Health and social services intervention with interpreters in a crisis context

Results from a Scoping Review

This infographic summarizes the results of a scoping review conducted in 2021 about the provision of health and social services through interpreters during times of crisis. Of the 968 publications initially identified, 29* were included in our study. These publications were systematically analyzed and this infographic details four thematics from the results: 1) Interpreters' skills; 2) Interpretation strategies; 3) Interpretation modalities; and 4) Training.
*For the full list of references, please click here.

Interpreters' Skills [1-8]

In all contexts :
- Respects confidentiality.
- Is accountable, impartial, and has no conflict of interest.
- Seeks accuracy and conveys idiomatic nuances.

In crisis contexts :
- Strong resilience and self-control.

CHALLENGES

- Interpreters' independence may be influenced by institutional context and status of the interpreter.
- Lack of interpreters in proportion to the need for interpretation services.

CONSIDERATIONS

- Consistency enhances connection.
- Interpreters should be informed about the clinicians' expectation and the established protective measures.

Interpretation Strategies[1,3,7,9-15]

TRAINED INTERPRETERS

Pros:
- Preferred for somatic and psychiatric emergencies due to specific characteristics of the mental health status of the patient.
- Required for unclear conditions and complex care.

Cons:
- In crisis situations, interventions can be delayed until an interpreter is obtained.
- In-person interpretation entails high travel costs.
- Some patients may feel uneasy.

MULTILINGUAL FAMILY, FRIENDS, OR BYSTANDERS

Pros:
- Under certain circumstances, family may be a source of support.
- Alleviates the need to wait for a professional interpreter.
- Easily accessible and potential added feeling of security and trust.
- May gather more information on the patient and their condition.

Cons:
- Could violate patient confidentiality and autonomy.
- Emotional state and lack of language competency can lead to inaccuracy.
- May subject the patient's family member, friend, or bystander to social stress and emotional harm.
- The use of children as interpreters can undermine the relationship in the family.

MULTILINGUAL HEALTH STAFF

Pros:
- Saves time.
- Easily accessible.
- Requires foreign language skills mastery.

Cons:
- Health staff are not neutral interpreters and may be influenced by institutional context.
- Health professionals may have limited language and culture-specific knowledge.

Interpretation Modalities [9,11,14,16-19]

Phone Interpretation

- Ensures fast & accurate translation while maintaining confidentiality & anonymity.
- Often used in general practice, hospitals, and urgent care clinics.
- May have delays or malfunction.
- Not suitable for all patients (e.g., the very sick).
- Despite delays, phone interpretation can be beneficial in short-term, emergency, and sensitive situations.
- Some health professionals believe that trust is more quickly established & taboo subjects are more easily discussed by phone.

Video conference

- Interpreters must have access to a videoconferencing system, bring equipment, and manage technical problems.
- Health professionals need access to a booking system.
- Not adapted for the announcement of bad news and with certain patients (e.g. patients with schizophrenia).
- Videoconferencing allows interpreters to face emotionally charged, aggressive interventions indirectly.
- Technical issues in videoconferencing lower patient satisfaction and can cause delays.

Computer-based tools

- Computer-assisted interpreting (CAI) can facilitate the work of interpreters :
  - Software for terminology extraction and glossary building.
  - Software for note taking while interpreting and CAI tools for training.
- However, automatic translation is not precise and to be avoided in complex situations.

Training [3,5-8,15,16,18]

Training for Crisis Situations

1. Different trainings are needed for different kinds of crises.
2. Interpreters lacking the necessary training tend to experience psychological stress and have difficulty in making decisions and shifting to the most pressing task.

Training for Practitioners working with Interpreters and Linguistic Minorities
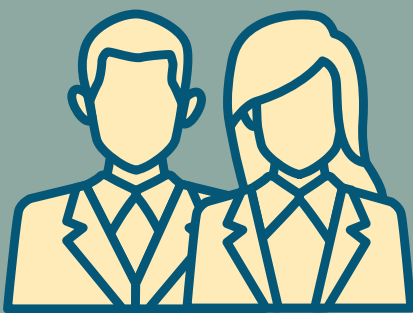
1. The interpretation situation can be improved if staff are trained in working with interpreters; this will allow staff to gather relevant cultural and clinical information from service users/patients.
2. Training professionals in cultural awareness could help them understand the issues patients from linguistic minorities face.

Training for Interpreters in Healthcare Contexts

1. Interpreters need to know about the context of healthcare delivery.
2. Interpreters need to be trained to fit well with the medical team for a more effective assistance.
3. Medically relevant training can reduce the challenges of communication in emergency and crisis situations.
4. Training in medical skills is recommended so that interpreters can assist with basic medical needs if isolated from the team.

Note that interpreting for public services, whether in a crisis or not, is a profession in itself. The recommendations gathered from the scientific literature concern the training of bilingual people who offer their services to interpret without necessarily having had the opportunity to undergo full training in interpreting. The ideal is to always use trained interpreters.

Academic Training

1. Universities should offer training for effective work with interpreters (for future clinicians) and program training on interpretation (for interpreters).

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NOTE

Although the information in this infographic is in a crisis context, the results also support non-crisis contexts. For example, in both crisis and non-crisis contexts, allophone people in small communities may be reluctant to employ interpretation services as interpreters may know the services' users and their families.

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