

Challenges on the telephone interpreting in the healthcare setting

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Resumen

El presente trabajo de investigación analiza el fenómeno de la interpretación telefónica en el ámbito de la salud y sus desafíos. Además de definir la interpretación telefónica, se enumeran las diferentes modalidades que se necesitan al momento de ejercer esta actividad. Para analizar las dificultades y los desafíos relacionados a la interpretación, se tomó como muestra de estudio una compañía específica que proporciona servicios de interpretación telefónica en el ámbito médico. Se hace énfasis en la interpretación médica telefónica, la cual posee importantes desafíos, los cuales son abordados y ejemplificados en el desarrollo. Se realizó una investigación cualitativa, de alcance exploratorio-descriptivo, no experimental, transversal y de campo. Uno de los métodos utilizados para identificar desafíos y técnicas fueron las entrevistas a intérpretes locales, que se desempeñan en el ámbito médico. Además se analizaron transcripciones de las interacciones entre el intérprete con los doctores y pacientes, por medio de las cuales se analizaron e identificaron dificultades inherentes de la interpretación médica telefónica.

Palabras claves: Interpretación telefónica, interpretación médica, comunicación intercultural, atención de la salud.

Abstract

The object of this study is to explain the phenomenon of telephone interpreting and all the challenges that this type of interpretation involves. This paper then takes a specific company that offers telephone interpreting services as a test case for telephone interpreting analysis and difficulties. Since medical interpretation makes up the larger part of the company's activities, further emphasis will be put on medical telephone interpreting, which has, at its turn, a number of challenges which will be defined and exemplified in this paper. A qualitative exploratory-descriptive not experimental, transactional, field research scope was carried out, through a series of interviews that were made by the staff interpreters at the local

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headquarters of the medical telephone interpreting company. Furthermore a number of transcripts of telephone interpreting interactions will be analyzed in order to pinpoint certain difficulties specific to medical telephone interpreting.

Keywords: Telephone interpreting, medical interpreting, intercultural communication, health care.

Introduction

This paper will describe the telephone interpreting service offered by a company named Language Select and its office in Guayaquil called Orion Language Solutions. Through a qualitative exploratory-descriptive study which objective is to identify the challenges and techniques that the interpreters use while providing telephone interpreting services. To be clear about what type of service this company offers, it is important to know what interpretation is and what it takes to be an interpreter. Interpretation is an act of communication that involves more than just linguistic elements. As a communicative act, interpretation has three elements: the original speaker, the interpreter and the final receiver. In this case this would respectively be the doctor, the interpreter and the Hispanic patient.

The interpretation process is a complex one, and it involves different aspects. Being fully bilingual is not enough; the interpreter has to develop a set of skills that he or she has to apply through his or her career (Llansó, Izquierdo y Beis, 1988). These details together with the problem caused by considering that the interpreter should only receive information cause a series of situations and create barriers that not only affect the communication (Buhler, 1990) but can lead to failures of medical attention, delays in health care processes and generate consequences in treatments of patients,

product of the neglect to the conditions of work and challenges that must face daily the medical interpreter.

To these problems are added important antecedents by Castell (2004), Cabré et al. (2003), Mayoral (2001) and Cabré (2000) regarding the work of the interpreter; in the first instance, we have the problem of the lack of researches that includes the aspects related to the work of interpretation, which, coupled with the poor knowledge of the profession, causes that the role of the interpreter in his daily work is not valued properly, which gives rise to situations that affect the interactions that are the basis for the effective work of the interpreter; generating problems such as the lack of methodological tools to attend to the requirements for an adequate interpretive work, lack of optimal technological resources for the development of communication, lack of adequate training for the strengthening of functions, among others.

In view of the lack of studies related to the analysis of the work of phone interpreters expressed by Bhatia (2008), through a sample of interviews to all phone interpreters of the Guayaquil office and transcripts of some phones calls that present certain situations that can be analyzed to identify challenges and techniques used while performing the interpretation job and recognize the different barriers that are presented in the process of interpretation based on the experiences of the interviewees.

Development

Community interpreting

Community interpretation is the work performed by thousands of –trained and empirical – interpreters where there is a need for intercultural communication across languages. Community interpreters handle all kinds of common everyday matters and topics, ranging from general ones to technical, legal, and medical ones. Community interpreting requires an extensive range of skills, notably interpersonal, linguistic and cultural ones.

The role that the community interpreter performs consists of enabling professionals and clients, with different backgrounds and perceptions and in an unequal relationship of power and knowledge, to communicate to their mutual satisfaction (Shackman cited by Bowen, 2000).

When two or more participants interact in a communicative event they bring the self to this interaction. The worldview and the concepts that individuals bring to this communicative event are affected by their cultural background and knowledge. “Cultural schemas in particular include institutionalized settings (the cultural roles that individuals are supposed to play) and social accounts (what each community believes)” (Angelelli, 2004, p. 29).

In the field of community interpreting the main goal is to achieve communication. That’s why the parties need to gather information from each other to accomplish their goals. In order to do this successfully, both parties have to overcome cultural and language barriers. (Angelelli, 2004, pp. 15-24).

The clients of community interpreting are often from a lower educational background.

They are mostly immigrants, refugees of all age groups, migrant workers and their children. Many of these immigrants have been living in the host country for years and they need linguistic assistance to cover their daily needs in different settings such as doctor’s offices, hospitals, schools, institutions dealing with immigrant matters, housing authorities, social security entities and police stations. In addition to this, they are often worried about, afraid of or overwhelmed by the setting they find themselves in. Moreover, they are confronted with professionals, such as doctors, nurses, police officers, social workers, etc., who are often in a hurry. Therefore, besides a near-native command of the languages they work in, community interpreters should have a well-developed set of interpersonal communication skills, as well as a sound understanding of the cultures both participants come from (Bowen, 2000).

Modes of community interpreting

“Community interpreters may have to deal with different translation modalities such as sight translation, consecutive, simultaneous, liaison and whispered interpretation” (Vargas, 2012, pp. 62).

Sight translation: Sight translation is when the translator is required to read out loud a written source language text in the target language, hence translating this text while reading it. This skill is used in several settings. Court interpreters, for instance, are often called to perform sight translation (Reynoso, 2006, p. 3).

Consecutive interpretation: In a consecutive interpretation setting, the speaker gives a speech and then pauses for an equal amount of time so that the interpreter can translate the speech in the target language. While listening to the speaker, the interpreter takes

notes and must render the speech seamlessly (Reynoso, 2006, p. 3) this is very often in community interpretation and in small meetings; usually the most common mode is the short-consecutive since the regular one is more time consuming.

Liaison: Liaison interpreting is the name given to the genre of interpreting that is performed in two directions by the same speaker. This activity has acquired a number of names according to the place where it is practiced. In the United Kingdom, for example, this form of interpreting is called 'ad hoc' or 'public service' interpreting, in Australia 'three cornered' or 'dialogue' interpreting; the term 'community' interpreting is also used by a many authors. The term 'liaison interpreting' was used to distinguish it from conference interpreting. (Merlini y Favaron, 2003) Liaison is widely used in community interpreting, in the healthcare setting for example, the doctor, the patient and the interpreter are all in the same room and the interpreter is the medium that transfers the message in a three-way mode.

Simultaneous: Simultaneous interpretation is when the interpretation takes place at the same time as the original speaker is giving the speech. The interpreter is in a booth interpreting for the members of the audience, who are wearing earphones to listen to the interpretation in the target language. Simultaneous interpretation is widely used in conferences when there are members of the audience who speak different languages, in that case there would be one interpreter assigned to each language in the audience (Kelly, 2008, p. 12).

Telephone Interpreting

The development of new information and communication technologies (ICT) has had a

huge impact on the professional interpreting field. Innovations such as Internet, smartphones, social networks, etc. have made communication without boundaries possible. These new tools have made human interaction easier to achieve; however, these new fields have also created new challenges for professional interpretation (Hurtado, 2013).

This is why, besides the traditional modalities of interpretation mentioned above, the community interpreter might have to face new forms of interpretation such as videoconference and remote interpretation.

Telephone interpretation has helped to overcome geographical barriers, especially in combination with the use of high-speed Internet connections. Many apps can be used for this purpose such as Skype from Microsoft, Viber, Line, Face time, etc.

A number of technological devices can also facilitate telephone interpretation, for instance, a small device like a pen drive called magicJack or different types of headsets, microphones and speakers. When using traditional phones it has to be mentioned that there has been quite some evolution too. Nowadays, there are phones with two receivers that can be used instead of the traditional approach of the speakerphone. Some clients use headsets that are plugged into one phone. This enables them to start a conference call so they can hear the Spanish-speaking customer and the interpreter at the same time.

Telephone interpreting is the model of interpretation that is provided to the end user using a telephone or an app or a device that can mock a phone (Kelly, 2007, p. 13). Over the phone community interpreters assist in conversations and dialogues between organizations, clients, users and consumers.

This may involve quite sensitive situations such as, for example, communication events between doctors and patients, in courtrooms cases and law enforcement agencies (Reynoso, 2006, p. 7) Nowadays telephone interpreting in the US is provided mainly by for-profit companies. In 2005 the US telephone interpreting market had a value of US \$200 million.

Medical Interpretation: The function of Medical Interpreters

Medical interpreters are required to work alongside health care providers to ensure that patients who are not fluent in English gain full access to health and therapeutic services. The use of interpreters has been shown to improve access to and quality of care. Being provided with interpretation service has been shown to increase patients' understanding of their situation and treatment options offered; it helps to build the link between healthcare providers and patients. Other studies investigating the relationship between access to healthcare and quality of communication facilitated by interpreters also report improved appointment keeping, fewer emergency visits, greater patient satisfaction and improved compliance with suggested treatments (Tribe & Tunariu, 2009).

Patients who are more pleased about their relationship with the healthcare providers report greater levels of acceptance and satisfaction, decreased concerns or worries about their health condition, stick better to treatment, and request less for referrals to other physicians. An interdependent bond between the healthcare provider and patient is a therapeutic alliance in which the physician and patient are treated as partners that are engaged in a common battle against an illness. Since this is not part of the interpreter's duty, the interpreter must

wonder: can a momentary guest to this battle be considered an essential part of the struggle against this illness? (Angelelli, 2004, p. 16).

Challenges in Medical Interpretation

a) Cultural barriers: Language problems can interfere in many aspects of healthcare, including health status, use of health services and health outcomes. However, linguistic barriers are not the only factors that affect healthcare. Cultural differences, without language barriers, may cause an ineffective communication and lead to misunderstandings. Other aspects like ethnicity, gender, age, sexual orientation, or religious belief might play a crucial role in the communication between patient and doctor. For instance, patients with different ethnic backgrounds than the doctor vary in their preferences about how to deal with news, especially with bad news (Angelelli, 2004, p. 19).

When in an intercultural setting there are other aspects to take into account. Different cultures may have different views on family and formality. In the healthcare setting, there are times when the patient is accompanied by a family member, in some cases a bilingual young man or woman whom the patient uses as interpreter. In the Hispanic culture specially, the way people address their elders tends to display a high level of respect.

As a consequence, in the case of the young man or woman who is kindly helping his or her relative to interpret the message that the doctor is trying to convey, sometimes this deferent behavior might get in the way, since these informal interpreters might be very concerned about the level of formality to be observed toward the elder relatives whom they accompany, which could affect their interpretation job negatively (Lustig, Koester y Tamiko, 2006).

Sometimes the younger, supposedly bilingual, is still a child. For these children, interpreting is a heavy burden, since sometimes their English skills and medical knowledge are not sophisticated enough as to be involved in the medical interpretation field. This factor is harmful to both the family and the child and threatens communication itself.

Patients with different linguistic background are more likely to visit the urgent care facilities or the ER. Cultural habits of misusing emergency services because of a lack of willingness to schedule or pay for a doctor's appointment, and also lack of medical knowledge, leading to aggravated symptoms, which could have been prevented by medication or treatment and follow-up at a previous stage. In addition to this, some patients' health insurances only cover emergency visits, prompting the patients to use this service instead of regular appointments. This could be due to the fact that they prefer receiving medical assistance when they are really sick, rather than explaining their whole condition to a doctor who does not speak the same language.

b) Different views on medicine: There are different views that the patients might have on the healthcare settings. These different approaches might interfere with the interpreter's job.

1) The magico-religious or personalistic approach, according to which health and patient recovery are directly linked to higher supernatural force. Mystic forces beyond human control provide cure to illnesses. In this approach transgressing the rules of this supernatural force might end up in punishment that lead the patient to be sick.

2) The holistic or naturalistic approach is a view of medicine in which the patient is

seeking to keep certain balance with nature. So illness is associated with external climatic elements like wind, cold, heat or drought.

3) The biomedical or Western approach is closely related to European and American culture. The patient relates his or her illness with a body part that is not working or "broken" and they have to go to a doctor or a nurse so they can fix that "broken" part (Lustig y Koester, 2006).

Methodology

The objective of this study is to identify the challenges and techniques that the interpreters use while providing telephone-interpreting services. Therefore, this study focuses specifically on the medical telephone interpretation activities of Orion Language Solutions, the Guayaquil-based regional branch of Language Select. Language Select is an international company that provides interpretation and translation services mainly in the legal and medical field. Language Select has its headquarters in California.

The methodology used in this paper to assess the challenges involved in medical telephone interpreting in the framework of this company is based on two sources: a sample of interviews to all phone interpreters of the Guayaquil office and transcripts of some phones calls that present certain situations that can be analyzed to identify challenges and techniques used while performing the interpretation job.

Interviews

The interviews were taken in Guayaquil-Ecuador to the entire staff of Orion Language Solutions, the regional branch of Language Select.

Seven interviews were taken and the results were different challenges and techniques

that are noticeable on the interpreter's job (table 1).

According to the results of the interviews, technological and cultural challenges are the ones that the interpreters have to deal most frequently.

Technological Challenges

The technological challenges mentioned in these interviews involved issues such as echo, low volume and static on the speakerphone used in doctor's offices, as well as background noises.

The object of study, Language select, provides tools to perform the daily interpretation services, however these tools are insufficient or they are of a low quality. The core tool with which Language Select provides its interpreters is called magicJack. This is a device, similar to a flash drive, which is plugged into the computer, or the landline, to start receiving phone calls from the operators requesting Spanish interpretation. The main issue with this way of communicating is that the magicJack depends on the Ecuadorian Internet services, which are in constant modification; this causes interference on the calls or not to receive calls at all.

Linguistic Challenges

The staff interpreters of the company identified the following linguistic challenges: accents, either from the healthcare provider or the patient; pace and volume from both of them.

Terminological Challenges

The terminological challenges are mainly present in the medical calls. Some doctors are not used to work with interpreters, and they use abbreviations like EEG, which in Spanish means *electroencefalograma*, or PCP, which stands for Primary Care Physician, *doctor primario* in Spanish. A poorly trained interpreter might find it challenging to decipher such abbreviations.

Cultural Challenges

One of the cultural challenges is the misuse of medical terminology by the patient. Although this seems to be related to the terminological problems it is rather caused by cultural factors, such as regionalisms in the names of diseases, illnesses and medical conditions. This requires the interpreter to adapt or to figure out the meaning of the term that the patient is using.

Table 1. Challenge as identified by the sample of interview

Challenges					
	Technological	Linguistic	Terminological	Cultural	Others
Number of interpreters with these challenges	4	2	1	4	1

Another cultural factor that plays a role in these terminology-related cultural challenges is the patient's level of education. Some low-schooled Hispanic patients suffer from a lack of medical terminology. In these cases the interpreter has to explain the term and paraphrase the source speech.

Spanglish is another challenge interpreters might face. Sometimes the Hispanic patients know the term in English, but they don't know the translation in Spanish and when they hear the translation they feel puzzled.

Other Challenges

Besides cultural, technological, terminological and cultural challenges there are other challenges that the phone interpreter has to face every day. The remote interpretation that Language Select requires their interpreters to perform must be of a minimum duration of 4 hours' logged in time. There is no set maximum duration for the interpreters' availability. So, one important challenge is constituted by the workload. Sometimes, depending on the season, the amount of calls coming in from the US rises. Phone interpreters are required to answer all of them regardless of the topic. That causes excess on the interpreters' intake of information. The interpreter has to change the topic every two or three minutes and remain on the line for the entire interaction with the client. Another problem is the schedules that they require the interpreters to log in, they require the interpreters to be sitting down 4 to 8 or sometimes 10 hours straight or with insufficient recess, this causes tension and stress that diminish the interpreter's rendition.

Ergonomic difficulties also arise while performing the interpretation service in an environment, which is often, unfit for this type of activity, since the company

allows the interpreters to work at home. An Ecuadorian house is not precisely equipped to be a noise-free environment. Background noises can cause interference in the tasks as well as complaints from the client (Phillips, 2013, p. 517).

Results and Analysis

To show how interpreters apply techniques during the interaction this paper will showcase five transcripts.

Codes

Patient: **P**

Representative: **R**

Healthcare Interpreter: **HI**

Caretaker: **CT**

Operator: **OP**

Doctor: **DR**

Transcript #1:

Client name: Kaiser Permanente
Appointment line

Time: 09:43 AM

[Extract...]

DR: Hi interpreter, I'm with mr. Segovia and he is here for his yearly health assessment, so I'll ask a series of questions to determine his health condition.

HI: Señor Segovia, buenos días. Hoy el doctor le hará su evaluación anual para lo cual le haremos algunas preguntas para poder determinar su estado de salud.

P: Ok, gracias.

DR: Mr. Segovia, in the past twelve months have you been hospitalized or did you have any fall?

HI: Señor Segovia, ¿en los últimos doce meses usted ha estado hospitalizado, o se ha caído?

P: Bueno, la verdad hospitalizado pos, no. Sí fui a emergencias una vez y de caerme yo creo que sí. Yo me fracturé el cuadril en un accidente hace tiempo.

HI: Well, hospitalized, not really. I went to the ER once, but as far as falls are concerned, I fractured my hips in an accident long time ago though.

Type of challenge: Cultural and terminological

In this transcript a doctor is performing a health assessment and he is asking questions to his patient, Mr. Segovia. One of these questions is if Mr. Segovia has had any recent hospitalizations or falls in the past 12 months. He answers the question and he adds more details even when he was not required to do so. And as to the second part of the question, whether he had fallen in the past 12 months, he answers that he had an accident long time ago and that he fractured his “*cuadril*”. This term carries the meaning of *hips*; however, this word is used to describe animal body parts rather than human anatomy. The interpreter translated the word as “hips”, which was the correct option in this case, corresponding to the way in which the patient was using it.

Transcript #2:

Client name: Kaiser Permanente incoming call

Time: 11:00 AM

[Extract...]

R: Interpreter, we have a lady calling in could you verify what can we do for her today?

HI: Buenos días señora ¿En qué le podemos ayudar?

P: Oh... hello eh... Llamo para hacer un appointment.

HI: Hello, I'm calling to schedule an appointment.

R: What type of appointment?

HI: Pero, señora ¿Qué tipo de consulta necesita?

P: Oh... el examen ese...eh...el de las chichis, mamo ¿no sé qué?

HI: I need to schedule an appointment for a mammogram

Type of challenge: Cultural

In this interaction we could see two different challenges that the interpreter has to deal with. In the first part there is a mix of Spanish and English that the patient is using when she is referring to an *appointment* in English rather than using the Spanish word “*cita*” or “*consulta*”. The second part shows that the patient is ashamed to express her concerns directly. So she uses the word “*chichis*”, which is a euphemism for *breasts* in many Spanish-speaking regions. In addition to this, the second underlined section also exemplifies the fact that patients are not always cognizant about the exact medical terminology. The patient fails to find the exact name for the exam she needs. The interpreter understood the message and

interpreted it as mammogram, which was what the patient was requesting.

Transcript #3:

Client name: Kaiser Permanente Advice Nurse

Time: 08:23 AM

[Extract...]

R: Hello, Interpreter my name is Rebeca I'm an advice nurse for Kaiser Permanente, we have a patient on the line requesting assistance. This is the third interpreter that I've requested so far so, please tell the patient to be brief.

HI: Señor Buenos días, yo voy a ser su intérprete al español, por favor nos puede describir brevemente sus síntomas

P: Claro. Buenos días. Antes que todo te agradezco por tu ayuda. Mira, lo que pasa es lo siguiente: hace una semana fui a Tysons Corner y ahí me pusieron una inyección para la hepatitis. Y bueno, todo estuvo bien; me fui tranquilo a casa, pero luego, dos días después de la inyección empecé con un dolor horrible al orinar, una cosa impresionante que me pegaba bastante fuerte. Yo entonces esa semana llamé a Kaiser para hacer la cita con un urólogo para que me revisen porque no aguantaba y me dijeron que no tenían nada disponible y me empezaron a hacer un montón de preguntas raras que si yo había tenido relaciones sexuales, a

lo que yo respondí que no pos yo soy diabético y no he tenido relaciones en varios años. Bueno, lo que quería es también cancelar la cita que tengo con mi doctor de los riñones que es el Dr. Mayuga porque no podré ir hoy ya que tengo una reunión muy importante en el trabajo. Yo trabajo para Delta, la aerolínea, y soy el jefe de los mecánicos y necesito ir, ya que si no voy, me corren, así que necesito la cita para mañana si es posible con el urólogo y cambiar la del Dr. Mayuga para mañana también, por favor.

HI: Last week I went to Tysons Corner for the hepatitis shot, and two days after getting the shot I started to develop urinary symptoms, an intense pain while urinating. I've called Kaiser already. They told me that they did not have an appointment and they started to ask questions like if I had had sexual intercourse recently and I told them no, since I'm a diabetic. Well, the reason for my call today is that I want to cancel my appointment for today with the nephrologist, Dr. Mayuga and I'd like to schedule an appointment with an urologist for tomorrow please.

R: Ok sir, I'll ask a series of questions in order to give you the proper assistance I just need a YES or NO answer ok?

HI: Señor, le vamos a realizar una serie de preguntas para poder asistirlo de la mejor manera. Por favor, sólo necesitamos como respuesta SI o No

P: Mmm... Ok

R: Do you have lower back pain where the kidneys are located or side pain?

HI: ¿Tiene usted dolor en la espalda baja, por el área de los riñones o dolor al costado?

P: YES, yo tengo dolor en el recto y dolor testicular cuando orino me pega bien bien fuerte.

HI: Yes, I have rectum and testicular pain when I urinate, it is really, really intense.

R: That's not what I asked. Do you have lower back pain where the kidneys are located or side pain?

HI: Eso no fue lo que le preguntamos, Sr. ¿Tiene usted dolor en la espalda baja por donde están los riñones o dolor al costado?

P: Bueno, la verdad que no. No realmente, lo que si duele bastante son los testículos y el recto.

HI: Not really, no, where it really hurts is the rectum and the testicles.

R: Currently, have you been vomiting? Or do you have fever?

HI: ¿Ha vomitado o tiene fiebre actualmente?

P: Sí, sí, la verdad he estado "trasbocando" toda la noche y también hace dos días y una fiebre terrible que me despierto con las pijamas todas empapadas de sudor.

HI: Yes, I've been vomiting for the past two days, last night I was throwing up all night long and I had a lot of fever. My temperature was so high that I woke up with my pajamas soaked in sweat.

R: No, sir what I'm asking is if you are vomiting or do you have a fever TODAY?

HI: No señor, lo que queremos saber es si ¿usted ha vomitado o ha tenido fiebre hoy día?

P: Oh no, no, no hoy... ayer sí y bastante.

Type of challenge: Cultural and terminological

In this interaction we can identify different challenges. The first one is that the representative from the healthcare institution who is requesting the interpretation services is clearly upset or frustrated due to the fact that this was the third interpreter that she requested without getting through the call. At first the representative asks the patient to be brief, but the patient focuses on painting the whole picture, providing additional information that was not relevant to his health condition such as where he works or why he will not make it to the appointment. The interpreter in the next step summarizes and extracts the most important details of the patient's description such as his request, his symptoms and what triggered his symptoms. After the representative has made the preliminary prognosis she starts to ask questions requiring only a yes or no as an answer. The fact that the patient tried to provide as many details as he could interfered with these inquiries. In one of his answers to those questions, the patient says that he was "*trasbocando*" last night. In this part the interpreter has to grasp the meaning of that word according to the context. The previous question that led to that answer was that if he was vomiting and the patient answered that yes he was "*trasbocando*". So, according to the context, it meant, "*vomiting*".

Transcript #4:

Client name: Altamed medical center, Psychiatry department

Time: 16:00 PM

[Extract...]

OP: We have Altamed with a third party dial out. Are you ready?

HI: Yes

DR: Good afternoon interpreter my name is Dr. Gabbur in the office I'm with Mr. Antonio in the psychiatry office. We are calling out Mr. Antonio's care taker Ms. Clara.

HI: Alright

Type of challenge: missing nonverbal communication

(At this point the operator called out. We reached Ms. Clara in a conference in which we had the patient, the psychiatrist, the interpreter and the care taker – a total of four people: two on site, patient and psychiatrist, and two away, the interpreter and on another line the care taker)

In this call Mr. Antonio was answering the best he could in English. He had a stroke and was receiving depression treatment and the psychiatrist was assessing how the medicine was working. From time to time he addressed Ms. Clara, the challenge in this interaction was to know when he addressed the care taker or the patient because from time to time Ms. Clara jumped in the conversation thinking that the psychiatrist was addressing her and interrupted the interaction. Besides the connection with the doctor's line was not

the best and in this scenario another aspect came into play, the patient had had a stroke and his speech was really hard to understand.

Transcript #6:

Client name: Saint Francis Hospital, Physical Therapy session

Time: 13:30 PM

[Extract...]

DR: Hello interpreter, I have Mr. Acosta on the phone he is here because he had a facial paralysis and we are here to give him some tips and exercises.

Ok, I will show Mr. Acosta a list of exercises that I'd like him to do and repeat every day so he can wake those facial muscles up.

HI: Señor Acosta, le mostraremos ejercicios que sería bueno que usted los haga diariamente para que así pueda despertar sus músculos faciales.

P: Mmm.

DR: Ok interpreter, let's start with number 1, can you tell him to do this...

HI: Señor Acosta haga esto.

P: Mmm ah ok

DR: Mmm, no no let's do one thing I'll do the movements and Mr. Acosta will follow.

HI: Señor Acosta haremos lo siguiente: el terapeuta va a realizar los movimientos y usted haga lo que él hace.

Type of challenge: missing nonverbal communication

In this interaction the challenge of missing nonverbal communication is depicted, since it is a physical therapy session. The therapist is showing the patient how to perform certain movements in order to recover the flexibility in the patient's facial muscles. In the part where the therapist says "do this" that is directly translated into Spanish as "haga esto" the patient in this case was confused since he did not know what to do. The therapist decided to take the lead and perform the exercises himself first and then the patient would follow his lead. In the case of telephone interpreting these scenarios are repeated every day especially with physical therapy session since those involve movements and exercises, of which, if you are not in the same room, you will not know how to perform them.

Conclusions and Recommendations

The aim of this paper was to point out that telephone interpreting is not a simple task to perform. It involves challenges of different kinds and a special set of skills is needed while performing this type of interpretation. This study also proved, through interviews and transcripts, which are the challenges that the interpreters have to face and which are the techniques that they can use in order to overcome those challenges. The main point is that this type of interpretation requires a large intercultural baggage.

The interpreter has to know how to overcome different barriers such as the lack of nonverbal communication since this interpretation is performed over the phone. Another barrier are the regional terms for which the interpreter has to find a more neutral term in order to accurately convey the meaning either to the client, either to the

doctor, as was illustrated by the cases that were analyzed in this paper.

The results obtained from the analysis of the interviews and the arguments expressed by the interviewees allowed to determine the dimensions, characteristics and constituent elements of the challenges that an interpreter must face in his daily activities. Which are classified in the following categories: technological challenges, linguistic challenges, terminological challenges, cultural challenges and other challenges related to working conditions.

From the understandings of the arguments, technological challenges involved issues such as echo, low volume and static on the speaker phone used in doctor's offices, as well as background noises. These problems are intensified by the influence of tools to perform the daily interpretation services, as the internet service and electric power; this causes interference on the calls or not to receive calls at all.

The definitions developed for linguistic challenges involve aspects such as accents, either from the healthcare provider or the patient; pace and volume from both of them. Which are accentuated in the two interrelated challenges: terminological and cultural. These present characteristics that were clearly identified as the most common among respondents and their characteristics were linked.

The terminological challenges are mainly present in the medical calls. Some doctors are not used to work with interpreters, and they use abbreviations like EEG, which in Spanish means *electroencefalograma*, or PCP, which stands for Primary Care Physician. A poorly trained interpreter might find it challenging to decipher such abbreviations.

The linguistic and terminological challenges are presented according to the cultural background of both the interpreter and the caller, for this reason, a fundamental challenge established as a result of the study constitutes the cultural challenge. Cultural factors, such as regionalisms in the names of diseases, illnesses and medical conditions, have direct influence on the level of understanding of messages, this requires the interpreter to adapt or to figure out the meaning of the term that the patient is using.

Another cultural factor is the patient's level of education, which has great influence on the development of the interpreter's work because some low-schooled Hispanic patients suffer from a lack of medical terminology. In these cases the interpreter has to explain the term and paraphrase the source speech. Spanglish is another challenge interpreters might face. Sometimes the Hispanic patients know the term in English, but they don't know the translation in Spanish and when they hear the translation they feel puzzled.

The results allowed to recognize other interpreter work challenges associated with aspects of health and the conditions in which they work. Sometimes, depending on the season, the amount of calls coming in from the US rises. Phone interpreters are required to answer all of them regardless of the topic. Another problem is the schedules that they require the interpreters to log in, they require the interpreters to be sitting down 8 to 10 hours straight or with insufficient recess, this causes tension and stress that diminish the interpreter's rendition. These conditions cause ergonomic difficulties also arise while performing the interpretation service in an environment which is often unfit for this type of activity. Background noises can cause interference in the tasks as well as complaints from the client.

It is important to indicate that the analysis of the situations allowed to determine that in the development of the interpreter's work the aspect relating to non-verbal communication can not be considered because the only direct link with the interlocutor is his voice, and when one of the patients is going through a great health problem and the barriers of communication prevent understanding the words, they understand the lack of a nonverbal component that allows to better understand each situation.

This study focused on an Ecuadorian translation company that offers its services to different companies and institutions in the US. The problem is that sometimes the company seems to be mistaken in how it conceptualizes job of phone interpreter and customer service representative. It is true that the phone interpreter has to have customer service skills, but that does not mean that they have to work in the same conditions.

A customer service representative is required to answer a large amount of calls one after another, since they have scripts that they follow and all the answers for their customers questions are written on a screen, whereas in the case of a phone interpreter the answers are in our heads and our main tool is our note taking system, and interpreters are not made to answer lengthy calls one after another one.

About recommendations for the company that was analyzed in this paper to improve their work; it's necessary to categorize the interpreters according to the topics they are required to translate. For instance to have one team of interpreters only dedicated to medical topics and another one specialized in health insurances. In certain circumstances if the call flow increases medical interpreters

can take more general calls to help decrease the waiting queue.

It is fundamental that studies such as the one developed in the paper be replicated to be able to consider the importance of the work of professionals such as medical interpreters, for example at the level of other services involving a call center, it is important to analyze situations and challenges they are faced with being clear that they are not mere intermediaries but constitute the first contact in the process of a service whose importance may involve essential details of life such as wellbeing and health, as is the case of medical interpreters.

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