCIs with the academic institutions that train them.

4. A translator and interpreter association should be established in UAE to support and safeguard the rights and needs of its members and to represent an official and authorized body for quality assessment and assurance, certification and accreditation.

5. With recent improvements in technology, video interpreting has emerged as an option that best approximates the in-person experience. Video-based interpreters can be reached at a moment’s notice, offering access to languages that the hospital may not have on staff, such as Urdu. This improves communication and helps the patient feel at ease (For more information, see: http://www.youtube.com/watch?v=lMhlGTLFLb0&feature=related). Therefore, hospitals in Al-Ain and in other areas throughout the UAE can make best use of the technologies available now to access qualified HCIs within seconds and provide effective language services and medical care to all their patients.

Note

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Appendix A

Name: August ___, 2010

Academic Degree:

Name of Institution (Higher Education) and Degree Date:

Languages:

Professional Position (Job Title):

Professional Organization:

Employment Experience (in years):

E-mail:

Dear Sir/Madam,

In recent years, community interpreting has become a professional activity in its own right. It is a rapidly growing field, especially in the countries with expanding foreign-based workforce. The need for trained interpreters in public services and the numbers of people in need of interpreting are going to continue to grow around the world.

As the UAE has increasingly become multilingual, the need for properly trained interpreters working in public services, courts, medical settings, and schools is a basic need.

This is an informal survey necessary for a research being carried out to investigate the “Need for Community Interpreting Services in Health care Multilingual Settings in Al-Ain Hospitals”.

The researcher is so grateful to you to answer the following questions and to give any other opinion and suggestion that will positively lead to solving the current problems in this respect and help in improving the interpreters linguistic, cultural and communicative competencies.

Your contribution in this survey and your invaluable suggestions are highly appreciated.

Assistant Prof. Dr. Yasmin H. Hannouna
Survey

Q1: To what extent is the need of health care interpreters urgent in your hospital?

Q2: For what purposes there is a need to interpreting services in your hospital?

Q3: Who is doing the interpreting between (e.g., health care provider – patient) in your hospital now?

Q4. Do you think that any bilingual person can do the interpreting in your hospital? Why?

Q5. What are the requirements of adequate interpreting services in your opinion?

Q6: What kinds of problems emerge for lack of interpreting services in your institution?

Q7: How do you solve these problems?

Q8: What languages are mostly involved in interpreting activities in your institution?

Q9. What individuals are mostly involved in the interpreting process? Who is in need of such services in most cases?

Q10: What kind of linguistic and other problems do the current interpreters suffer from in your institution?

Q11: In your opinion, what are the sources of these problems and who is primarily responsible for them?

Q12: What responsibility should the university undertake to prepare and train qualified interpreters?

Q13: As an interpreter, do you think the university program was adequate and sufficient to graduate qualified interpreters to the labor market? Why?

Q14: What interpreting courses did you take in the university?
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Q15: What supplementary courses to interpreting did you take in university or you think are essential for adequate interpreting?

Q16: As an interpreter, what are the most common difficulties / obstacles you face in doing your job? And, for what reason(s) you attribute these difficulties?

Q17: What type of texts do you deal with? What modes of interpreting do you practice (e.g., sight translation, consecutive or others), and what techniques do you use in performing your interpreting tasks?

Q18: Did you take any courses / training programs on interpreting after graduation? What institution organized these courses / training workshops? And to what extent you benefited from them?

Q19: Do you think that interpreters are well paid and the income of this profession is sufficient in comparison to the tasks they perform?

Q20: Do you have any other opinions and / or suggestions concerning interpreting and interpreters in Al-Ain hospitals?

Thank You

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