

Onsite Interpreting versus Remote Interpreting in the COVID 19 World

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Abstract:

During the COVID-19 pandemic, the world witnessed drastic global transformations in many fields. The translation and interpretation industry has not escaped these transformations, the most important of which affected deeply the way interpreting services were delivered. This meant that many of the language services needed to facilitate communication, mainly healthcare interpreting, had to shift from onsite to online delivery of interpreting services. Thus, the aim of this article is to assess the role played by healthcare interpreters in the fight against the current COVID-19 pandemic, knowing that most of the nations affected by this disease are linguistically diverse and enjoy more than one primary language. Particular attention will be paid to the reliability of these interpreters in facilitating communication with foreign patients with limited language proficiency through efficient Onsite Interpreting, and to their ability to adapt to the new global interpreting transformations forced by the pandemic, among them Remote Interpreting.

Keywords: communication, COVID-19, healthcare interpreters, onsite interpreting, pandemic, remote interpreting.

Introduction :

Looking back to the great crises of pandemics and epidemics in the history of mankind, no one will fail to notice a strong bond between disease and translation. The latter is indeed a significant concept in the Humanities and Social Sciences, but during the COVID-19 lockdown, it has also become a powerful trope in medicine as linguistic professionals have committed themselves to translating and interpreting the pandemic across space and time. Thus, the aim of the present article is to assess the role played by healthcare interpreters in the fight against the current COVID-19 pandemic, knowing that most of the nations affected by this disease are linguistically diverse and enjoy more than one primary language. Particular attention will be paid to the reliability of these interpreters in facilitating communication with foreign patients with limited language proficiency through efficient Onsite Interpreting, and to their ability to adapt to the new global interpreting transformations forced by the pandemic, among them Remote Interpreting.

I. The Role of the Healthcare Interpreter in the COVID-19 World

It is recognized that the major role of healthcare interpreters is to bridge the language barrier between the patient, the doctor and the medical staff, to ensure full understanding of medical information between the doctor and the patient, to boost the quality of care and improve the patient's health outcomes and, more importantly, to reassure the sick and help build trust between doctor and patient. The services of these certified interpreters are an

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integral part of any global crisis response effort. The COVID- 19 pandemic has proved interpreters how urgently their work is needed. Studies have shown that patients with limited English proficiency may be at increased risk of the corona virus and experience adverse health outcomes at rates markedly higher than English speakers because they do not have the language skills necessary to understand and respond to the pandemic –related information²; hence their reliance on interpreters to help close that gap.

During the COVID - 19 pandemic, healthcare interpreters were the key for all healthcare services to understand this international health crisis. The need for these qualified professional interpreters was heightened to the point that anyone with the skills and right qualifications to be a healthcare interpreter was of great help. Their role consisted in ensuring that crucial information about the pandemic reaches patients and doctors loud and clear; facilitating communication with foreign patients with limited language proficiency (refugees mainly); delivering different diagnoses or responding to a trauma code in the emergency room ; communicating all the new or changing information to worried patients and their loved ones.

To accomplish all these duties efficiently, healthcare interpreters were required to have extensive experience and understanding in the field. They were compelled to have an up-to-date knowledge of medical terminology, diagnosis and treatment to be able to communicate with doctors and the medical staff and to relay that information correctly to the patient³. They were likewise doomed to possess the highest degree of language fluency to sharpen their interpreting skills : to be good at listening and speaking in a clear and respectful way and at interpreting nonverbal communication and body language effectively⁴.

But perhaps the essential skill for COVID-19 professional healthcare interpreters operating in an era of growing ethnic diversity was the high degree of knowledge of the cultures of the speakers⁵. It has been well established that patients from culturally and linguistically diverse backgrounds experienced poorer healthcare access and healthcare outcomes because they could not describe their symptoms nor understand treatment processes. Consequently, they presented serious difficulties in following their treatment plan. Healthcare interpreters had thus to ensure that their interpretations were medically accurate and culturally appropriate for foreign patients to guarantee the delivery and receipt of effective healthcare; they were also required to be sensitive to cultural differences and knowledgeable of the patients' cultural beliefs to enhance understanding, reach a greater patient satisfaction and create a healthy environment for a patient who might otherwise feel powerless⁶. Because they acted as both linguistic and cultural mediators between the medical staff and patients, they had to ensure that limited English proficient patients receive the same quality of care that is offered to all patients⁷. Their ability to accurately read non- verbal communication and cues – common gestures , facial expressions, energy rooted in culture or nationality- during their face-to-face interpreting (especially with refugees) ,was crucial to helping the patient and provider fully understand each other. And this way reduced the risks associated with medical errors, diagnosis misunderstanding and poorer patient satisfaction.

II. Onsite Interpreting

Onsite interpreting or face-to-face interpreting is generally defined as “the traditional way spoken language services have been delivered ever since one group of people first needed to speak to another group and used a single person with knowledge of their language to do it”⁸. It is highly recommended in legal services but more importantly in conversations with sick people or people with hearing loss.

The most common modes of onsite interpreting are: Simultaneous interpreting, consecutive interpreting and whispered interpreting. But whatever the mode the interpreter providing the language support opts for, he is almost always in the same place as the people who need the interpretation.

Before the COVID-19 crisis, onsite interpreting services “represented around 80 percent of all spoken language services delivered around the world”⁹. But with the pandemic lockdowns and stay-at-home policy, this rate shifted dramatically in favor of other modes of interpreting, mainly remote interpreting.

During the corona virus pandemic, although healthcare services are inherently stressful environments and the conditions of working there make timely effective communication even more critical, most of the time professional healthcare interpreters accomplished their task in a perfect way. They facilitated communication with foreign patients with limited language proficiency; they helped reduce the trauma and anxiety of the situation; they contributed in building trust between the patient and his physicians or care team and in improving compliance with prescription and treatment plans; they lessened the risk for more extended hospital stays and adverse outcomes and, therefore, helped reduce the cost of care and the risk of litigation. Being well-versed in universal precautions and infection control protocols, they reduced the risk for disease transmission; they explained the diagnosis of patients severely affected by the pandemic in a language they understood, along with details on how to follow the prescribed treatment to ensure their full and safe recovery. Their encounters with health care providers improved compliance and clinical outcomes and reduced disparities in access to quality health care services¹⁰.

In return for all these services, healthcare interpreters experienced the joy of making a difference in people’s lives. By overcoming language barriers between doctor and patient, they enhanced communication between them; and that reduced misdiagnosis, improved health outcomes and increased the practitioner’s and patient’s satisfaction. They also enjoyed a lot of interpersonal interaction with people of different cultural backgrounds. Unfortunately, this was not to last for long. Healthcare interpreters who focused on onsite services were hit hard by the crisis. As the corona virus spread all over the globe, many healthcare institutions went without face-to-face interpreting services to reduce physical contact as much as possible and thus prevent the spread of the pandemic and limit the exposure of the interpreters as well as the vulnerable members of society to danger. An alternative was to be found; and remote interpreting offered itself as the most efficient way to contain the spread of corona virus and to ensure the well being of interpreters and patients alike. So, many interpreters found themselves being forced to adopt either over-the-phone or video remote interpreting solution alternatives overnight.

III. Remote interpreting

The rapid and aggressive expansion of the COVID-19 pandemic and its extreme risk for disease transmission brought many cities to a halt, and lockdown measures as well as a strict “no visitors allowed” policy were imposed on people worldwide to help reduce the transmission of this virus. This made healthcare interpreters worry about their own health as well as that of their patients. The sense of fear was palpable among them because many got sick with the Corona Virus. So, when the face-to-face interpreting was cancelled, they felt relieved. But they had to respond to the challenge, to explore new ways to continue performing their duties even through their homes; they quickly understood that they had to switch to remote interpreting -though they were aware that face-to-face interpretation was ideal and more lucrative - especially after healthcare services all over the world, like many other services, opted for this new way of interpreting called remote interpreting which Mikkelson defines as “ the use of communication technologies to gain access to an interpreter in another room , building, town, city or country”¹¹. Indeed, research proved that remote interpreting is an acceptable and accurate alternative to face-to-face interpreting. Importantly, it allows for continued access to services in a COVID safe way (minimizing physical contact between interpreters, healthcare professionals and consumers). Moreover, contrary to onsite interpreting which requires equipment, like sound proof booths, remote interpreting is more convenient and less complex as it could be done over telephone or through videos, and neither the linguist nor any party involved in

the conversation needs to be in the same physical location. Moreover, the linguist could be added to any call quickly and easily, especially in emergency situations where hospitals cannot afford to wait for the arrival of an onsite interpreter. Another benefit of remote interpreting is that it frees up the often scarce onsite interpreters, allowing them to handle more serious cases that need onsite assistance.

Thus after the uncontrollable spread of the pandemic, many hospitals implemented audio remote interpretation services through iPads, telephone and videoconference -based interpreting in order to protect their patients and their interpreters in all healthcare areas. Over-the-phone interpreting services remain in common and increasing use by many healthcare providers because they are the most cost-effective option¹²; video interpreting, for its part, allows the interpreter to see facial expressions, gestures and body language and intonation. Moreover, these two services are flexible and convenient; they enable healthcare professionals to have language support on hand as and when they need it¹³.

These new technological means were to be used by credentials who enjoyed a great medical interpreting experience and passion and who had strong and verbal communication skills in both the source and target language. They were also required to have an extensive knowledge of the code of ethics in healthcare standards of practice, superior communication and interpersonal skills as well as a certain familiarity with the medical terminology to be able to facilitate communication for limited English proficient community members¹⁴. Likewise, these interpreters had to maintain a respectful, humane and professional attitude with the patients and all the medical staff. They had also to prove their capacity to work effectively in a dangerous and risky environment. Above all, they had to demonstrate their ability to adapt quickly to new and changing technologies to avoid putting inadvertently the patients' lives at risk

However, this hasty switch to digital interpreting was rather risky due to the absence of visual communication associated especially with telephone interpreting, as there could be body language patients were exhibiting that interpreters might not be able to read. Moreover, it is not always easy for distanced interpreters to clearly hear the medical staff and patients when the hospital rooms are filled with buzzing oxygen tanks or urgent staff conversations, or when masks are covering up their faces and also when some patients are in a critical condition that makes hard for interpreters to properly hear their questions and responses if they are speaking with a weakened voice. Add to this some technical problems, such as poor video or audio quality that could affect profoundly the efficacy of the work, or the specialized telephones and video equipment that had to be regularly disinfected.

Another major challenge for the healthcare interpreters was to get the right equipment with adequate specifications and ensure seamless internet connectivity and good sound proofing. What was also not obvious was to find a suitable place in their homes to accomplish their work. Even under optimal conditions, a home location is not on par with a confined booth, where interpreters can reach the high level of concentration their job requires. Add to this various other distractions, such as noise from neighbours, incoming phone calls, and many other home disturbances.

Besides all this, remote interpreting is physically and psychologically tiring and stressful. Having time for oneself plays an important role in one's health and well-being and actually reduces stress; but these interpreters, being compelled to work from their own homes, suffer from social isolation as they cannot always switch off from their computers or telephones to spend time with their family and friends. Sometimes, they cannot even afford the right amount of sleep; hence, their constant suffering from irritability and exhaustion. Add to this the difficulties of concentration on their work because they must focus on several things simultaneously, including the handover procedure, the messages in group chats and making sure that the microphone is on or off during the handover.

To conclude with, we can say that a greater inclusion of healthcare interpreters in the COVID-19 crisis could have ended or at least lessened the spread of the pandemic to a considerable degree. On the other hand, remote online interpretation proved efficient in facing this pandemic. Though still in its infancy, it is maturing over time with increasing utilization. Hospitals and other medical facilities are turning to it as a more flexible means of serving diverse patient populations and connecting with medical colleagues working in different countries. In the post- COVID -19 world, where telehealth services will be far more prevalent – possibly the rule, rather than the exception- healthcare interpreters will also possess the technical skills to integrate their services into any electronic medium seamlessly and to do so in any setting, whether it is a hospital, a doctor’s office, a court or a conference. The option still remains, of course, to continue using onsite interpreters for sites that remain open and in compliance with local corona virus regulations or any other crisis. This being said, the future of onsite interpreting is in jeopardy as we all brace ourselves for other possible rounds of COVID-19 in the future. If it is the case, it is likely to be some time before onsite interpreting returns again, at least at the same level of availability as it was before COVID-19. Overall, let it be said that regardless of the type of interpreting, it is to be admitted that healthcare interpreters provide an invaluable service to patients and medical providers alike. And during unprecedented crises such as the COVID-19, healthcare interpreting services should most definitely be regarded as “essential”.

Endnotes :

² -Ineke.H.M, Crezee , *Introduction to Healthcare for Interpreters and Translators* (New York: John Publishing Company,2013), p.19.

³ - Claudia.V Angelelli . *Healthcare Interpreting Explained* (London : Routledge , 2019) , p.151.

⁴ - *The Medical Interpreter . A Foundation Textbook for Medical Interpreting* (Columbia: Culture and Language Press, 2016) , p.121.

⁵ - Crezee Op.Cit.,pp. 23-32.

⁶ - Anne, Fadiman, *The Spirit Catches You And You Fall Down. A Hmong Child , Her American Doctors and The Collision of Two Cultures* (New York: Farrar, Straus and Giroux, 1997), p.154.

⁷ - Emily, Tankin et al, “The Importance of Medical Interpreters”. *American Journal of Psychiatry Residents’ Journal*, 1 Aug .2017, p.48.

⁸ - Kayoko, Takeda ; Jalon .Jesus Baigorri . *New Insights in the History of Interpreting* (Amsterdam: John Benjamin’s Publishing Company,2016) ,P.122.

⁹ -Claudia.V, Angelelli, *Medical Interpreting and Cross – Cultural Communication* (Cambridge: Cambridge University Press, 2004), P. 96

¹⁰ -Danielle, Ofri , *Medicine in Translation. Journeys with my Patients* (New York : Beacon Press, 2011),P.186.

¹¹ - Holly,Mikkelson , “Telephone Interpreting: Boon or Bane”, In *Speaking in Tongues: Language across Contexts and Users*, Luis Perez Gonzales (ed) (Valencia: Universitat de Valencia, 2003),P.259.

¹² - Sandra, Hale, *Research Methods in Interpreting – A Practical Resource* (Bloomsbury: Jemina Napier,2013),P.198.

¹³ - P. Azarmina and P.Wallace , “Remote Interpretation in Medical Encounters: A Systematic Review”, 2005. *Journal of Telemedicine and Telecare* 11, P.139..

2005

¹⁴ - *The Medical Interpreter*, Op.Cit.,P.12.

Bibliography:

- Angelelli, Claudia.V. *Healthcare Interpreting Explained*.2019. London : Routledge.
- Angelelli, Claudia.V. *Medical Interpreting and Cross – Cultural Communication*. 2004. Cambridge: Cambridge University Press.
- Azarmina, P. and Wallace .P. “Remote Interpretation in Medical Encounters: A Systematic Review”. 2005. *Journal of Telemedicine and Telecare* 11, 140-144.

- Bocker, M and Anderson, B. *Remote Conference Interpreting using ISDN Video telephony: A requirements Analysis and Feasibility Study*.1993. Proceedings of the Human Factors and Ergonomics Society, 37th Annual Meeting, 235-239.
- Braun, S. "Interpreting in Small Group Bilingual Videoconferences: Challenges and Adaptation". 2004. *Interpreting* 9 (1), 21-46.
- Crezee , Ineke.H.M. *Introduction to Healthcare for Interpreters and Translators*. 2013. New York: John Publishing Company.
- Fadiman, Anne. *The Spirit Catches You And You Fall Down. A Hmong Child , Her American Doctors and The Collision of Two Cultures*.1997. New York: Farrar, Straus and Giroux.
- Goldberg, Emma. "When Coronavirus Care Gets Lost in Translaton".*The New York Times*, 17 April .2020.
- Hale, Sandra. *Research Methods in Interpreting – A Practical Resource*. 2013. Bloomsbury: Jemina Napier.
- Hornberger, John et al. "Eliminating Language Barriers for Non – English Speaking Patients".1996. *Medical Care* 34(8) : 845-856.
- Mikkelson, Holly. "Remote Interpreting" in H. Mikkelson and R. Jourdenais (eds) 2015 *Routledge Handbook of Interpreting* .London: Routledge
- Mikkelson , Holly. "Telephone Interpreting: Boon or Bane". 2003. In *Speaking in Tongues: Language across Contexts and Users*, Luis Perez Gonzales (ed). Valencia: Universitat de Valencia, 251-269.
- Moser- Mercer, Barbara . "Remote Interpreting: Issues of Multi- Sensory Integration in a Multi-Lingual Task".2005. *Meta* 50 (2): 727-738
- Nicademus , Brenda and Laury , Swabey. *Advances in Interpreting Research : Inquiry in Action*.2011. Amsterdam: John Benjamin's Publishing Company.
- Ofri, Danielle. *Medicine in Translation. Journeys with my Patients*.2011.New York : Beacon Press
- Takeda, Kayoko; Baigorri-jalon , Jesus (2016). *New Insights in the History of Interpeting*. Amsterdam: John Benjamin's Publishing Company.
- The Medical Interpreter . *A Foundation Textbook for Medical Interpreting* . 2016. Columbia: Culture and Language Press.
- Tonkin, Emily, et al. "The Importance of Medical Interpreters". *American Journal of Psychiatry Residents' Journal*, 1 Aug .2017: 44-52.