

FACULTAD DE FILOSOFÍA Y LETRAS
DEPARTAMENTO DE TRADUCCIÓN E INTERPRETACIÓN



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El reto de una interpretación
comunitaria de calidad: buceo en las
necesidades formativas y análisis
crítico de un corpus de interacción oral
en el contexto biosanitario y de
servicios sociales español

TESIS DOCTORAL CON MENCIÓN DE DOCTORADO
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Presentada por Laura Parrilla Gómez
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ENCARNACIÓN POSTIGO PINAZO, Profesora Titular del Departamento de Traducción e Interpretación de la Facultad de Filosofía y Letras de la Universidad de Málaga y directora de la presente tesis doctoral realizada por **Dña. LAURA PARRILLA GÓMEZ**, con el título: “El reto de una interpretación comunitaria de calidad: buceo en las necesidades formativas y análisis crítico de un corpus de interacción en el contexto biosanitario y de servicios sociales español”, del programa de doctorado Estudios de Traducción, Investigación en Traducción e Interpretación Especializadas de la Universidad de Málaga,

INFORMA FAVORABLEMENTE sobre la presente tesis que consiste en una investigación original y que cumple con los requisitos de un trabajo académico de estas características para ser presentada y defendida en sesión pública. Además, reúne, además, las condiciones necesarias para la obtención de la mención de doctorado internacional: estancia de más de tres meses en una universidad europea, uso del idioma inglés en una parte de esta tesis doctoral, defensa de la misma en español y en inglés y dos miembros del tribunal procedentes de universidades no españolas.

Y para que así conste a los efectos oportunos, firmo el presente certificado en Málaga, a 19 de diciembre, 2013

Fdo: Dra. Encarnación Postigo Pinazo

MENCIÓN DOCTOR INTERNACIONAL

Esta tesis cumple los criterios para la obtención de la mención “Doctorado Internacional” concedida por la Universidad de Málaga.

Para ello se presentan los siguientes requisitos:

1. Estancia predoctoral realizada en centro de investigación de prestigio no español:

-School of Languages Universidad de Salford, Manchester, Reino Unido.

Desde el 1 de febrero de 2010 al 7 de mayo de 2010.

2. Esta tesis está avalada por los siguientes informes de idoneidad realizados por dos doctores de centros de investigación no españoles:

- Dr. Igor Klyukanov (Eastern Washington University).

- Dr. Mohammad Y. I. Banat (Department of Arabic Language, Faculty of Arts, Al-Quds University, Palestine).

3. La defensa de tesis y el texto se han realizado parcialmente en dos idiomas, español e inglés.

4. Entre los miembros del tribunal se encuentran dos doctoras procedentes de un centro de educación superior no español, tratándose de la Dra. Hildegard Vermieren (University College Ghent) y la Dra. Christina Schäffner (University of Aston).

Introduction

This research was born with the strong interest I had for the subject of interpreting and the field of healthcare. Once I finished my BA in Translation and Interpreting at the University of Malaga, I obtained my Diploma in Advanced Studies with a study on Community Interpreting. Additionally, I decided to further my knowledge about the medical discourse in the academic field and I completed the *Máster Oficial en Traducción Médico-Sanitaria* in 2009, within the European network OPTIMALE. This master in Medical Translation was an asset for my training in specialised terminology. After obtaining my Diploma in Public Service Interpreting by the Chartered Institute of Linguists in the United Kingdom in 2005, I started working as a professional interpreter in the public service field both in face to face encounters and for language lines in England and Spain. Currently, I am working for both teleinterpreting services in Spain and for an official state language school.

I had the opportunity to enjoy a four month research stay at the University of Salford in the Translation and Interpreting Department in 2010 under the supervision of Dr. Severine Hubscher Davidson where I was able to do research on interpreting training.

I was also an academic visitor in 2010 at the School of Language and Social Sciences in the University of Aston where I assisted Dr. Christina Schäffner in organising the 6th International Conference *Critical Link: Interpreting in a changing landscape*. I must express my gratitude to both scholars for all that I learnt from them and from the activities I had the privilege to participate in.

During my years working in this field I have witnessed how the use of non-qualified interpreters has been taken as a norm, with consequences such as a lack of knowledge and understanding of specialized terms, and a lack of code of ethics and professional guidelines, among others and I have confirmed first-hand the unquestionable need of offering a communication with a high degree of quality in order to improve the interaction between users and healthcare professionals.

Additionally, I have witnessed the increase of research and interest in public service interpreting, with an increasing number of conferences related to this field, and an important number of scholars and courses dedicated to train healthcare interpreters. Therefore, the need to research into the work of these professional interpreters has become a major interest for me, especially when discussing with colleagues and other

scholars the importance of obtaining real data to analyse the work, and to describe the techniques and methods used by professional interpreters when interacting in medical encounters.

This research starts with a description of the current situation of Public Service Interpreting, a situation that is steadily improving thanks to the effort of many researchers and scholars dedicated to showing how important it is to offer linguistic help to minorities, immigrants, asylum seekers, or to any person who does not speak the language of the country where he or she lives (Wadensjö, 2008: 43).

For the past decade most of these efforts have focused on providing a global view of what is happening in this field around the world, of how certain countries foster more research on the topic with associations, networks, conferences such as *The Critical Link* and accreditations, or the types of codes of practice and ethics that surround the field of interpreting. Without forgetting the issues related to training and performance. International research such as Pöchhacker (1999), Wadensjö (1998), Hale (2007); Gentile, Ozolins and Vasilakakos (1996) have joined forces to provide to the public service interpreting a well-deserved status.

In Spain we have also experienced an increase in Ph.D. theses and other research related to this field, starting with Martin (2000) or Abril Marti (2006) together with some research groups (FITISPO, GRETI, CRIT, COMUNICA network), whose members are dedicated to promoting public service interpreting in our country. The main lines of research have been focused on the specialised discourse, the quality in interpreting, and general overviews about public service context and claims for quality.

Recent literature describes as well new advances in the field, with a description of software, resources found on the Internet, and new training programs and types of accreditations that interpreters can obtain in order to work as interpreters in the health field. This professionalised status is completed thanks to the work carried out by professional associations such as IMIA, and the work they do to accredit and test healthcare professionals and networks that support the interpreter with their codes of ethics, standards of practice and training programs.

The wide scope of this research was shown in *Critical Link 2010* (Birmingham) where different topics such as the use of video-conferencing link (Wilson, 2010) (Braun, 2010) in interpreter-mediated encounters, even in fields such as Sign Language (Peterson, 2010), interpreter training and educational programs (Gustafsson *et al.*, 2010), (Trainor and Bowes, 2010), use of specific exercises to train interpreters

(Niemants, 2010) and more specific characteristics of the interpreters' production, such as politeness (Merlini, 2010) or summarising (Jeffrey, 2010) or features about the clinical setting where the interpreters works, for example the seating arrangement (Fiegner and Pokorn, 2010).

It is also important to describe the current situation in Spain in order to demonstrate the urgent need of providing attention to interpreting in the field of healthcare.

On the one hand, the increasing number of immigrants and, on the other hand, Spain's role as a main tourist destination are factors which force Spain to take measures in order to tackle the language barriers between public service providers and users, especially in hospitals and health centers. Spanish society is beginning to realize how common it is to encounter communication problems between themselves and foreigners and, although the provision of interpreters has widely improved in the last decade, the lack of unification among organizations, providers and the Government, together with a lack of training are obstacles that Spain still needs to overcome.

Certain regions of Spain have set up research in interpreting programs within European networks such as *Migrant Friendly Hospitals*, providing translation of materials for patients or aimed at specific parts of the society or specific migrant groups such as medical guidelines for the Muslim community during the period of Ramadan; a system of teleinterpreting, which is commonly used in hospitals and health centers; or, even a group of volunteers to assist in this difficult task, subjects of this research.

During the last years, the number of language lines and interpretation through videoconferences is growing, thus making these options a new alternative for companies and public services when they need an interpreter. Telephone interpreting is growing at such a pace that it threatens to displace the use of in situ interpreters in some medical and legal contexts (Rosenberg, 2006:156).

The second part of this research is aimed at describing the specific characteristics of the translation and interpretation in the field of public service interpreting. Compared to other fields, one subject of this study has key features that differentiate itself from other contexts, for example the high degree of specialization of its terminology, the different text types found in its settings (referral forms, patient information leaflets, consent forms, etc.), different modes of interpreting even in the same conversation (simultaneous, chuchotage or liaison) and even the discourse has

specific turn talking, interruptions and discourse makers that provide this context with specific characteristics.

Further in the thesis, the main objectives are listed, driven by the justifications exposed that led me to start this research.

In chapter four I offer a general overview of studies in the field of translation and interpreting that have used surveys and recordings to analyse features such as the emotional and psychological impact among interpreters (Valero Garcés, 2001) or even research for peer assessment (Hartley *et al.*, 2003) or those studies where scholars have witnessed the interpreters' work through a corpora, such as Bot (2005) in the field of mental health, Wadensjö (1998) and Hale (2004) in police, and court settings respectively.

The methods and materials used were based on two research lines: first, surveys were distributed among students of interpretation, professional interpreters and teachers of interpreting subject. The main aim was to answer to those hypotheses about the views of these subjects in terms of training, specialisation, reference materials and opinions about the profession. Second, the compilation of a corpus of real data obtained from face to face encounters and teleinterpreting recordings of the work carried out by interpreters, professionals and volunteers, in order to extract the main features, obstacles, difficulties and techniques used in the healthcare and social services context.

In chapter five I describe the steps followed to obtain the data and the time spent in this process. After having addressed different hospitals and health centres in England and in Spain, one very important reference hospital in southern Spain agreed to help with this research. Regarding companies providing teleinterpreting, two companies providing this service in Spain were contacted and although both agreed to distribute the survey among their staff, only one allowed us to listen to their "in-office" recordings to obtain material for the research.

The recordings were collected during the months of April and September 2010 and the surveys were available from December 2009 to September 2010. The survey was available from the website <http://www.kwiksurveys.com/> and the link to the questionnaires for teachers, students and professional interpreters was distributed among universities, professional associations and colleagues.

In terms of data collection, surveys were answered by 134 subjects, among which we find students of interpreting, teachers of this subject and professional interpreters. Their answers were analysed in terms of finding out their interest in the

specialised discourse (with special interest in the health and social services field), their training, their weaknesses and their strengths. We focused as well on the preparation students undergo before their interpreting lessons and how teachers address this field in class, their terminological tools, and recommendations for their students and their experience outside their career as trainers. For the group of professional interpreters some issues we dealt with were their acquisition of their second language, their fields of expertise and their formal training.

The corpora is made of recordings in English, French and German and the total amount of recordings were 51 (6 hours and 13 minutes), 36 belonging to the face to face group, and 15 to teleinterpreting, English is the main language followed by French and then German. Within the group of face to face interpreting we distinguish the group of volunteers and professional interpreters working in Hospital Costa del Sol. Professional interpreters were very few, amounting to one or two people.

In chapter six, when I analyse the results from the corpora we can highlight the different roles adopted by the volunteers, such as “friend of the patient”, “healthcare professional”, “cultural mediator” or “facilitator of the communication”. I have also observed the main features of the teleinterpreting group and obstacles teleinterpreters need to overcome, noise and difficulties users experience communicating over the phone, for instance. Some key features of the healthcare and social service context were observed, such as discourse markers, techniques used by the interpreter to explain unknown terminology, or additions and omissions, some of them necessary to fulfil the full meaning of the message and others related to the lack of training.

Finally in chapter seven, I offer conclusions which are mainly focused on applying dialogue training strategies and initiatives to enhance the command of foreign languages and specialisation in healthcare topics. Furthermore, suggestions are offered to apply this research to develop materials and strategies for interpreter training and with the intention to further this research, taking into account interpreter user’s feedback. References comprise both general and specific works in the field of community interpreting, and electronic resources.

CAPÍTULO 7. Conclusions

7.1. Research into the community interpreter's current status: accreditation and training

- Community or liaison interpreting, despite being an activity inherent to man, dating back to the dawn of mankind and which was very important in the expansion of civilizations (Collados Aís and Fernández Sánchez, 2001) has not enjoyed much attention in modern Translation and Interpreting Studies. Most research in the field has been devoted to conference interpreting in consecutive and simultaneous modes. However, globalization has caused that strong initiatives promoted by projects such as *Critical Link* which from its start in 1992 has led to a number of research works, professional networks and attempts to train and support professional community interpreters. Thus, they attempt to provide quality assistance and interpreting to foreign residents and immigrants demanding legal, health and social services. Also authors like Gentile, Vasilakakos and Ozolins (1996), Mason (1999), Wadensjö (1998) marked the beginning of a growing strength in the research on community interpreting.
- Such research has developed a methodology that in most cases intends to focus on evidence, such as collecting data, getting permits and surveys (Nicodemus and Swabey, 2001), Russell (2011). According to Hale (2007) research in this field has basically adopted four approaches. First, discourse analysis using transcript dialogues; second, ethnographic, using field observations, interviews, based on a number of different theoretical frameworks; third, questionnaires and surveys and, finally, experimental approaches, using methods from psycholinguistics and psychology. In the present time globalization may look for more approaches that will support the increasing use of English as lingua franca as a result of the formidable boost of mobility.
- In the case of Spain we can highlight a good many of research groups in the field of community interpreting. These groups are always sponsored by a large number of universities and researchers who seek to ascertain and relieve the needs of society. They are extremely active groups in the organization of conferences, participation in international projects, and creation of materials. All

of them act as agents of change in raising awareness and promoting social policies in favor of the proper assistance of the foreign and immigrant users (Martin, 2006). However, there is a lack of research based on real encounters in the public service context, especially in the medical and social services field due to the difficulties researchers face to obtain permission to record or to be present in encounters.

- In Spain all students at a certain stage in their Translation and Interpreting Degree have been receiving two year training in interpreting. Since a couple of years, the Bologna guidelines for Higher Education make interpreting a very specific itinerary in Translation Studies degree, especially for simultaneous interpreting. However, they introduced a remarkable increase of training in liaison interpreting in students' syllabus comprising their second and third languages of study. Therefore, there is a vast number of graduates who have been trained for professional interpreting who, according to data (Martin, 2006; Libro Blanco de ANECA), are not yet hired by community service institutions as professional interpreters (only 14.3% of the graduated students are employed as interpreters)¹ being one of the reasons for the lack of awareness among public service providers and users.
- The quality of the interpretation is one of the cornerstones of research at the global level and particularly in Spain (Barranco-Droegue *et al.*, 2013). Among other topics as part of studies in the same field are attempts to establish specialized text types and terminology, creation of materials and terminological tools and strategies adopted by interpreters when facing a lack of terminology or cultural barriers.
- The growing interest in community interpreting has also driven the use and proliferation of electronic resources for interpreting training. While the use of technologies for translation and translator training has been common for decades, now interpreting is increasingly benefiting from the opportunities offered by technology. The use of specialized software for interpreters and the

¹ Más información en: http://www.aneca.es/var/media/150288/libroblanco_traduc_def.pdf [Consulta: 15-11-2013]

many resources available on the Internet to aid documentation has undoubtedly been an asset for the field. Among these resources stand out sites such as economic and political associations of the European Union that include resources for interpreters, glossaries or others intended for immigrants, patients and families.

- The use of software and resources for interpreters also facilitates the creation of simulated training professional environments (Carabelli, 2003), (Lim 2013), (Sahin, 2013). New technologies can be applied to the process of interpretation since they certainly offer a valid support to the professionals. We analyze how the various applications of Microsoft and others like *Ortsbo*, *MyLanguage's Vocre*, *Lexifone*, *Universal Women Speaker*, *Lingaleno International*, *Universal Doctor Project*, *Lebaba* and apps for iphones such as *Health Communication: Building Professional Skills* undoubtedly provide an invaluable help for communication with patients.
- Several authors (Navaza *et al.*, 2009:151) point out the advantages of this type of software such as availability at any time, plus the option to provide medical information in different languages. They also mentioned the importance of guaranteeing confidentiality and impartiality during the interaction. The reduction in costs is critical especially in times of cuts in public services where software can be an effective tool if used for "yes " or "no" questions. However, if this interaction is compared to triadic or dialogue communication it is obviously limited as, for example, there may be no room for clarification or further explanations when communication is not satisfactory, and technical difficulties may arise, especially those related to noise that cannot be solved without the intervention of an interpreter.
- Remote interpreting is being implemented in various scenarios in public services. However there are considerable objections to its use (Moser-Mercer, 2005). In Europe, the interest in the use of videoconferencing in legal proceedings is increasing tremendously after the recent European Directive 2012/13/EU and 2010/64EU on the right to have interpreting and translation in criminal proceedings, and Directive 2012 / 29/EU establishing minimum

standards on the rights, support and protection to victims of crime, which also means a growing demand for qualified legal interpreters in Europe. In addition, in most European countries and in Spain the use of remote interpreting is widely spread nowadays with the use of teleinterpreting in the public service context.

- The professionalization of community interpreting is one of the main goals and demands of the research groups and those of professional interpreters but requires an ideological framework that takes into account the requirements, needs and aspirations of those who are represented and goals communication of minority and vulnerable users. This system should allow the interpreter to proactively engage with language and cultural differences as they arise (Kent, 2007:207). The process of professionalization (Rudvin, 2004) is not an innocent task; rather it is a struggle of interests.
- The certification of professionals should be obtained after formal training following certain guidelines and goals (Corsellis, 2008). This training should be followed by formal evaluation in the case of interpreters that should cover aspects such as knowledge of public service, written and oral fluency in both languages, and terminology including several registers, transferring exactly the meaning between languages, including bi-directional, consecutive interpretation, simultaneous interpretation in both directions, *chuchotage* and sight translation, the ability to translate short written texts, knowledge of the code of ethics and communication strategies. Some of the formal assessment guidelines of those interpreters in the public service field cover these aspects, such as the one to certify social interpreters in Flanders (Vermieren *et al.*, 2009).
- In general there is a lack of social and institutional support as well as large differences between countries on standards, conventions and expectations of the values that govern the interpreting activity. On the contrary, there is a consolidated culture of translation in every society (Prune, 1997) not granting equal importance to the process of interpreting in different countries or to the requirements to create standards for qualified interpreters. This is why there is a big difference in training courses and diplomas in different countries. In addition, countries with a higher number of initiatives for community

interpreting have more established accreditation systems such as Australia, Canada, UK and USA. In the United States accreditation for medical interpreting is promoted through associations such as IMIA.

- The design of ethical codes is a must in fields especially as committed as health care, asylum and mental health (Angelelli, 2004), (2005 Bot), (Clifford, 2004). The large number of interpreters' associations worldwide claim that these codes are indispensable. Some of the claims are focused on the need to establish a basic and unified code adopted worldwide.
- Medical interpreting is a major challenge since foreign patients must face barriers within healthcare systems such as language and patterns of nonverbal communication, responsibilities and medical roles, explanatory models of illness, contextual and emotional factors, Clark (1983), (Fernandez Molina, 2006). This new social panorama due to mobility in public services goes beyond mere processes of translating a message. On the contrary, it requires cultural skills and strategies to expertly handle the various factors that influence this process. The interpreter must be able to understand and skillfully manage different aspects of the patient's culture, for example the health scenario of the country of origin because this can influence the behavior, beliefs and practices for healthcare assistance. However, there are difficult obstacles to overcome as the fact that institutions do not allocate sufficient budget for provision of professional interpreters and that medical professionals are sometimes reluctant of interpreters and prefer to use relatives for the interaction with the negative consequences this may bring about.
- Spain has received an enormous number of immigrants that have established and taken residence in the country for long periods. This incoming flow of foreign people has slowed down lately due to the recession. However, Spain maintains its traditional potential as the fourth largest tourist destination after France, the U.S. and China as the World Tourism Barometer states. Health care is the most requested service by both the immigrant community and tourists, temporary or permanent residents. Assistance through remote interpretation is catching on

services for face-to-face communication and may replace it almost completely in the near future.

- Social services and medical interpreting constitute a controversial field where language accuracy and cultural competences are essential. Poor interpreting can lead to miscommunication, which, in turn, can lead to misdiagnosis and thus to inappropriate or even fatal medical care. Hence, the increase of research and interest in public service interpreting fills an important niche. Unfortunately, most public services rely on volunteering to cover communication needs. Volunteering is filling this fragile gap of communication barriers. Although most of the volunteers are foreigners who offer to help with their knowledge of language to others, their kind offer should be oriented to a different kind of support such as accompaniment of the elderly and sick, which surely is necessary in communities of foreign residents.
- The translator and interpreter in the health context has to focus on this genre as a set of features (not just specific terminology), and understand not only the communicative habits but also the different registers that interact in different languages and cultures in this communicative act, outlining the knowledge and professional identity as intercultural communicator (García Izquierdo, 2009:22). Translation and interpreting in public services comprise different typologies either written (translation) or oral (interpreting). The most common text types regarding translation are healthcare guides, medical records, information leaflets and patient's informed consent. Interpreters must be familiar with these text types to be confident when explaining them to users as sight translation is a quite common task that is performed by community interpreters as well.
- Several denominations have appeared for this type of triadic interaction such as liaison interpreting which was also used as a synonym for delegate interpreting (Kade, 1967:9) or dialogue interpreting. It occurs mainly in health, welfare, administrative and educational contexts where the interpreter has to observe a large number of factors such as turn-taking, emotional and psychological conditions of the users or the technical conditions of communication when it is not face-to-face interaction. In these situations the interpreter will get the

message and transmit it (Metraux and Alvir, 1995) with the right strategies for reorganizing if necessary.

- Sometimes the speech does not have a logical structure as the user can produce an illogical, inconsistent speech and give no answer to questions asked or the clarifications required by the interpreter. This may be one of the main characteristics of the dialogue interpreting. Hence, the interpreter is the main agent to reorganize meaning and ensure satisfactory communication together with the other participants of the interaction (Ferrara, 1994). This could be more challenging with teleinterpreting and remote interpreting (Postigo Pinazo et al., 2013).
- Specialized language and terminology is part of an ongoing constant training that must be pursued by the interpreter. There is an increasing interest in the biomedical field for discriminating the importance of using different genres and registers according to the communicative situation (García Izquierdo, 2008) either for professional medical communication or for interaction with patients.
- Specialized terminology and intercultural competence must be essential skills of community interpreters, which ensures quality health care and equality, that is, considering the beliefs and customs of a patient for any health assistance and that this fact will not cause any discrimination (Mudarikiri, 2003). Therefore, those who Corsellis (2008) calls bilingual professional practitioners are not considered appropriate for interpreting tasks. On the contrary, they could assume other useful duties such as being receptionists to welcome in different languages, being in charge of routine messages or making appointments.
- Similarly, it is very important to distinguish between the mediator and interpreter. The mediator has defined functions that should not undertake the interpreter. Some of the tasks performed by the mediator go beyond pure linguistic encounters such as raising awareness on certain topics, training or guidance, and those are not usually assigned to a professional interpreter.

Besides, their training is quite different to the one received by interpreters (Navaza *et al.*, 2009).

- The notions that Turner (2007) points out with reference to the interpreter are co-production and empowerment for the interaction to be effective in public services. It will promote, first, a position of equality and balanced participation between professionals and users' relations. And, secondly, the necessary power for the interpreter to play its role, along with the responsibility for the consequences of using such power which is gained within the initial stages of training, through research and professional practice.
- Different cultures and their ways of conceptualizing diseases and health-related processes are essential factors to be considered in the doctor-patient interaction. Normally doctors do not possess this cultural knowledge and must be helped by interpreters that hold cultural competence, languages and skills. The importance of the cultural component is quite clear in certain cultures that may tend to dramatize their pathologies; meanwhile, others might be too stoical and mask the severity of symptoms, which can be too dangerous. Another feature can be the attitude to the symbolic meaning of certain notions such as 'blood' that individuals from different cultures can have. Besides, aspects such as diet require that the interpreter is competent in the culture of certain communities such as the Muslim in Spain or Asian communities in the UK or the U.S.
- Interaction in healthcare context in which our study is mainly based has a certain fixed structure. According to Have (1991:151), in the healthcare context, there are a number of sequences of speech so-called "episodes". So the beginning of the consultation, the participants begin with small talk (type 1 episodes) to build a relationship. Type 2 episodes consist of sequences with no verbal language, for example during a physical exam. Type 3 episodes are characterized by the announcement of the diagnosis, data collection, and this phase, less conversational, is mainly composed of a pattern of question and answer from the doctor (Merlini, 2009:93). Our corpus has proved effectively that this is the usual structure in both face -to-face and remote interpretation.

After examining the general features of interpreting for social and healthcare interaction the central aims of our research are listed below:

1. First, to gather information from interpreting students, lecturers and professional interpreters about the training they receive, offer or have received. Bearing in mind the shortcomings they face due to economic reasons. They were asked to describe the advantages and disadvantages they encountered and their expectations. For this survey we used electronic anonymous questionnaires distributed online covering various items such as terminology, the hours devoted to the context of public services in particular the medical context, class preparations, job prospects and many more in the future. In the case of interpreters and lecturers we make questions such as years of experience, and recommendations for students. With a total number of 134 surveys, yielding a 95% confidence level, the sampling error is 8,95%. Some answers provided were the lack of training in codes of ethics, the need of more self- and peer-assessment tasks (for students), the low number of lecturers who hold a specialization in interpreting and the variety of contexts professional interpreters have to face. These results constitute a quantitative research and a valid tool to prove that the shortcomings the interpreters face make necessary further investigation in real interpreting performance.
2. To compile a corpus of real interactions where we could extract relevant information to establish the strengths and weaknesses of the social and healthcare interpretation in Spain. This corpus, a qualitative study, consists of 36 face-to-face interaction recordings and 15 of telephone interaction recordings.
3. Need to vindicate a professional quality provision and relying on the findings and testimonials from researchers and accreditation systems. We include an interview with Linda Joyce in the annexes. She is director of accreditation and examination of the National Board of Certification for Medical Interpreters funded by International Medical Interpreter Association (IMIA) and Language Line ® University.

The current landscape of healthcare interpreting presents fundamental weaknesses, so we make the following research questions:

- A. To what extent does furthering our knowledge of the real situation of the profession help us, if done by reviewing the direct testimony of the different participants involved in the professional and academic interpreting scenario? Will interpreters, students and teachers provide us with data related to controversial areas such as terminology on healthcare interpreting or ethical codes? Surveys used in this research have proven to be a valuable source of information revealing that the amount of hours spent in aspects such as ethical codes or interpreting training for healthcare is not enough for students as well as numerous disadvantages associated to the current terminological tools used by students and professional interpreters.
- B. If we consider that we must strengthen the fundamental and decisive role of the interpreter in the healthcare context and social services and establish the different roles you have to take in the communication process, what essential information can be provided from direct observation of real performances carried out by professional and non-professional interpreters, trainers and students? These data reveal the need of studies based on real interactions since what many standards of practice and guidelines suggest it is not valid for real practice. Also, the number of roles adopted by the interpreter in this context goes far beyond the concept of interpreter as a neutral agent who just transmits a message from one language to another.
- C. The need to vindicate the use of professional interpreters instead of non-professionals is key to ensure good practice and users' rights. Our goal is not to analyze only the shortcomings but to build useful strategies from them for training purposes and the same objective was for those healthcare centers and interpreting agencies that provided permission. What effect can the collaboration of research institutions on providing information on performance practice have in the design of the interpreter training and accreditation? With the results obtained from surveys and real recordings we can have an insight of what are the real obstacles interpreters face (lack of knowledge about specialized terminology or technical problems for the teleinterpreting mode among others), as well as becoming a tool to raise awareness among public service providers, local, regional and national governments and even the users of these services about the need of counting on qualified interpreters. The current lack of unification in terms of accrediting interpreters in Spain is a constraint as well, as

each program is designed at a local or regional level, without unified training procedures and standards.

- D. The use of new technologies is necessary to establish the differences between face-to-face production and teleinterpreting and to train interpreters with appropriate strategies for each mode. Therefore, to what extent is there a need to provide more essential materials to train students as potential professionals by using new technologies and to offer sufficient resources to professional interpreters in community interpreting? We have observed by analyzing the corpus of teleinterpreting recordings several aspects that could be improved with the cooperation of public services, and the need of providing resources and strategies, especially those necessary to foster effective collaboration among the parties involved. Yet, we have observed within the corpus, teleinterpreters have received some kind of standardised training.

7.2. Surveys

One of the main aims of our study is to find out about interpreters, students and trainers' concerns about interpreting and their interest in the medical field. This quantitative study makes every effort to predict behavior and habits of trainers and trainees and, therefore, to make suggestions to improve the quality of interpreting training. Their answers to questionnaires shed some light on the training they have received.

- Some interpreters are quite reluctant to accept assignments related to medicine or emergencies. This may imply that only certain interpreters choose this field and the ones who willingly work on it thrive for improving their skills and working with specialized terminology.
- Students who take a training course in interpretation have taken previous jobs related to the field such as voluntarily interpretation to gain experience in the field of professional interpretation and only 68 % have received training in ethical codes.
- Students state that the mode they practice less in class is liaison interpreting, giving more preference to the simultaneous one, which has been traditionally

predominant in masters and postgraduate courses to attain specialization in interpreting.

- In terms of gathering information about the topic to be discussed in class, their most preferred sources of information are specialized monolingual dictionaries or general monolingual dictionaries, as they believe bilingual glossaries and dictionaries don't offer enough information. They also use specialized magazines and comparable texts and preparation exercises include listening to speeches in their second language (L2). Their main source of information is the Internet, and among some of the advantages it provides are the availability of specialized glossaries, magazines and the speed to find these materials. Yet, they consider that for some language combinations is more difficult to find documentation and that the source of information cannot always be checked so it may be not reliable enough.
- They miss spending some time self-assessing their work and their peers' work, as they believe this type of exercise is crucial during their learning stages. They believe that training courses should dedicate more time to peer assessment and self-assessment processes.
- Within university academic programs the syllabus dedicated to interpreting training for healthcare settings are scarce and simultaneous and consecutive interpreting have taken traditionally most part of the syllabus. This has changed recently within the Bologna Higher Education Framework where dialogue interpreting training has been included in academic syllabus with more hours of practice. The themes dealt with in interpreting practice, according to the surveys, cover mostly general topics and only occasionally specialized topics and especially those of healthcare are chosen.
- Out of the 16 lecturers interviewed, only 62 % have received additional or more specific training in interpretation (in addition to their degree), and of those, only 37 % hold a doctorate in this field.

- Lecturers would rather opt to address general issues that are usually present in the media rather than specialized fields such as medicine, technology or scientific matters. That might be one of the reasons for the lack of knowledge related to specialized terminology found in the interactions even with professional interpreters. However, among the respondents, 81% includes the medical field in their classes. Of this percentage, 75% do so because it is included within the syllabus of the course and 25% do for personal interest.
- 90% of these lecturers provide the students with the topic to be discussed in class so they can fully prepare the interaction beforehand. Students can search for information in advance and prepare their own glossaries, read information about the topic and have some knowledge about it before the class. These lecturers recommend pre-class exercises such as compiling their own glossaries and performing sight translations related to the suggested topic. The documentary sources they highly recommend to their students are specialized monolingual dictionaries followed by the Internet, parallel texts, specialized magazines and monolingual dictionaries.
- In terms of assessing the students' performance, 45% of the lecturers provide their students with assessment grids and 87% organize peer assessment exercises among their students.
- In terms of evaluation, 38% of these trainers believe that adapting cultural elements from one language to the other is the most important one followed by terminological accuracy. They mention other items such as coherence and determination when talking, constant pace, accuracy of the information transmitted and understanding of concepts.
- The types of exercises used in class to practice the suggested health topics are mainly role-plays in which a student is the doctor, another student is the interpreter and a third party is the patient. When the students practice liaison interpreting they perform consecutive interpretation.

- Lecturers explain that the major cause of failure in the training of interpreters is a low proficiency in their working languages since they must have an excellent proficiency to work with specialized texts and materials.
- Of the 55 professional interpreters that took part in the survey, half of those stated they have acquired their second language only in the period of higher education, which is normally a four-year degree program. This is a significant piece of information that may hint these future professional interpreters do not have a good command of their working languages so they must pursue further training in those languages. And 85% have completed a degree in Translation and Interpreting, whereas the rest hold a degree in Philology.
- Regarding the professional day-to-day work of those interpreters, 65% of them work quite often in liaison interpreting mode, and within this percentage, 67% of the interactions they participate in belong to the healthcare field.
- Only 56% of them have undergone specialized training; of that 56%, half of them hold a Master in Interpreting and the second group a postgraduate program in interpreting. Specialization fields are: 52% are trained for court interpreting and 40% for healthcare interpreting. Although only 56% are specialized interpreters, 84% reported to have worked in healthcare even though some admit not to have special training in this area.

7.3. Corpus of recordings

Real material taken from recordings of face-to-face interaction and observation of teleinterpreting offer a unique opportunity to extract valuable information to train professional liaison interpreters. This part of our study is qualitative as it involves observation, interviews, and reflection of a sample of population. It is remarkable that the samples were taken from a very cosmopolitan setting both for migration and tourism in the General Hospital of The Costa del Sol. Users belong to all social classes since they demand medical care for different reasons such as emergency, special services of the hospital not provided in private clinics, maternity, surgery and many more. So we

could place this sample within the phenomenon of globalized communities (Cronin, 2008). Interpreters belong to various nationalities and use English as *lingua franca* (Canagarajah, 2013). The same applies for the teleinterpreting corpus where the users and interpreters have the same characteristics with the difference that users were located in different parts of the country. Obtaining real materials is quite difficult and has taken me several years without obtaining a positive response from public service providers. Eventually, I found that one institution and the management of this hospital were concerned with the standards of quality for the attention of patients. After compiling an oral corpus of face-to-face and teleinterpreting interaction (51 recordings in total) I have analysed the material from a multidisciplinary perspective that includes several approaches such as discourse analysis, ethnography, constructivism and reflections on the current state of mobility and globalization that fosters new insights on intercultural communication and the use of English as *lingua franca*.

The result of analysing this corpus leads to the following general conclusions regarding teleinterpreting:

- It must be noted that, meanwhile the use of corpus linguistic has gained ground in the teaching of translation and language, however, there is still little research on the use of corpora in teaching oral interpretation (Bale, 2013:29) and there is still a gap between corpus-based translation and interpreting studies (Bendazzoli, 2010:54).
- The interference of noise is an important element in teleinterpreting interaction. Calls are often generated at locations where there is background noise, either because the public service is in a room with multiple workmates or because the caller is on the street with traffic noise or people talking around. The interpreter is always asked to receive the call in a quiet place (Kelly, 2008). And this requirement should also be applied in the public service settings. One consequence of the noise problem has been the difficulty in understanding certain data, such as numbers and addresses or confusion of certain words, which has led to the need of repeating information several times or asking for repetition of this information by the interpreter, and consequently, the call's length is extended, which is risky in emergency situations. There are a number

of utterances in the data analysed where the interpreter, the user, or the provider asks for repetition or clarification due to noise constraints.

- The participation of multiple users in the same call is also prevalent in the form of remote interpreting. This causes confusion for both the interpreter and the public service that must repeat the questions several times and experience difficulties in obtaining responses and catching the attention of the users.
- Remote interpreting training must be included in the official training programs of interpreters since there is an increasing demand of teleinterpreters in the professional market worldwide, so it is likely to be a future professional choice for interpreting students. Therefore, techniques such as using mechanisms to catch the attention of the listener, to ask for clarification or even to organize speech and turn-taking between the public service and the users must be part of the training. Interpreters must be able to work without being physically in the same place of the encounter in many cases and to enable them to organize interaction and turn taking in those situations (Kelly, 2008).
- Teleinterpreters always include welcome and farewell protocols. These conventions are introduced in the two languages of the conversation and are essential for both parties to know the role of the interpreter and neutrality to be adopted during the conversation. They always say a few fixed sentences just to let the user and public service know that they have to speak in the first person, it is necessary to speak with a loud and clear voice and use short sentences. In some cases the aforementioned welcome protocol has been omitted in the language of public service due to the familiarity that the public service may have with the user of the remote interpretation. The farewell convention is necessary to let both parties know when the conversation is finished.
- Both the public service and the user need to adapt to the use of the teleinterpreting mode to address language barriers. The public service has shown impatience with the time the interpreter uses for introductions in some of the recorded cases. Perhaps this happens because of pressure in the hospital services where other people are waiting to be assisted. Sometimes public services have

tried to tell the interpreter how to do their job, which is not right if they are professional interpreters. It is therefore necessary to train health professionals in advance so that they know which the interpreter's role are. The users have also experienced difficulties identifying who was talking at the other end, getting too confused because they didn't know if they were talking to the interpreter or to the doctor.

- Teleinterpreting interactions showed a standardized training of the interpreters especially in the way they gave instructions to monitor the interaction whereas in the face-to-face encounters no introduction or explanation about the interpreters' role was explained.
- Interruptions were quite frequent. This was due to the impossibility of having all the parties present in the same room.

Regarding the analysis of the face-to-face oral interaction corpus our main conclusions are listed below:

- The corpus of face-to-face interaction recordings amounts to 36 interviews that is large enough for a qualitative study (Cresswell, 2009:181) of interpreting strategies, errors, and attitude of the users, service providers, interpreters and professional needs.
- The aim of compiling the corpus was to apply the findings to the training of interpreters in the future by means of pedagogical resources taken from the situations we have analysed by means of simulated recreations posing the same problems.
- Discourse particles or markers are crucial in speech used in the healthcare and social services context. They have been used to elicit response since in many cases the user did not provide the answer that he had been asked for. The discourse in this context is full of inconsistencies, false starts, repetitions and different particles have been observed to express hesitations and others were

used to summarize (Biber *et al.*, 1999). Due to the sensitivity of the information and the importance of the messages conveyed in these two contexts, particles were found to confirm information as well. It is essential to establish the characteristic features of dialogue interaction among which we may include these discursive particles analyzed to use in the training materials for interpreters in future works.

- Participants in these contexts show imbalance of cultural knowledge and imbalance of power during the interaction. The user frequently lacks knowledge of specialized terminology and the way public services work in Spain. Only those patients who have experienced a certain illness for a long time know the specialized details and terminology about it.
- Public services rarely use the language of the patients or users. Only in a few cases where they want to show proximity they might ask the patients how they feel using short sentences without complexity. They normally work with the help of the interpreter. They might use the language of the patient to explain specialized medical terms when the interpreter does not know the exact equivalence in the language of the patient and the doctor or nurse do.
- Some foreign users only know a few isolated Spanish words they have learnt while living in our country such as in the context of social services, for instance *hostel* or *health card*, which does not guarantee any satisfactory communication even if an interpreter helps them.

Regarding non-qualified interpreters we can conclude:

- It has been observed the need for training in ethical codes and standards of practice. One of the main elements of the interpreters who participated in this study, mainly volunteers, has been the adoption of different roles. Interpreters have adopted the role of friend of the user, positioning themselves in the patient's side or giving them advice. It has also been observed that due to the certain experience they have in the context of healthcare acquired in their daily

practice, they often answer medical questions or provide explanations about medication and procedures, adopting the role of health professionals. In some situations it has been observed that they acted as spokesperson for the doctors or nurses especially when there was no health staff present at the time, it was them who adopted the role of the public service. In addition, it is common for interpreters not only to take care of the interpretative work but also to perform other tasks such as giving appointments or providing information on the Spanish health system. Thus, it means that there is a certain overlapping within the figure of the interpreter and cultural mediator.

- One of the aspects analyzed with respect to the adoption of different roles during the course of the interpretation has been the fact that the interpreter constitutes the driving force of the interaction. This aspect is interesting for interpreters' training because in many cases the conversation must be restored and this falls within the role of the interpreter in order to achieve a satisfactory communication with the purpose of providing the required assistance by all means. This change of role, observed mainly among the voluntary interpreters, it was hardly found among qualified interpreters. After the observation, we provide a new classification of roles adopted by the interpreters in the medical field.
- The interpreter can change the tone of voice when uttering the message that was giving to a party in order to soften the message, especially in situations where the patient is experimenting anger or is upset, to convey bad news or to emphasize the importance of the message so that the users can understand the meaning clearly. Sometimes the interpreter wants to make the conversation more casual than usual, this aspect has been observed in face- to-face interpretations because the group of interpreters in the hospital we did our research was familiar with many of the patients and medical staff since they meet frequently for work.
- The tone of voice has changed over the fragments of the conversation where they wanted to emphasize the relevance of the same information that was being transmitted. These pitch changes have had no effect on the meaning of the message.

- There have been additions and omissions by the interpreter. We distinguish two types: justified, to complete the meaning of the message, and not appropriate, which were related to lack of training.
- In the group of non-professionals, errors in the transmission of the messages have been found when they have transmitted the sense of the original message. These errors may have occurred because the interpreters did not understand either the source message or because they have failed to translate it correctly in this group. The interpreters seldom requested further clarification on the meaning of the message produced by the users. Another important aspect in the training of interpreters is to achieve an excellent proficiency of their working languages. The non-professional interpreters who have been part of study speak two languages, their native language and a second one, which in many cases has not been learned within formal training. Linguistic errors of those performers have been higher in the group of non-professional. And, following the classification offered by Vázquez y Javier (1991:164), the main mistakes made by the interpreters were omissions, additions, condensation and adopting different roles.

Regarding qualified interpreters we can conclude:

- Some of the interactions analyzed were full of repetitions and inconsistencies. The productions of public service and patients were long, repetitive and interpreters have used techniques of speech organization and reformulation to produce coherent and meaningful messages. The sentences the interpreters produced were shorter, omitted the superfluous parts of speech, and the messages were clear and direct. These reformulation techniques have been observed mostly from the group of qualified interpreters.
- When cultural differences appear the interpreter has adapted the message, particularly in the cases where terminology is involved and they explained the term or surgical procedures or treatments providing specialized terms or

equivalents along with an explanation. All this have been observed only among qualified interpreters.

- The differences between the group of non-professionals interpreters and the group of qualified interpreters have been observed in the techniques used to tackle the lack of a term (the qualified interpreter requested clarification or explanation), neutrality (the non-professional interpreters have taken different roles, including the role of friend of the patient) and errors in the transmission of the message (in the group of qualified interpreters transmission errors do not appear or they were minor).
- After analyzing the whole corpus we have been established classification of different roles adopted by the interpreters in this context, being: 1, the interpreter as facilitator of the communicative process; 2, the interpreter as promoter of the communication; 3, the interpreter as the spokesperson of the provider; 4, the interpreter as the health provider; 5, the interpreter as friend of the user and 6, the interpreter as cultural mediator. We should reflect on the use of these roles as strategies of communication and question ourselves if they are valid or not in certain situation to solve communication problems. We may find a way to improve the use of these communication roles found in the corpus from a professional point of view in further research works.
- There is always an attempt of cooperation on the part of the interpreters both professionals and non- professionals. We can find explanations to this in the universalist approach in which people's actions should be akin for people in all cultures and societies (Klyukanov, 2005, 2010).
- English as *lingua franca* serves the purpose of communication and this is satisfactorily achieved in most cases in spite of certain aforementioned constrains due to lack of training. When a case of non-satisfactory communication is found it is due to lack of attention on the part of the interpreter who provides answers using conventional schemata instead of trying to listen carefully and understand simple information the user is giving as House *et al.*

(2003:28) point out: “speaker illusion of being in control of the interaction is then disrupted by misunderstandings”.

7.4. Further research

Our findings shall be used mainly to design training materials. These resources may comprise several resources:

1. The creation of materials which will consist of simulated situations taken from the oral corpus and built up with similar interaction problems to work with students and to make them solve them with the right communication strategies. Materials inspired in the real corpus will be a reliable tool to successfully train professionals.
2. The reflection on the classification of interpreters’ roles we have found in our corpus to adapt the positive aspects of those roles to professional use.
3. The implementation of reliable and trustworthy terminological resources for healthcare field that are needed as stated by survey results.

Further research will also include a corpus with the feedback of users of interpreting services in hospitals and health centers, this could be a very valuable tool although compiling the corpus will be quite challenging.