Healthcare staff perceptions about interpreters during the COVID-19 pandemic

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Abstract

Ensuring equal access to public services for all citizens is a fundamental right that is not fully guaranteed. The lack of efficient communication between the different parties involved in the delivery of the service is one of the reasons for the failure to comply with this right. This need has been exacerbated in the wake of the COVID-19 pandemic, particularly regarding the health sector. The main objective of this article is to analyse the perception of healthcare staff regarding interpreters in the healthcare field, as well as their opinion about collaborating with them, and the impact that the availability of interpreters during the pandemic might have had. Data come from a survey addressed to healthcare personnel working in the Madrid area (Spain) in the spring of 2021. Answers reveal differences in experience and several perspectives depending on the health area in which they worked, as well as in terms of the role they played in their respective health institutions. An optimistic view is, however, seen as more and more professionals are beginning to become aware of the work of interpreters, and to contribute to making interpreters´ roles more visible. The progressive increase of foreigners living in Spain also fosters progress in terms of the recognition and professionalization of interpreting in public services, although not at the pace we would like to see.

1. Introduction

The global pandemic that broke out in 2019 was unprecedented in that it happened in a world that was used to the highest level of mobility in human history. Suddenly, the world came to a halt, which has affected (and will possibly reshape) migratory flows, including migration for work and for asylum (European Commission 2020). This situation has again reminded us that in the event of a crisis, the most vulnerable might be at risk of losing their fundamental language, and therefore human rights. During the pandemic, in many countries, face-to-face communication was reduced to a minimum. Where a proficient speaker of a language could communicate freely on the telephone or interact with social services on the Internet, less privileged ones have seen their access to virtually all types of information drastically curtailed. Translation, and in particular interpreting services might have been inaccessible to these vulnerable populations even more than before the pandemic.

Overall, the COVID-19 pandemic has profoundly affected the health of individuals, societies, and the global economy (EU 2020, Zhang 2020 et al 2020, Valero-Garcés 2021). It has also transformed the ways of working and communicating. The following pages will illustrate some of the challenges when communicating in the healthcare field in Spain.

2. Literature review. Healthcare interpreting in Spain in pre-COVID times

A review of studies published before the COVID-19 pandemic shows that interpreting in healthcare context has experienced little change in Spain as research by Calvo & Vigier (2018, 35); Nevado (2018, 35-30); (Ugarte & Fernandez 2018, 68-69); Baigorri & Travieso (2018, 85-87); Del Pozo (2018, 109-110; Valero & Monzó (2018, 125-127); Auzamendi (2018, 157; and Ortega & Blasco (2018, 186-193) reveal.

Healthcare is a sector where access to interpretation and translation is still considered a privilege rather than a right in many EU countries (Angelelli 2016). In Spain, this right is still not guaranteed by current legislation, despite the great importance that the law itself tacitly gives to communication between patients or users and healthcare staff to guarantee the autonomy of those accessing the service. Patients, according to the regulations (Real Decreto-ley 7/2018, de 27 de julio, sobre el acceso universal al Sistema Nacional de Salud (Royal Decree-Law 7/2018, of 27 July, on universal access to the National Health System) have the right to be duly informed of any health action that affects them, and therefore, if they do not speak or understand Spanish, translation and interpretation should necessarily be provided. In the specific case of foreigners who are unlawful residents, they also have access to health care with the same rights as the rest of Spanish citizens, although at no point is it specified how communication problems that arise if these people do not speak or understand Spanish or any other official language of the state should be solved.

On a positive note, it is perhaps worth highlighting the increase in the number of hospitals using telephone interpreting to provide linguistic assistance (Lázaro Gutiérrez 2021), especially in areas such as the Levant, where there is a high percentage of foreigners. However, in many cases, healthcare staff are reluctant to use it because they find it impersonal and impractical. Except for telephone interpreting in some hospitals, the Spanish healthcare system continues to serve its non-Spanish-speaking users using unplanned and unprofessional solutions, such as body language, automatic translators, relatives or friends of the patient, including minors.

A look at the research conducted by Valero and Monzó (2018, 125-127) in pre-COVID times in the central area of Spain (Madrid region) indicates that some of the most prominent communication problems were still the same as the ones already envisaged in 2012 (Valero Garcés 2002, 2012). When asked about communication problems in 2012, a high percentage of respondents admitted having resorted to basic solutions that

do not guarantee effective communication between the two parties. Healthcare professionals pointed out that these were frustrating situations that would require an effective protocol for action. The most frequently used solutions to resolve these situations were still gestures and basic resources that support verbal communication: colleagues who knew the language, asking the user to come back accompanied by someone who acts as an intermediary, and, to a lesser extent and only available in some hospitals, telephone interpreting services.

Respondents (76%) also reported that in 2018 there were even fewer interpreting services than at the beginning of the economic crisis in 2008. Some indicated that from 2007 to 2012, several hospitals had contracted telephone interpreting services with external companies and some projects with an intercultural view were developed, but once the project was completed, there was no renewal. Consequently, in pre-COVID times, due to the economic crisis and budget cuts suffered in the health sector, the availability of interpreting services was lower and subcontracting these services to external language providers' agencies was more common.

3. The project

3.1 Objectives

With these data about the situation of communication in pre-COVID times in the healthcare field in Spain, the main objective of the project carried out in 2021 was to provide an overview of the current situation in this same area – central Spain, Madrid area - in post-COVID times concerning the perception of healthcare professionals about communication problems with foreign population and the use of interpreters.

3.2 Methodology and corpus

The case study presented below is quantitative. The results, as well as the data, were obtained through a survey developed and then distributed using Google Forms. This form also guarantees the participants' anonymity and confidentiality regarding data processing following the Organic Law 3/2018, of 15 December, on Personal Data Protection and guarantee of digital rights (LO 3/2018, of 15 December).

In addition, the heading of the form specifies the purpose of this study as follows:

Form addressed to healthcare workers. This short form aims to analyse the perception of healthcare workers regarding interpreters in the healthcare field during the COVID-19 pandemic. The data obtained will be used to analyse the situation under study in the Community of Madrid (Risco 2021).

Considering previous studies, such as the ones already mentioned, a survey of 14 questions was prepared and addressed to healthcare staff working in the Madrid Region. The fundamental requirement for

participation in this study was that respondents had worked as healthcare professionals during the COVID-19 pandemic.

The form was distributed in different ways:

a) with the help of colleagues working in healthcare centres,

b) shared through social networks – mainly in Facebook groups related to the healthcare field which count diverse professionals with a variety of jobs among their members allowing us to obtain a broader vision. Some of the contacted Facebook groups were: "Healthcare workers," "Auxiliary Nursing Care Technician," "First Aid Nurses," "Healthcare Emergency Technicians," "Spanish Society of Healthcare Emergency Technicians," "Private healthcare professionals against COVID-19", "Spanish Nurses," "Doctors online," or "Oncology Nursing".

The survey was distributed during spring 2021. Thirty answers were collected. Even though it was not a large number, however, considering current restrictions and the difficult times healthcare professionals were having with their work centres collapsed and endless hours of work, the number is significant.

3.3 Data analysis and first results

A look at the first question reveals diversity of healthcare centres in which these professionals provide their services. As seen in Table 1 (Healthcare centres), participants come from health agencies such as the Agencia Madrileña de Atención Social (AMAS) [Madrid Social Care Agency], hospitals, whether public such as the Hospital General Universitario Gregorio Marañón [Gregorio Marañón General University Hospital] or private such as the Hospital Universitario Quirón Salud Madrid [Quirón Salud Madrid University Hospital], healthcare centres such as Centro de Salud Los Rosales [Los Rosales Healthcare Center], physiotherapy centres such as the Centro Terapia Física César Aparicio Hidalga [Terapia Física César Aparicio Hidalga Center] or the Clínica Saúde Centro Sanitario y Holístico [Saúde Centro Sanitario y Holístico Clinic], and others, such as the Servicios de Atención Rural (SAR) [Moralzarzal Rural Care Services] or the Servicios de Urgencia Médica de Madrid (SUMMA 112) [Madrid Emergency Medical Services].

Madrid Social Care Agency (AMAS)	1
Hospital La Paz	6
Hospital Carlos III	4
Hospital de Emergencias Enfermera Isabel Zendal	2
Hospital Príncipe de Asturias	2
Hospital General Universitario Gregorio Marañón	2
Hospital 12 de Octubre	1
Hospital Fundación Jiménez Díaz	1
Hospital Gómez Ulla	1
Hospital Infanta Leonor	1
Hospital Universitario Quirón	1

Los Rosales Health Centre	3
Mental Health Centre	1
César Aparicio Hidalga Physical Therapy Centre	1
Saúde Centro Sanitario y Holístico	1
Rural Care Services Moralzarzal	1
Emergency Medical Services (SUMMA 112)	1

Table 1. Healthcare centres

Just as the centres in which respondents work were very diverse, so was the work they carried out as workers in healthcare centres. As seen in Table 2, participants worked as Nurses (14), Auxiliary Nursing Care Technician (8), Patient Helpdesk Service (3), Physiotherapist (2), Trainee (1), Doctor (1).

Health staff	Participants
Nurse	14
Patient Helpdesk Service	3
Auxiliary Nursing Care Technician	8
Physiotherapist	2
Trainee	1
Doctor	1
Health Emergency Doctor	1
Total	30

Table 2. Healthcare staff & Nº of participants

When asked about their experience assisting foreign patients during the COVID-19, surprisingly, contrary to the expected result due to the closing of borders during the global health crisis, 70% answered in the affirmative, compared to 30% who did not. This result can be explained by the fact that, even if the borders were closed, the rate of foreign population in Spain and, above all, in the Community of Madrid, is very high.

As for frequency, 4 options were given – Sometimes, Daily, Rarely; and Frequently. Of the 70% who said Yes (Figure 1), 19% marked Sometimes, 12% marked Daily; only 13% said Rarely and the highest percentage – 56% – said Frequently, which is indicative of potential communication difficulties and the use of foreign languages.

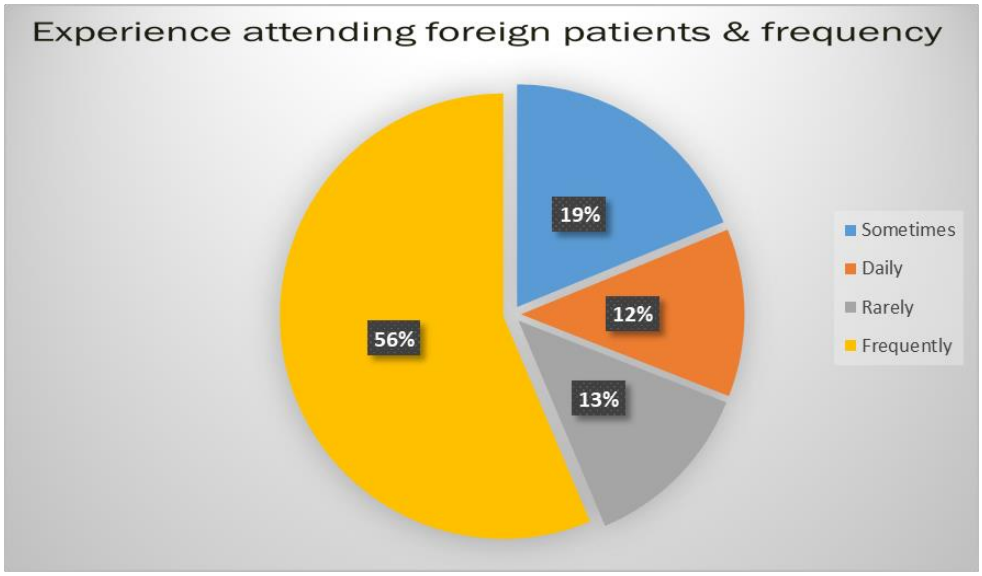

Figure 1. Experience assisting foreign patients & frequency (My own)

When asked about the nationalities of foreign patients (Figure 2), answers were very diverse, but the highest percentages were for people from Arabic countries (20 %) (mainly from Morocco, but also Syria, Algeria, and Egypt) and from Eastern European countries (Romania, Bulgaria, Ukraine) (20%), followed by Asian countries (China, India, Philippines) (18%) and South Africa (Senegal, Democratic Republic of Congo) with 14 %, as well as English-speaking patients from both the United States and the United Kingdom (10 %). Patients from South American countries (Brazil, Dominican Republic, Ecuador) represented 8 % of the total, and patients from other EU countries, excluding Eastern countries, (France, Germany, Italy and Portugal) represented 10%. It is worth noting that the highest percentage of patients who attended a health facility during the pandemic corresponds to the predominant nationalities residing in Spain (Arabic, Eastern Europe, Asia and Africa), as opposed to those with a lower percentage (USA & UK) who, in general, tend to be tourists residing in the country on a temporary basis.

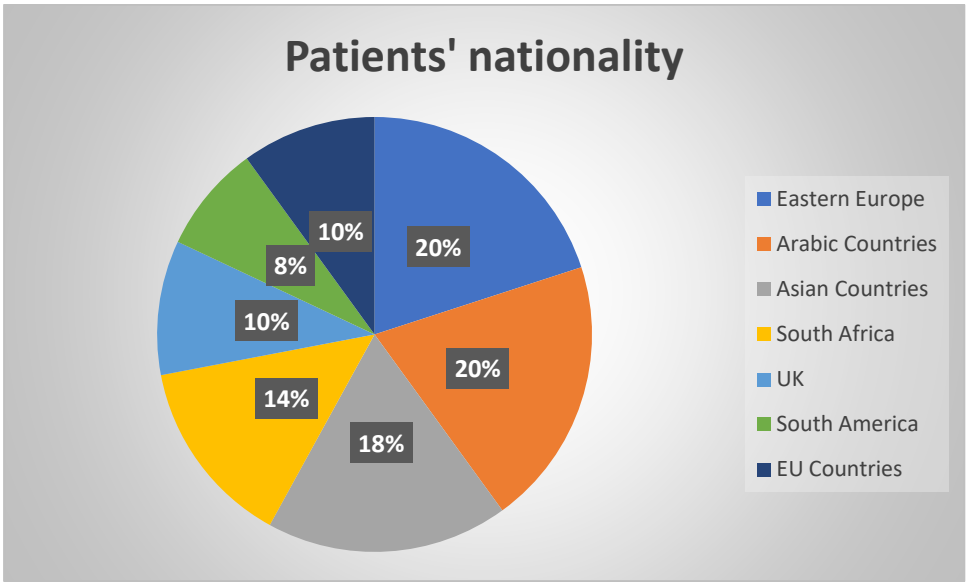

Figure 2. Patients' nationality

When asked if caring for a foreign patient had been more tiring or entailed a greater effort, 47 % answered in the affirmative, 43 % in the negative and 10 % refrained from answering as they had not cared for a foreign patient. Results indicate an added effort when communicating with a user who does not share the same language as the health professionals, but surprisingly not as high as expected.

Next, we wanted to know the main problems when communicating with foreign patients. Four options were given, considering previous studies: language, culture, religion, both. The results were: 87 % of the participants agree that the biggest difficulty when communicating with foreign patients was culture, compared to 10 % who consider that was language, and, rather somewhat surprisingly, there was only one participant, representing 3 %, who thought that the biggest problem was a mixture of all the above. i.e. language, culture and religion.

The next question was about whether they understood the patient's language. 23% did, compared to 77 % who did not. Those who did understand the patient's language were those who helped people from countries such as Brazil, Dominican Republic or English-speaking people and even some patients from African countries who knew French or English or that had lived in Spain for some time and were able to communicate, albeit with difficulty, in Spanish. However, a large percentage of the foreign population residing in Spain speaks the so-called languages of lesser diffusion or migration languages (e.g., Arabic dialects, Mandarin Chinese, Swahili, Urdu), almost unknown in public services or not taught at school and with very few professionals who master them which could explain the high percentage of professionals with communication problems with their patients.

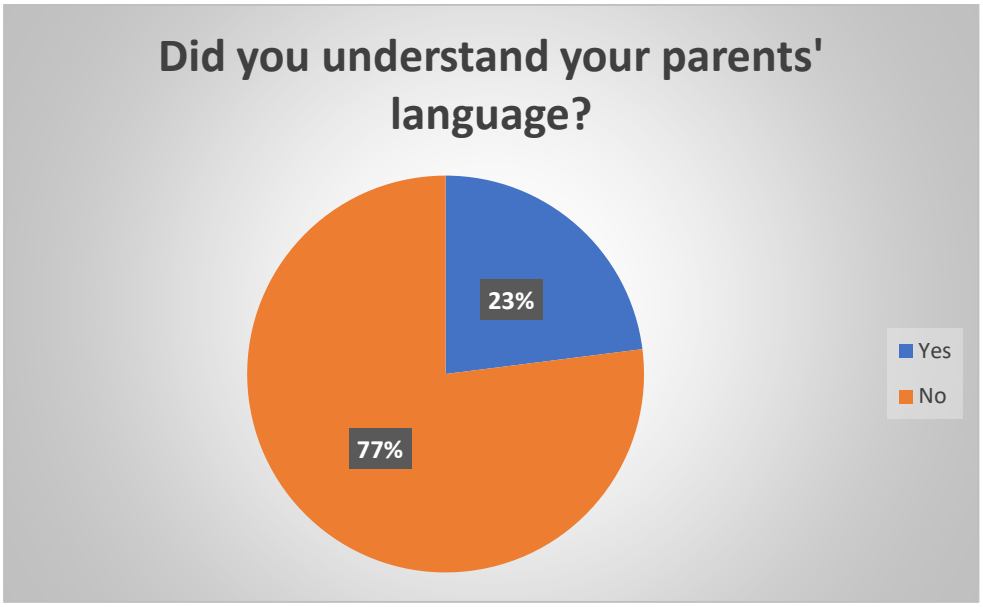

Figure 3. Problems understanding patients

Based on the previous answer, the 23 % of healthcare workers who did understand the language of the foreigners were asked whether the communication was successful (Figure 4). Surprisingly, 57 % of these healthcare workers said Yes, 29 % said No, and 14 % said: "More or less". These results seem contradictory if, as previous research indicates (Foulquié et al. 2018, Sanz Moreno 2018, Valero & Monzó 2018), health workers lack linguistic and cultural knowledge of the interpreting act, so they may not have been able to determine how successful the communication was. More research is needed on that point.

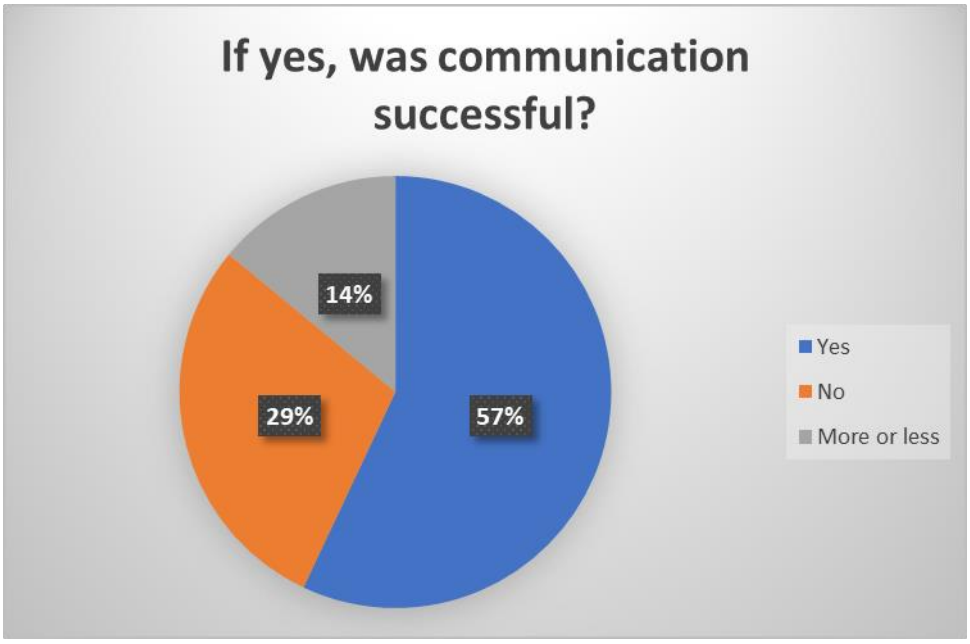

Figure 4. Successful communication

When the 77% who answered in the negative were asked how they communicated (Figure 5), only 8% used a common language that they could both understand and communicate in, i.e. French or English. As expected, the highest percentage – 37.5% – used a mobile phone for automatic translation; followed by 33% who used body language and symbols, an alternative that might lead to misunderstandings as relevant nuances for successful communication could be lost (Gyasi and Bangmarigu 2022), and 12.5% decided to contact an accompanying person who knew both languages. And 8% simply did nothing.

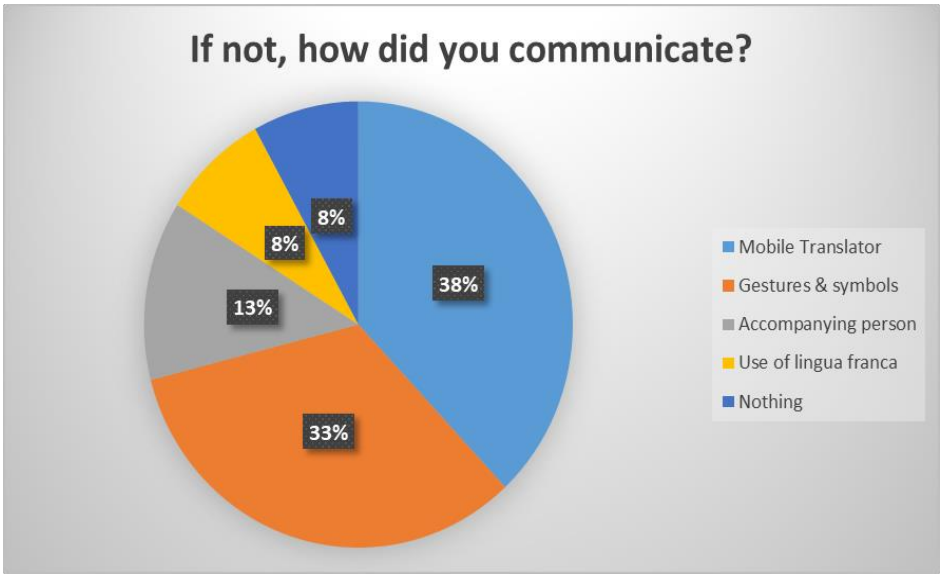

Figure 5. If not, how did you communicate

Considering previous research, such as the one already mentioned, these methods have proved to be ineffective and might lead to serious errors and consequences as the success of communication cannot be guaranteed and, as a result, the difficulty of being able to communicate increases.

Then we wanted to find out a little bit more about the help provided by healthcare centers to solve communication problems. 48% indicated that that patients generally came with an accompanying person who acts as an interpreter, which leads us to infer that there was no help or no need to help from the hospital. Surprisingly, 44% of the participants indicated that their centres had a service of translators / interpreters / mediators. Most of the respondents were from public hospitals. Only 8% said that their centres hired interpreters through agencies when needed.

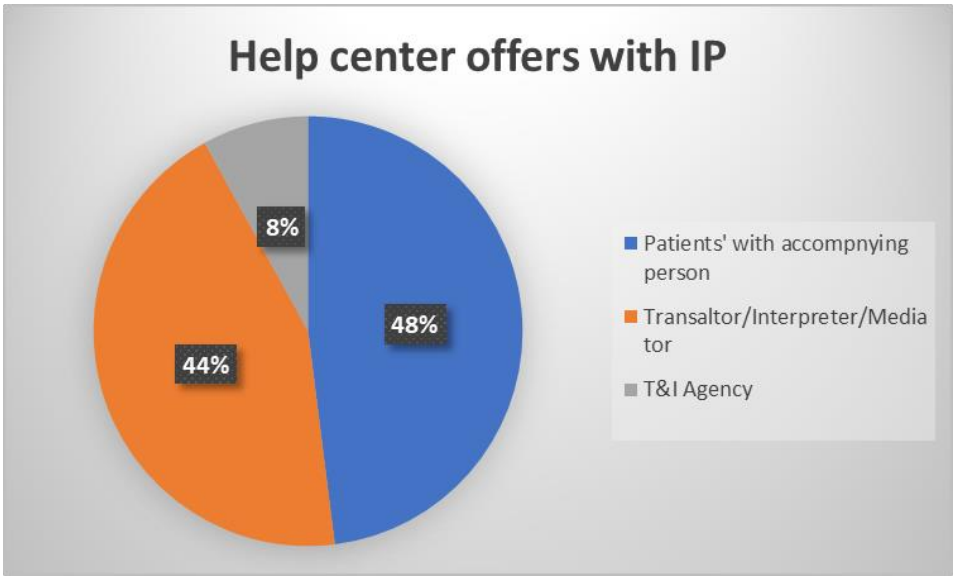

Figure 6. Help centre offers with international patients

Next, we wanted to know if they had ever worked with an interpreter. Only 27% of the participants had worked with an interpreter at some point, compared to 73% who had not. When those who had experience working with interpreters were asked about how this affected their job, 62% said very positively; 38% felt more comfortable than with an accompanying person acting as an interpreter. None of the participants considered that communication was hindered by the presence of the interpreter.

As for the most common interpreting modality used in these centres, both telephone and face-to-face interpreting represent the same percentage (20%) (Figure 7)- Not surprisingly 55% did not answer. And for the rest (5%), some answers were "a mobile phone or tablet", "drawings" or "they could also make an effort to speak our language". This might confirm the lack of knowledge healthcare staff have about interpreting.

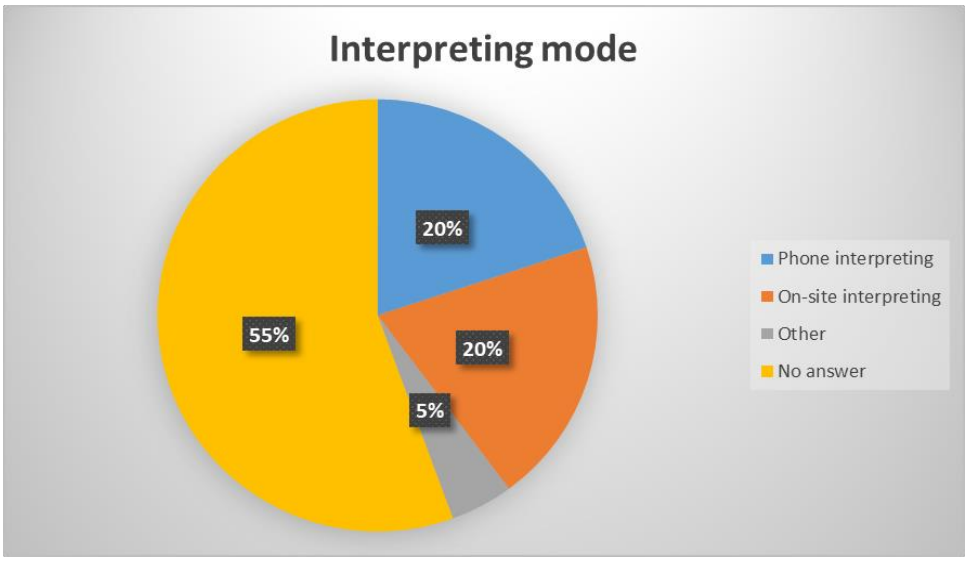

Figure 7. Interpreting mode

We also wanted to know whether health professionals thought that foreign patients had received the necessary care during the COVID-19 pandemic, 57% believe that they have not been given the necessary attention without an interpreter, compared to the 37% who consider that it was satisfactory. 7% did not answer as they had not been involved in such a situation. These results indicate that the presence of an interpreter was seen as necessary by most healthcare workers.

The next question was about the need to have an interpreter service to communicate with international patients during COVID-19, and the results were quite favourable: 70% thought it would have been essential, compared to 27% who thought the opposite, and the remaining 3% decided not to answer the question. These results are quite positive for professional interpreters since, based on the data obtained, we can conclude that healthcare providers who have worked with an interpreter at some point consider that this work has had a very favourable impact on their work, which is a step towards increasing the recognition of these professionals and thus promoting their professionalization.

Finally, participants were asked if they could share any experiences during the pandemic related to interpreting or communicating with foreign patients. Among the answers obtained, the following were highlighted:

> Comment 1: *During the pandemic, during childbirth and the immediate postpartum period, only one companion is allowed, which in this case was the husband. Both of them, of Moroccan origin, did not understand Spanish and we contacted a friend of the woman by telephone to translate all the care we needed to provide for the baby and the mother.*

In this first situation, which took place in the Emergency Hospital Enfermera Isabel Zendal, the interpretation mode was by telephone with the help of an accompanying person, the latter acting as a remote interpreter. The positive aspect could be said to be the result of the situation, since it was not an extremely difficult situation. The obvious disadvantage is the loss of non-verbal communication and even possible misunderstanding due to remote communication or the use of the right terminology. This could have been done in the same way and with a greater guarantee of success of both the situation and the communication if, instead of calling an acquaintance, the same thing had been done but with a qualified interpreter.

> Comment 2: A p*atient who was distrustful of his family and thought he had been abandoned. Daily videoconferencing was set up with his daughter and he was assigned a nurse who spoke his language.*

The second situation occurred at the Hospital Carlos III in Madrid. Also due to COVID-19, interpretation was done remotely by videoconference. However, instead of contacting an interpreter to ensure communication in

this delicate situation, even remotely also in view of the current pandemic, a nurse who spoke both languages was called in. In this case, it is likely that cultural nuances and even the principle of impartiality or confidentiality, among others, were lost.

> Comment 3: *With an Egyptian who had surgery [...], I was slurring my English and he was slurring his Spanish, so he brought an interpreter.*

This last situation took place at the Los Rosales Healthcare Centre, in the southern part of the Community of Madrid. Neither of the two parties had a sufficient command of a language they could both understand, so it is likely that there was confusion in both language and expression on the part of both participants present in the interaction. In this case, there is an increased risk of misunderstanding and confusion, as well as the difficulty of not being able to ensure smooth communication since they could not express themselves with clarity and the health care provider had to pay more attention to being understood by the patient, rather than focusing only on his or her primary task of providing care.

4. Main conclusions

The article presents a case study of the perception of healthcare staff of interpreters in the healthcare field during COVID-19. First, a review of studies published before the COVID-19 pandemic was conducted. Research showed a lack of efficient communication between the patients and healthcare professionals as well as a lack of knowledge (and recognition) of the role of the interpreter as a tool to solve communication problems. Secondly, the execution, analysis and results of the case study conducted in the central area of Spain (Madrid area) in the spring of 2021 were presented.

Answers indicate differences in experience and several perspectives depending on the health field in which they worked, as well as in terms of the role they played in their respective health institutions. When comparing our results with pre-pandemic research, the situation seems not to have changed much. Our research still reveals:

- a lack of knowledge on the part of health professionals regarding interpretation and services available to them to communicate with foreign patients, consequently,
- a lack of information on the role(s) of the interpreter(s)
- a lack of availability of professional interpreting services,
- a use of ad hoc non-professional interpreting (friends, relatives, colleagues),
- non-compliance with code of ethics (confidentiality, impartiality, accuracy) and good practice guidelines.

In summary, there is a shortage of tools and means necessary to overcome language and cultural barriers that hinders interaction, but

healthcare staff are more aware of their presence. The figure of the interpreter is perceived as desirable but not feasible, at least in the short term. The lack of information of the skills required of a professional interpreter and the lack of availability of such interpreters continues to lead healthcare staff to resort to non-professional interpreting, that is, interpreting provided by friends or relatives who are familiar with the Spanish language although their language skills are not optimal. Likewise, healthcare professionals try to solve communication problems with foreign patients by means of their own language skills.

There is, however, room for optimism as more and more professionals are becoming aware of the work of interpreters and they are contributing to making the interpreters' role more visible. The continuous increase in foreigners living in Spain also helps in terms of the recognition and professionalization of interpreting in public services, although not at the pace we would like to see.

Many studies have been published in relation to COVID-19. The pandemic has caused significant changes in society and an increase in the demand for interpreting services. The demand for translation and interpreting services has been growing as governments needed to quickly and accurately inform citizens about the social and economic impact of pandemics, public health guidelines, and updates on global events. In this urgent situation, transformation and an increase in services, translators and interpreters in public services have played a fundamental role, as evidenced by the articles included in *FITISPos International Journal*, 8 (2022).

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