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Informal Interpreting among Turkish Migrant Patients in Dutch General Practice

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Background

- Informal interpreting is daily practice in Dutch GP setting (Meeuwesen, Twilt & Ani, 2011)
- In around 60% of all GP consultations with first generation Turkish migrants an informal interpreter is present (Schaafsma, Raynor & de Jong-van den Berg, 2003).
- Turkish migrants form the largest minority group in the Netherlands and have a low Dutch language proficiency (Huijnk & Dagevos, 2012).
- Professional interpreting services are no longer for free for Dutch GPs → increase of informal interpreting

Research gap

- Research on informal interpreting lacks a theory base
- Patients' perspective is understudied
- Research comparing all three perspectives is scarce

Research aim

Comparing the perspectives of the three interlocutors in GP consultations (GPs, family interpreters and Turkish migrant patients) focusing on interpreter's role, control/power and trust (Brisset, Leanza & Laforest, 2013):

- **Roles:** Which roles are informal interpreters expected to perform?
- **Trust:** Which dimensions of trust are at stake during interpreter-mediated GP consultations?
- **Control/power:** How are informal interpreters perceived to affect power division in interpreter-mediated interactions?

Theoretical framework (1)

Interpreters' roles

Professional interpreters: conduit / "translation machine" (Hsieh, 2008)

Informal interpreters: advocate, caregiver, cultural broker (Brisset et al., 2013; Green et al., 2000)

RQ1: Which roles are expected from and performed by informal interpreters?

Theoretical framework (2)

Trust in interpreters

- Contradictory findings patient's perspective:
- More trust in professional interpreters (Edwards et al., 2005; Robb & Greenhalgh, 2006)
- More trust in informal interpreters (Hadziabdic et al, 2009; MacFarlane et al., 2009)

Dimensions of trust: competence, honesty, fidelity, confidentiality (Hall et al., 2001)

RQ2: Which dimensions of trust are at stake during interpreter-mediated GP consultations?

Theoretical framework (3)

Control and power in interpreted consultations

- Informal interpreters behave like the primary interlocutor (Rosenberg et al, 2007)
- Can have their own agenda in the consultation (Leanza et al., 2010)
- GPs lose control over the medical interaction (Meeuwesen et al, 2010)

RQ3: How are informal interpreters perceived to affect power division in interpreter-mediated interactions?

Method

Semi-structured interviews (n= 54)

General Practitioners (n=16)	Turkish-Dutch patients (n=21)	Informal interpreters (n=17)
Fem-9 Male- 7	All female	Fem-10 Male-7
Mage- 48 years (30 to 65 years)	Mage- 54 years (42-70 years)	Mage- 26 years (19-47 years)
Work experience- 15 (2 to 36 years) Migrant dense practices: (25% Turkish patients)	First generation immigrants Residence time (25-40 years)	All but two born in the Netherlands
Informal interpreting: 1 to 5 times a day		Interpreting for (grand)parents (n=15) Interpreting for their wives (n=2)

Results (general)

- Informal interpreters were usually adult children
- The choice of an interpreter was a practical one
- Interpreting was perceived as “business as usual” by all interlocutors

Results (roles)

- Main difference the role of the advocate:
    - Patients expect advocacy from family interpreters
    - Family interpreters are aware of these expectations and perform advocacy
    - GPs are annoyed by the imposing behaviour of the family interpreter:

Interpreter (male, 30): It is important for me to find a solution for my mother's problem. And I do push if that is needed to obtain a result. More than that, I go a step further: I really put some pressure on the doctor and if it is really needed, I could even pull him over his desk.

Results (roles)

- Other expected roles:
- Linguistic agent/translator
- Caregiver
  - Providing extra medical information
  - Keeping track of the treatment plan

- Interpreter's role not discussed
- No cultural mediation expected

Results (trust)

- Patients had more trust in informal interpreters (fidelity)
- GPs had more trust in professional interpreters (honesty, competence and neutrality)
- Honesty of interpreters was questioned in end of life situations, both by patients as by GPs (confirmed by family interpreters)

Results (control)

- Interpreters were perceived as the primary interlocutor
  - Answering questions instead of the patients
  - Setting the agenda
  - Taking decisions for the patients

- Leading to perceived loss of control by GPs, but not by patients

GP (female, 49 years): Yeah, when they answer instead of the patients, that can really annoy me and then I also feel helpless/out of control, because they expect me then to treat something of which I am not sure whether it (what the interpreters says) is indeed the case.

Results (control)

- Informal interpreters omitted (affective) information

Interpreter (male, 40 years): No, I just tell the most important part, so when she goes like: "I really have a lot of pain, it is horrible, like the whole day long" and stuff, I just say: "She has pain".

I: And what do you think your wife would think of that? Do you think she would like you to render that information as well?

FI: You know, women always want to talk about their emotions and feelings, but I think- the doctor needs to know the most important things, so I tell just that.

Taboo subjects

- Sexuality, relational and psychological problems
- Shared point of concern

GP (male, 46) Like when there are relational problems in the family, how open can the patient be? I had that once with a family where the daughter was the initial interpreter, but when I called a professional interpreter a lot more misery came to the surface than via the daughter.

Discussion:
possible negative consequences of family interpreting

- Family interpreters not always honest (end of life cases)
- Affective cues of the patients might be overlooked
- Openness patients when discussing taboo issues

Conclusion

- Interpreting in GP practice is more than 'simply' translating information
- Other roles are expected (caregiver; advocate)
- Informal interpreters trusted more by patients, and professional interpreters more by GPs (different dimensions of trust!)
- Family interpreters seem to disempower the GPs, but empower the patients by advocating on their behalf

Recommendations

- The role of the interpreter should be discussed during the consultation (no hidden expectations!)
- Patients should be educated about the possible benefits of professional interpreters
- Health care providers should be educated about the negative consequences of language barriers

Questions?

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Future research

- **Survey** among patients, GP's and informal interpreters
- **Observational data** (coding video consultations)
- Ultimately test whether beliefs about trust, roles and power are of influence on the communication process and outcome measures (information comprehension and satisfaction with the consultation)