Ethical interpreting in health care settings

End of Project Report

Interpreter Mediated Communication in Healthcare
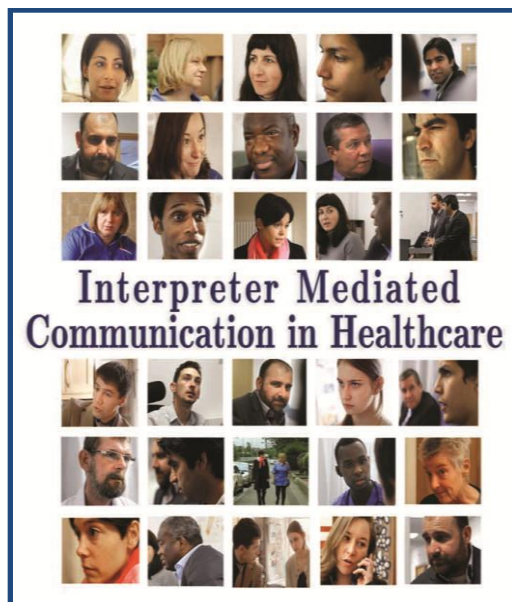
www.gla.ac.uk/ethicalinterpreting

Project Partners

University of Glasgow — Glasgow Refugee, Asylum and Migration Network

GCU Glasgow Caledonian University

BEMIS — Empowering Scotland's Ethnic and Cultural Minority Communities

Project Funders

Arts & Humanities Research Council

Scottish Funding Council — Promoting further and higher education

BRITISH COUNCIL

January 2014

1. Executive Summary

Context and background

This project was developed was a collaboration between the School of Education and the College of Medical, Veterinary & Life Sciences at the University of Glasgow, the School of Health at Glasgow Caledonian University and BEMIS (a non-HE third sector partner). It is based on needs analysis in the sector and has acted as a direct response to stakeholders requests for research and training for a 'healthier Scotland' for migrants.

Its conception and development was timely given rapidly increasing intra-European mobility, the increasing number of migrants who are permanently or temporarily settled in Scotland, and the fact that Glasgow is a major UK dispersal area for asylum seekers. These demographic factors combined emphasised the need to redress current inefficiencies in language and communication support.

Because of the specific nature of the latest migration to Scotland and the subsequent newness of interpreting in health care provision, this project is of significance for the development of Scotland's future generations of health care providers and interpreters. It also has practical significance for current practitioners who are grappling with issues and challenges of intercultural communication in clinical and non-clinical health care settings.

Interdisciplinary and practice-focused

Two main strengths of this project lie in its interdisciplinary ethos and approach and are its interdisciplinary ethos and its firm embeddedness and commitment to practice-evidenced research.. Mixing different ways of thinking has been essential to stimulate the development of our innovative approach to the research problem which would not have happened with such success had we been working apart. Listening and learning from practitioners already in the field has been integral to the development of the training material.

Research Design

A 3 stage research design was developed, involving (1) literature review; (2) qualitative interviews and (3) the translation of analysis in 5 short films.

Key findings from the literature review were firstly rarely, and surprisingly, is there any dialogue between these three parties and as a result, there is a methodological and conceptual conservatism in addressing intercultural communication. Secondly the community context was missing, despite a range of health care services provide d in the home setting (e.g. community midwifery, health visitors, community psychiatry), or in a community 'drop-in'. And thirdly, despite most studies acknowledging the multiple factors affecting communication, recommendations to overcome communication focused on 'the language problem'.

Qualitative interviews were conducted with 19 participants which included health care practitioners, interpreters and migrants. The interviews highlighted the need for educational tools which abandon technical, transfer-based understandings of interpreting in favour of intercultural communicative frameworks and models of training which take seriously the intercultural responsibilities of interpreters, and health care practitioners in health care settings, and incorporate the intercultural communication capabilities of migrants.

The experiential learning of the health care practitioners and interpreters interviewed in the research project was integral to the development and production of five short films that depict

different aspects of practice of working with interpreters across a number of clinical and 'community' health care settings.

Outputs

The project has produced a range of outputs: a comprehensive set of FREE resources made available online. This includes 5 short films (available in Vimeo, You Tube and MP4 formats and in DVD format) and accompanying learning materials and supporting document on how to use the resource. The Project Website provides a repository for the material and links to useful related sites. We have also engaged in an active dissemination strategy, presenting on the project at a number of local, national and international conferences to a wide range of academic and non-academic audiences and stakeholders. We will be screening the films during Refugee Week 2014. Finally we are following a targeted publications strategy, with academic publications which have been commissioned, under review or in preparation with the following titles Language and Education, Ethnicity and Health, International Journal of Nursing Studies and Language and Intercultural Communication:

Knowledge exchange

Knowledge exchange has been embedded into the project from the outset. It was a key feature of the identification of areas for research for the 'Healthier Scotland' call with stakeholder meetings and consultations and the use of the Ketso tool to identify key issues in interpreting.

Through BEMIS as a key project partners and GRAMNet, we have engaged with a range of stakeholder audiences locally, nationally and internationally

The decision to use volunteer linguists in the training videos as actors opened the project to a much wider constituency and was a key finding with regard to additional mechanisms for knowledge exchange.

Learning and reflection

Evaluation and reflection on the research question and the process itself have been integral components to the development of the project throughout its duration.

In terms of planning and budgetary considerations, very real challenges arose from the lack of funds to provide professional interpreting to facilitate the interviews. The filmmaking budget was also underestimated, and any future project would need to factor in more realistic costs around these two services.

Methodologically, this project was innovative in successfully bringing together multiple perspectives, in developing narratives from those experiences, and then translating these into stories which reflect the multiple perspectives. There is a case to argue for an ethnographic turn in health research, with a focus on process as well as outcomes, which would align well with a research agenda that looks behind prescriptive guidelines of service delivery and studies the messiness of social interactions in intercultural and multilingual contexts.

A second important methodological challenge was that we had to develop ways of learning as a multidisciplinary team to be able to (1) translate data and concepts across disciplines and (2) find ways to communicate data and findings in academic and non-academic ways.

1. Introduction

This project was developed was a collaboration between the School of Education and the College of Medical, Veterinary & Life Sciences at the University of Glasgow, the School of Health at Glasgow Caledonian University and BEMIS (a non-HE third sector partner). The project itself developed as a direct consequence of consultation events on a range of topics which have been hosted by GRAMNet (the University of Glasgow's Refugee, Asylum and Migration Network) for researchers and public and third sector organisations. From discussions at these events, the different project partners had identified inefficiencies in interpreting provision and usage as a priority area of study and sought to address these by designing a model of training for health care settings which would draw upon proven research in interpreting and translation, intercultural education and pedagogy. **In short: the project is based on needs analysis in the sector and has acted as a direct response to stakeholders requests for research and training for a 'healthier Scotland' for migrants.**

2. The Project: Ethical interpreting in health care settings

The development of the existing project was driven by: (1) a needs-based consultation with researchers and knowledge exchange partners who had anecdotal evidence of sub optimal experiences for services users, interpreters and clinicians; and (2) an academic assessment of NHS Scotland's response to Scottish Government translation guidelines (Scottish Government 2004), namely the development of a National Strategy for Translation, Interpreting and Communication Support (2010), and of Greater Glasgow and Clyde Health Board's interpretation of the strategy, which positions "communication support" as largely equated with clinically based impairments (p. 2), and in particular for "individuals who – due for example to neurological conditions, hearing, speaking or learning disabilities" have expressive communication difficulties. As a result, this clinical focus was felt to insufficiently recognise those for whom English is not the first language.

The project was timely given rapidly increasing intra-European mobility, the increasing number of migrants who are permanently or temporarily settled in Scotland, and the fact that Glasgow is a major UK dispersal area for asylum seekers. These demographic factors combined emphasised the need to redress current inefficiencies in language and communication support.

Moreover, for the first time, the 2011 Census which maps out the proficiency in English as well as the range of languages spoken across Scotland (over 180 different languages) and reports that 73,000 of people aged 3 and over in Scotland were reported as being unable to speak English well or at all. The demographic shifts of the last 10 years demonstrate that this is the moment for greater understanding of the communicative significance of migration on health provision, and the need for a corresponding training package for use of translation in healthcare delivery, in order for Scotland to avoid replicating poor outcomes and the well evidenced inequalities which manifest from unprepared translators and health care providers working with patients with limited English proficiency (Flores et al 2003; Flores 2005; Jacobs *et al* 2006; Karliner *et al* 2007). **Because of the specific nature of the latest migration to**

Scotland and the subsequent newness of interpreting in health care provision, this project is of significance for the development of Scotland's future generations of health care providers and interpreters. It also has practical significance for current practitioners who are grappling with issues and challenges of intercultural communication in clinical and non-clinical health care settings.

The policy and migratory context and the anecdotal evidence gathered from non-research partners taken together highlighted the need for an appropriately research-informed, effective training model of translation and interpreting practice that can be delivered in a range of health care settings in Scotland.

3. Research project objectives

- Using drama as pedagogy, to develop effective intercultural training and guidance for health care practitioners, interpreters and interpreting service users in health care settings;
- To enable knowledge exchange of research findings drawn from interpreting and translation and intercultural communication to benefit multilingual and migrant groups most linguistically at risk.

4. An interdisciplinary approach

As stated in the introduction to this report, **this project brings together a team of researchers from across the different Colleges in the University of Glasgow, from Glasgow Caledonian University and BEMIS, covering a range of disciplines including Intercultural Communication and Education, Critical Pedagogy, General Practice & Primary Care, Nursing Education, Psychology, Sociology & Anthropology and Community Theatre Studies.** This synthesis of different approaches to exploring the research question raised interesting theoretical, conceptual and methodological challenges for the research team at different points of the project. These included how we conceptualised migration and the category of migrant service user, how to approach data analysis, using a mixed method research design that brought together disparate traditions and disciplines in new ways; and subsequently approaching the translation of interview data into film scripts using the medium of community theatre.

Each stage required different ways of thinking and of presenting the data in academic and non-academic ways to the project team, as well as the project advisory group (made up of academics and practitioners), to our research participants, to our consultant film makers and to our community actors involved in the film making. **Mixing different ways of thinking has been essential to stimulate the development of our innovative approach to the research problem which would not have happened with such success had we been working apart.** We found that this is where the strength of the interdisciplinary approach reached its full potential. Constant communication and clear explanations of the project aims and milestones at each stage provided the project team with the knowledge and vocabulary to understand other disciplines, underpinned project relationships and were central to achieving the project outputs.

5. Research Design & Methodology

Once the key research problem had been clarified, a three stage research design was developed.

> **Stage 1 - Review of theory, method, policy and practice into interpreted-mediated health care encounters**
>
> **Stage 2 - Qualitative interviews with 19 participants (health care provided, interpreters and migrants)**
>
> **Stage 3 - Development and production of 5 short educational films**

5.1 Stage 1

The first stage involved conducting an extensive literature review, covering academic, policy and third sector literature in the areas of health care and migrants, interpreting and translation in health care settings, policy around interpreting provision (covering Scotland, UK, and European perspectives), and intercultural communication in healthcare settings and in working with interpreters / BME populations. Key findings from this review revealed firstly, overwhelmingly single perspectives on experiences of interpreter-mediated practice dominate existing research, that is from the perspective of either the health care practitioner (Ferguson and Candib 2002; Tribe and Raval 2003; Regenstein *et al* 2008; Bischoff and Huddelson 2010), *or* the interpreter (Papadopoulos *et al* 2004; Jacobs *et al* 2004; Green *et al* 2005), *or* the service user (Raval 2003; Flores *et al* 2003; Hsieh 2006, 2008; White and Barton Laws 2009; Doherty *et al* 2010). **Rarely, and surprisingly, is there any dialogue between these three parties and as a result, there is a methodological and conceptual conservatism in addressing intercultural communication.**

Secondly, all studies reviewed presented interpreter mediated encounters in clinical health care contexts (Karliner *et al* 2007*;* Derose *et al* 2007; Priebe *et al* 2011). **The community context was missing, despite a range of health care services provide d in the home setting (e.g. community midwifery, health visitors, community psychiatry), or in a community 'drop-in' space.**

Finally, **despite most studies acknowledging the multiple factors affecting communication, recommendations to overcome communication focused on 'the language problem'**. Consequently, equality and anti- discriminatory practice become principally matters of 'race' and language, which fails to recognise the multiple 'non-language' variables which affect health care access and outcomes. There is also a tendency for this focus on language to be translated into a limited focus on guidelines and codes of conduct to overcome the 'language problem'.

5.2 Stage 2

The literature review informed the development of the second stage which involved qualitative interviews conducted with health care professionals, migrants and interpreters and translators (a total sample of 19 participants) who have experience in interpreter-mediated health care encounters. These interviews investigated the personal and professional experiences of these

three groups within clinical and non-clinical settings. Presenting multiple perspectives, each interview sought to understand the dynamics of intercultural communication and interaction as it occurs during interpreter-mediated health care provision, and to shed light on the specific professional, personal and emotional issues and challenges raised in such encounters.

The interviews highlighted the need for educational tools which abandon technical, transfer-based understandings of interpreting in favour of intercultural communicative frameworks and models of training which take seriously the intercultural responsibilities of interpreters, and health care practitioners in health care settings, and incorporate the intercultural communication capabilities of migrants.

A recurrent theme across the interviews was that of experiential learning: how practitioners draw on their practice experience to manage intercultural communication; how interpreters develop a range of strategies to manage complex social interactions within an intercultural context; and how service users bring their communicative skills and manage their own expectations of interpreters and health care service providers.

5.3   Stage 3

The experiential learning of the health care practitioners and interpreters interviewed in the research project was integral to the development the third stage of the research design: the development and production of five short films that depict different aspects of practice of working with interpreters across a number of clinical and 'community' health care settings.

These five short films were then put together in DVD format (and also made available online). These films form the basis of the educational tool to be used in a number of settings: with students in health care and interpreting; with health and social care practitioners and interpreters working in clinical and non-clinical contexts and; educators who teach and train health care professionals and interpreters; and with migrants in understanding the role of interpreting and translation in health care settings. Given the target audiences for this material include experienced practitioners (both health care and interpreting professionals) and practitioners and students in training, the films are produced in such a way that they can be used on their own, or alongside a set of user-friendly support materials that are easily accessible online.

The project concluded with: (1) the production of the film scenarios; (2) a dissemination event to launch the films with distribution of the free DVD, (3) conference presentations to disseminate the research findings to academic and non-academic audiences, (4) a publications strategy underway and (5) the development of FREE online resources (films in various formats, learning cards and supporting material on how to use the resource) made widely available from the project website. The dissemination event and presentations have also provided the opportunity to conduct preliminary evaluation of the films and the educational tool with a targeted audience of practitioners, educators, interpreters and migrants.

6. Outputs

- **A range of FREE resources available online**
  - 5 short films available in a number of formats (Vimeo, YouTube, MP4 and DVD)
  - Downloadable learning cards to use with the films and to provide stimuli for discussion and reflection on practice
  - Support document with guidance on how to use the material
  - Feedback form

- **The Project Website** which provides a repository for the material and links to useful related sites.

- **Project dissemination at local, national and international conferences** to a wide range of academic and non-academic audiences and stakeholders:
  - 2 April 2014 RCN International Nursing Research Conference, Glasgow, Paper presentation: "Is that what you mean?" Learning from interpreters, migrants and health professionals in interpreter mediated health encounters.

  - 28 January 2014, Seminar presentation to School of Modern Languages, University of Glasgow

  - 22 January 2014, Guest Lecture on the project and research methods in practice to Students on MSc Adult and Continuing Education / MSc Teaching Adults, Community Education, University of Glasgow

  - 5 December 2013, EcCoWell Conference, Glasgow, Paper: Learning from clinicians, interpreters and migrants for improved interpreter mediated practice

  - 2 December 2013, International Association for Languages and Intercultural Communication, Conference on Intercultural Communication in the Workplace.

  - November 2013, Aotearoa New Zealand, Waitako, Wellington and Auckland , 3 workshops using videos and disseminating findings

  - 4-5 November 2013, City Health 2013, Glasgow, Paper: Super-diversity and its implications for the delivery of health care: learning from practitioners, interpreters and migrants

  - 6 September 2013, presentation to Minister for External Affairs, Scottish Government Humza Yousaf, MSP, and to COSLA strategic migration partnership board meeting (including representatives of all local authorities across Scotland and Home Office and Scotland Office).

  - 27 April 2012, LLAS one day workshop: Research in and for Languages, University of Strathclyde, Paper: "Translation in intercultural health care settings"

- **The Health and Sport Committee of the Scottish Parliament** has agreed to hold two round table evidence sessions on access to healthcare services in Scotland. The aim of this strand of work is for the committee to investigate the extent to which inequalities in accessing healthcare contribute to health inequalities in Scotland. The Committee has

invited the team, represented by Co-I Dr Ima Jackson to participate in a policy round-table. Other participants include: Scottish Association for Mental Health; Scottish Refugee Council; Age Scotland; The Poverty Alliance Scotland; Independent Living; Carers UK Scotland; Men's Health Forum Scotland.

- The **British Council** have disseminated the films and research to three of their major English language and interpreting projects:
  - ESOL NEXUS
  - EAL NEXUS
  - English My Way

  In addition, they have made further arrangements for future webinar dissemination of the outputs via Unite the Union.

- **Greater Glasgow Clyde Health Board** has added the resources to their staff intranet. This reaches the largest Health Board in the UK and they are planning to incorporate it into their Equalities training programme regarding interpreting.

- At the time of finalising this report we are also negotiating towards **NHS Education Scotland** acceptance for inclusion of the resource in the national equalities programme.

- Working with colleagues at the **Third Sector Resource Centre, Birmingham University**, the resources have been circulated to Migrant Voice and NHS contacts in Birmingham.

- **Publications are commissioned, under review or in preparation with the following titles:**
  - "You can see the difference in their face": Visual Pedagogies for Linguistically Diverse Health Care Settings. (Language and Education, Special Issue - Researching language-in-education in diverse, twenty-first century settings)

  - Super-diversity and its implications for healthcare delivery: learning from practitioners, interpreters and migrants. (Ethnicity and Health)

  - Language Occupations: Critical Issues in Languages and Intercultural Communication in the Workplace (Language and Intercultural Communication/Human Relations)

  - Innovation in researching interpreter-mediated communication in health care: a study from Glasgow (International Journal of Nursing Studies, Special Issue on language and communication in healthcare)

7. Knowledge Exchange

Knowledge exchange has been embedded into the project from the outset. It was a key feature of the identification of areas for research for the 'Healthier Scotland' call with stakeholder meetings and consultations and the use of the Ketso tool to identify key issues in interpreting. BEMIS Partners have been involved throughout the process in advising on the direction and contacts for the work at each stage, through use of their facilities and community translation and through publicity for events which has also been able to make use of BEMIS's extensive networks.

Through **GRAMNET** the project has had equally extensive knowledge exchange support with an active social media network, blog resource, as well as a static page for housing information. The GRAMNET communications reach the Minister with responsibility for migrants and refugees in the Scottish Government, as well as over 40 key organisations in the sector, and internationally. Proto types of the videos where used in presentations to stakeholders in Scotland, Aoteatroa New Zealand and to academic stakeholders at an international conference in Hong Kong. The research has also been presented in the GRAMNET outreach seminar series, as part of Refugee Week Scotland 2013, and will be screened during Refugee Week 2014.

The decision to use volunteer linguists in the training videos as actors opened the project to a much wider constituency and was a key finding with regard to additional mechanisms for knowledge exchange. Each actor took the DVD and the experience of working with the play script and resources into their own language communities and their professions which included a range of health, interpreting and migrant related projects. All key agencies in Scotland we invited to the final dissemination event and thanks to additional resources from the British Council, each attending stakeholder received a DVD. Those attending included COSLA, Scottish Refugee Council, West of Scotland Race Equality Commission, Govan and Craigton integration Network, Voiceover interpreting , Community Info Source, Freedom from torture, AMINA, Napier University, Glasgow university, Strathclyde University, Heriot-Watt University, Glasgow Caledonian University, Sandyford Initiative, NHS Scotland, Global Language Services, independent interpreters, Renfrewshire council, Waverly Care Edinburgh, North Glasgow College and GRAMNet members.

8. Financial Report: AHRC – SFC

Total Grant Received: £98,334 (£122,918 FEC)

University of Glasgow

	Amount	Budget
DI		
Salaries	26,594.50	30,229.44
Travel	562.95	500.00
Others	12,725.11	12,875.00
DA		
Salary Recoups (match to budget)	3,668.31	3,668.31
Other DA (match to budget)	8,032.64	8,032.64
Indirects (match to budget)	31,186.03	31,186.03
Total Expenditure/Budget	**82,769.54**	**86,491.42**
Price	69,162.50	69,162.60

Glasgow Caledonian University
DA
Amount £25,794   **Budget £24,631**
TOTAL: £94, 956

 Initial Budget

Financial resources			
Summary fund heading	Fund heading	fEC	AHRC/SFC contribution
Directly Incurred	Staff	30,619	24,49
	Travel & Subsistence	500	400
	Other Directly Incurred	12,875	10,300
	Sub-total	43,994	35,195
Directly Allocated	Staff	25,209	20,167
	Estates Costs	9441	7553
	Other Directly Allocated	0	0
	Sub-total	34,650	27,720
Indirect Costs	Indirect Costs	44,274	35,419
	Sub-total	44,274	35,419
	Total	122,918	98,334

 9. **Points for learning and reflection**

Evaluation and reflection on the research question and the process itself have been integral components to the development of the project throughout its duration.

In terms of planning and budgetary considerations, very real challenges arose from the lack of funds to provide professional interpreting to facilitate the qualitative interviews. Consequently, the Project Team and Project Advisory Group discussed together the merits and limitations of using existing language skills within the research team. This allowed for interviews to be conducted in target languages and later transcribed and translated. Equally, the film budget was underestimated, and whilst the production company made every effort to work within the budget, any future project using this approach would have to factor in the production costs in more realistic terms.

Methodologically, this project was innovative in successfully bringing together multiple perspectives, in developing narratives from those experiences, and then translating these into stories which reflect the multiple perspectives. But these were retellings of personal experiences, and an important reflection is how much this project specifically, and health research more generally would gain from observing interactions between migrant or minority people and service providers as they unfold in real time. **There is a case to argue for an ethnographic turn in health research, with a focus on process as well as outcomes, which would align well with a research agenda that looks behind prescriptive guidelines of service delivery and studies the messiness of social interactions in intercultural and multilingual contexts**.

A second important methodological challenge was that we had to develop ways of learning as a multidisciplinary team to be able to (1) translate data and concepts across disciplines and (2)

find ways to communicate data and findings in academic and non-academic ways. This occurred across the research team and the advisory group, but also in communicating with community actors on the aims of the project, and finally in dissemination of the material to stakeholders ranging from academics, educators, health care practitioners, interpreter professionals and agencies, third sector organisations, and service users.

Reflecting on how we overcame some of these methodological challenges, **two main strengths of this project are its interdisciplinary ethos and its firm embeddedness and commitment to practice-evidenced research.** Firstly, we were able to draw from a range of disciplines and theoretical traditions to address the different political and ethical issues around the project design, and find solutions that allowed us successfully deliver the project to our audiences.

Secondly, the project was informed by the experiences of the health care practitioners, interpreters and service users interviewed. These are the people who are finding ways to communicate in what are complex social interactions. This emphasises the importance to reflect on developing innovative ways to learn from those in the front line and also to involve them in the development of learning materials.

10. Future work: Follow on Funding

We are in the process of identifying potential funding opportunities to conduct a follow on funding programme of work. The aim of a follow on project would be to bring this educational tool directly to health and social care students, educators and practitioners, and interpreters and interpreting service providers. We have identified six distinct learning groups who could benefit: (1) students in health care and interpreting; (2) health and social care practitioners and interpreters working in clinical and non-clinical contexts and; (3) educators who teach and train health care professionals and interpreters. Over and above these groups, there is also a wider non-health specific audience of interested stakeholders who could benefit from the resources as part of their community engagement work. The toolkit demands further engagement with existing and potential users in the broadest sense in order to refine its content hence a proposal for follow on funding would recognise the engagement activities any such project would undertake would be both part of the promotion as well as revision and refinement of the toolkit. Identified funders to be targeted include the University of Glasgow Knowledge Exchange Fund, Wellcome Trust, Medical Research Council and European Union funding initiatives.

11. Film Links

VIMEO Album for all films:
https://vimeo.com/album/2594200

YOUTUBE Album for all films:
http://www.youtube.com/playlist?list=PLDQRv4uFdbdjkILWuPEetCVSwf0Ren4aq

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