

Bridging the gap

Enhancing intercultural communication
in Catalonia's healthcare
through evidence-based insights

Ana Isabel Pérez-Real, Marc Miranda & Mireia Vargas-Urpí

Table of contents

1.Context

2.Objective and method

3.Results

4.Conclusions

Context (I): healthcare interpreting in Catalonia

- Around 18% of migrated population in Catalonia
- However, scarce research on healthcare interpreting:
 - García Beyaert & Arumí Ribas (2019), on the fuzzy boundaries between intercultural mediation and interpreting in healthcare
 - Ugarte Ballester & Vargas-Urpí (2018), on the regression in terms of PSI services in general in the period 2006-2016
 - Pym, Ayvazyan & Prioleau (2022), on the use of machine translation for public-health information

Context (II): Catalonia, officially bi(tri)lingual, de facto multilingual

- Three official languages (Catalan, Aranese and Spanish) with different status, use and social values (diglossia)
- Around 300 languages spoken —hard to account for
- Growing concerns about decreasing use of Catalan
- Catalan Sign Language is not official, but its use is guaranteed by the government

Context (III): the CIMAS Project

- To analyse the situation of intercultural communication in the Catalan healthcare sector
- To evaluate public policies of intercultural communication in the healthcare sector in Catalonia
- To assess the attitudes of the different actors involved with regard to intercultural communication

Knowledge Generation Project aimed at societal challenges and funded by the Spanish Ministry of Science, Innovation, and Universities (ref. number: PID2022-137113OB-I00).

Objective and method

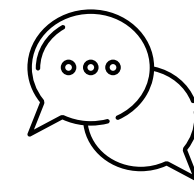
Objective of this study

To compare the perceptions and views of healthcare providers with those of policymakers and stakeholders to understand the complexities of healthcare interpreting

Method



Questionnaires for healthcare providers: N = 1,390



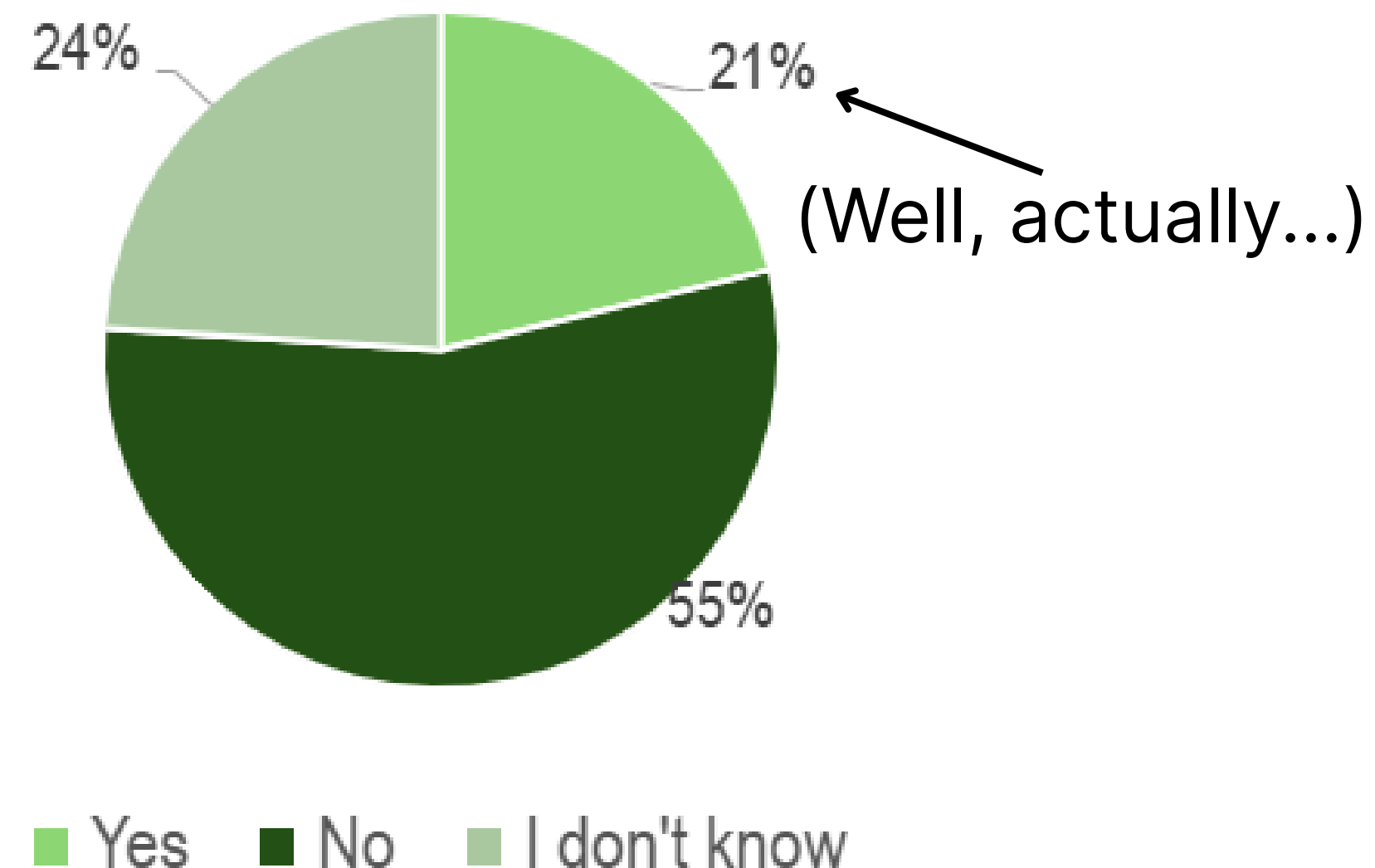
Semi-structured interviews with policymakers and stakeholders: N = 15

Results (I): Lack of interpreting/mediation services in healthcare in general

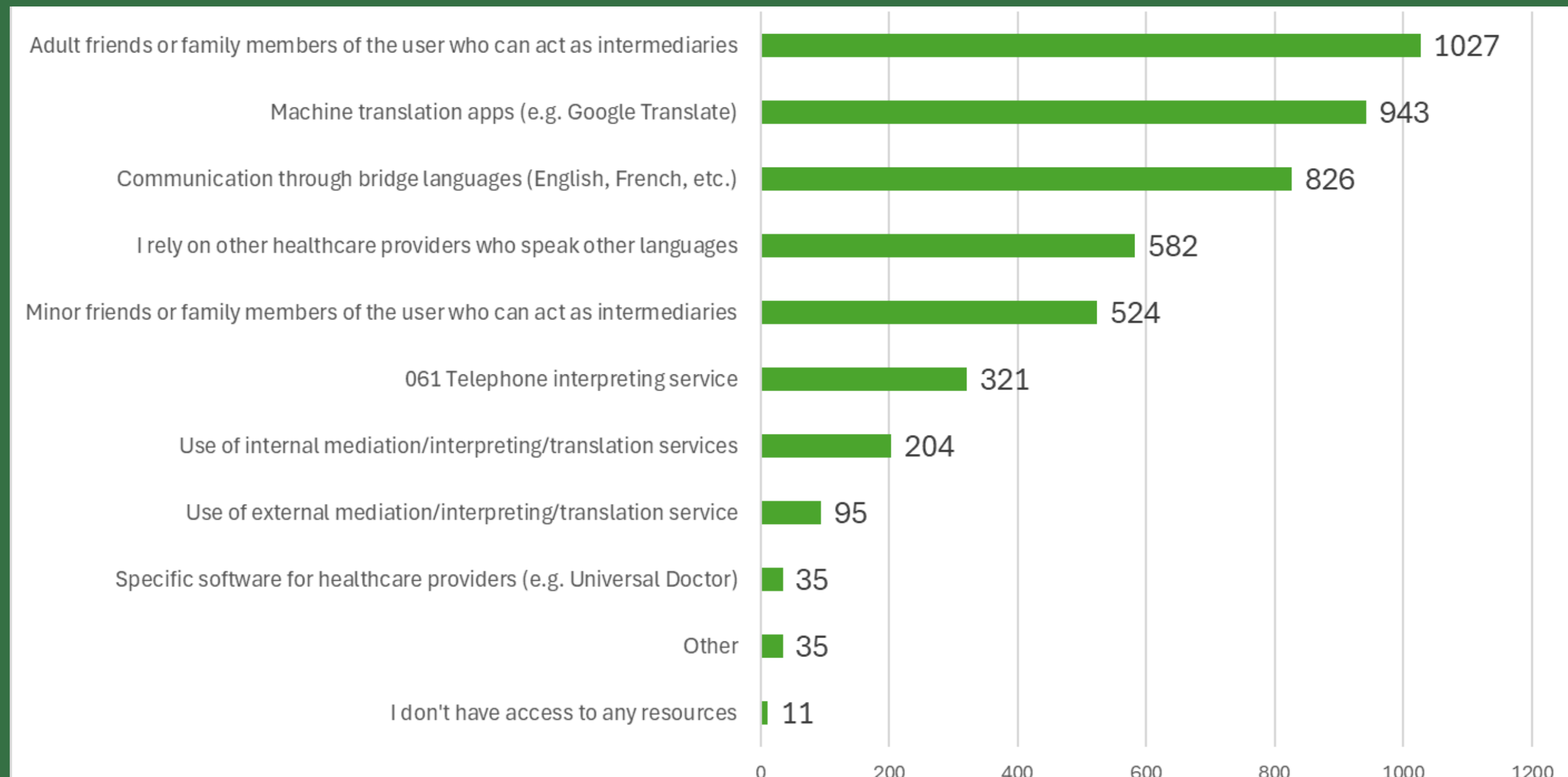
Stakeholders/policymakers:

- Regression in terms of services (101 mediators in 2010-11; around 10 in 2025, BCN metropolitan area)
- Remote interpreting available and widespread

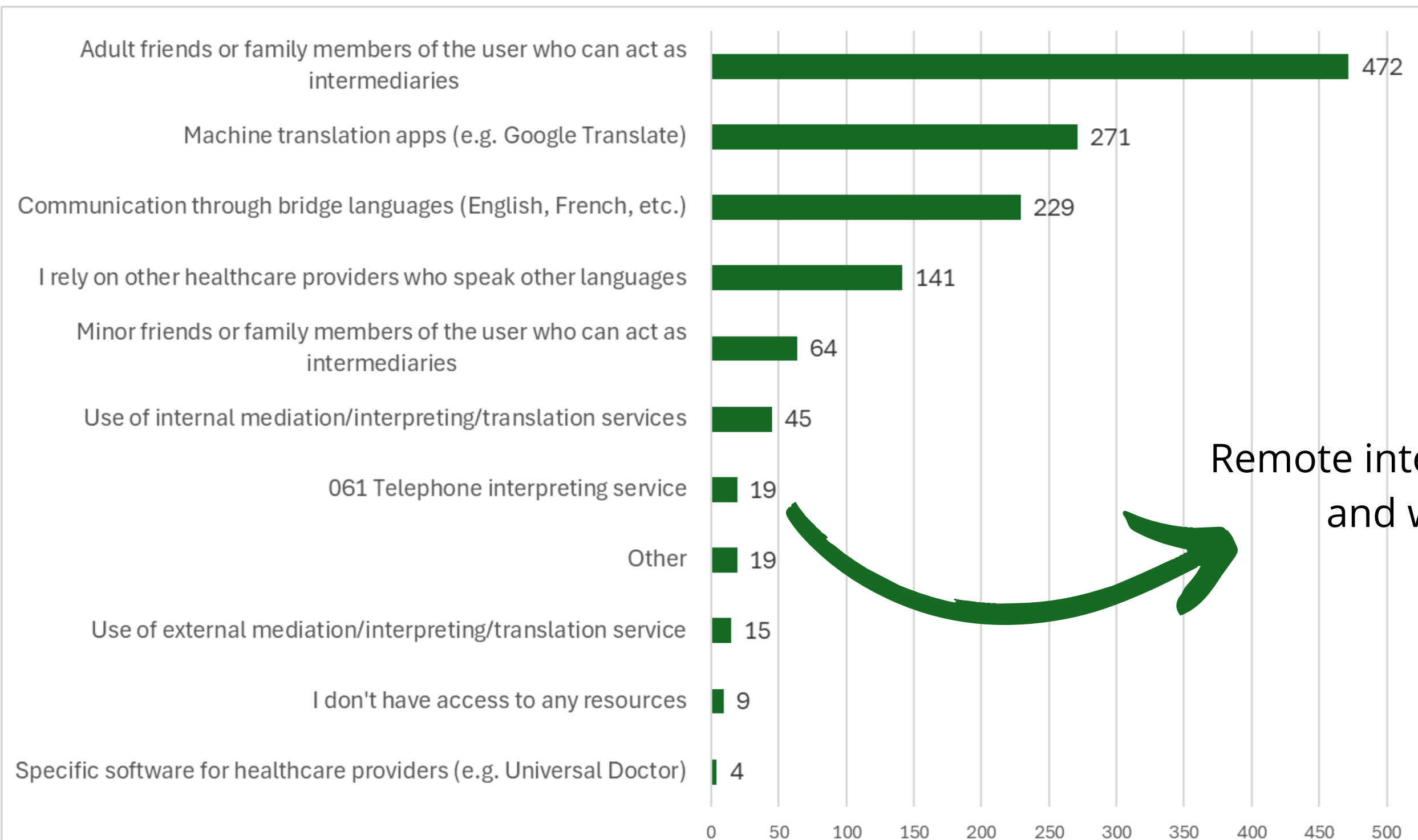
Does your healthcare centre have its own interpreting/mediation service?



What options do you have access to when you need to overcome the language barrier in your professional practice? You can select more than one.



Among the previous options, which one do you use more frequently?



Remote interpreting available
and widespread?

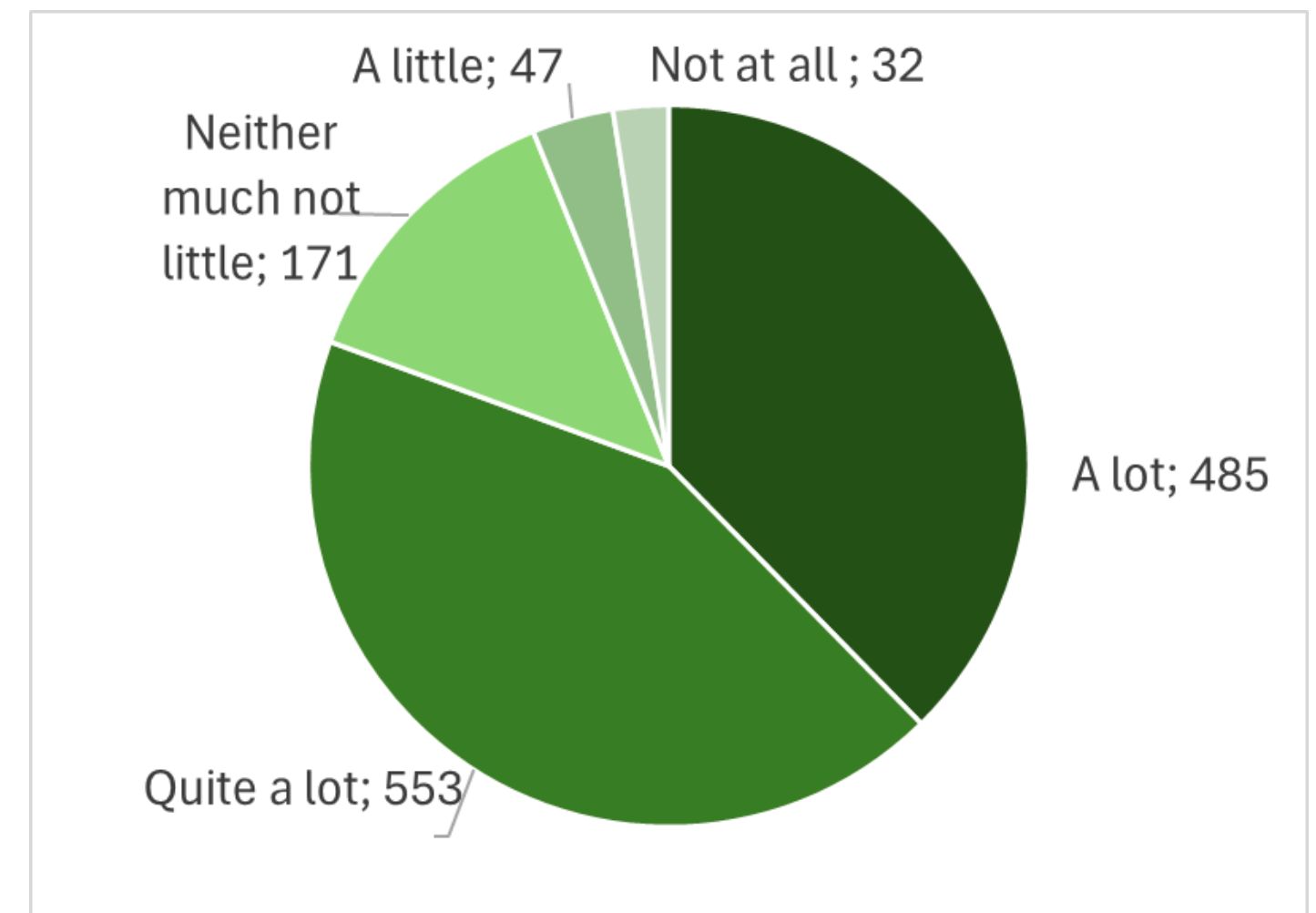


Results (II). Deficiencies in healthcare management (in general)

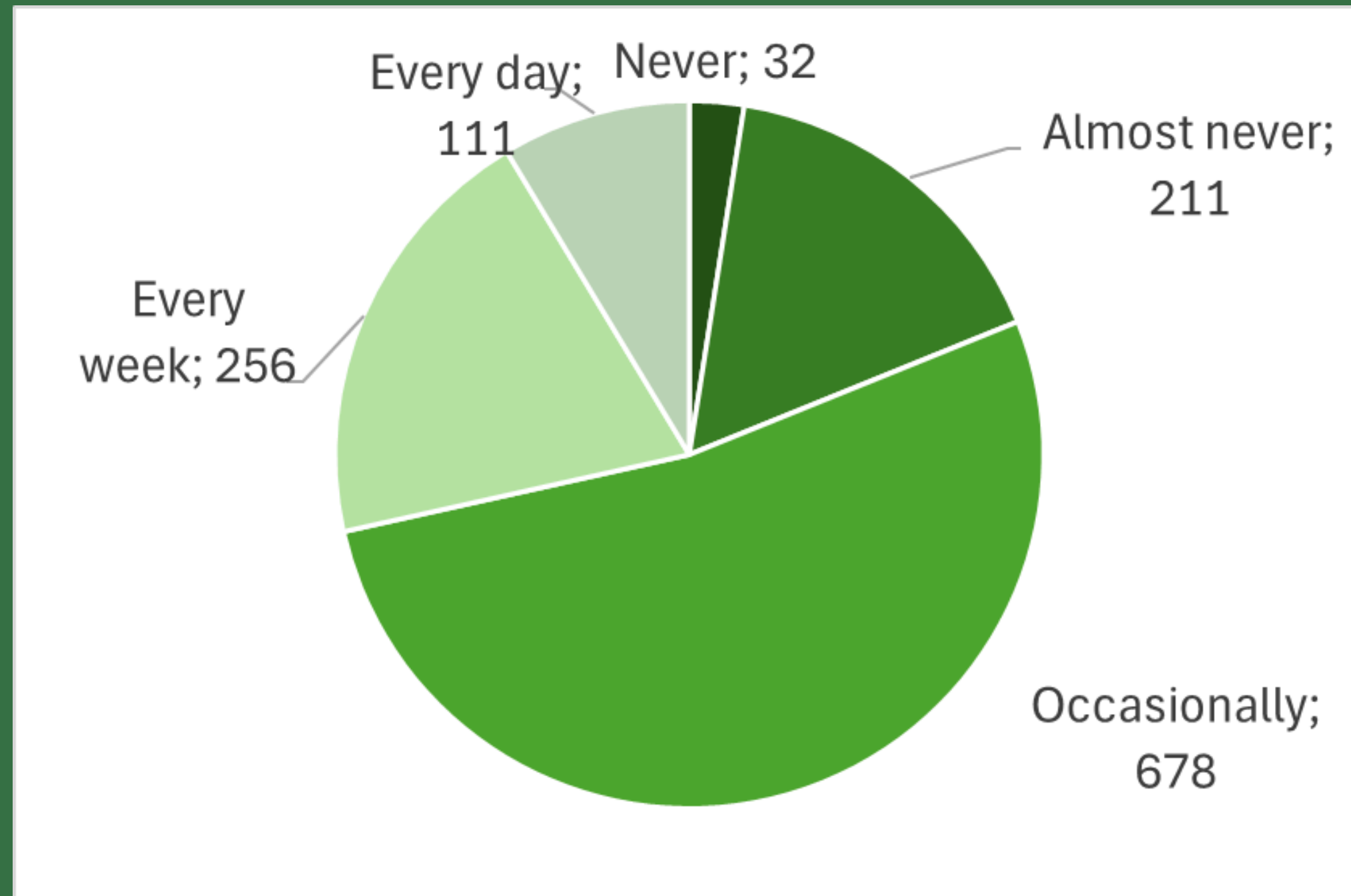
Stakeholders/policymakers:

- Constant demographic changes: is it feasible to have mediators in all healthcare in general?
- Lack of resources in healthcare in general (not only in terms of mediation services):
 - Long waiting lists
 - Ageing population
- Healthcare centres cannot contract mediators directly

To what extent do you think the resources offered by the Catalan healthcare system should be strengthened to address the language barrier in the healthcare sector?



How often do you have difficulty communicating effectively with users who do not speak or do not have sufficient proficiency in either of the official languages of Catalonia?

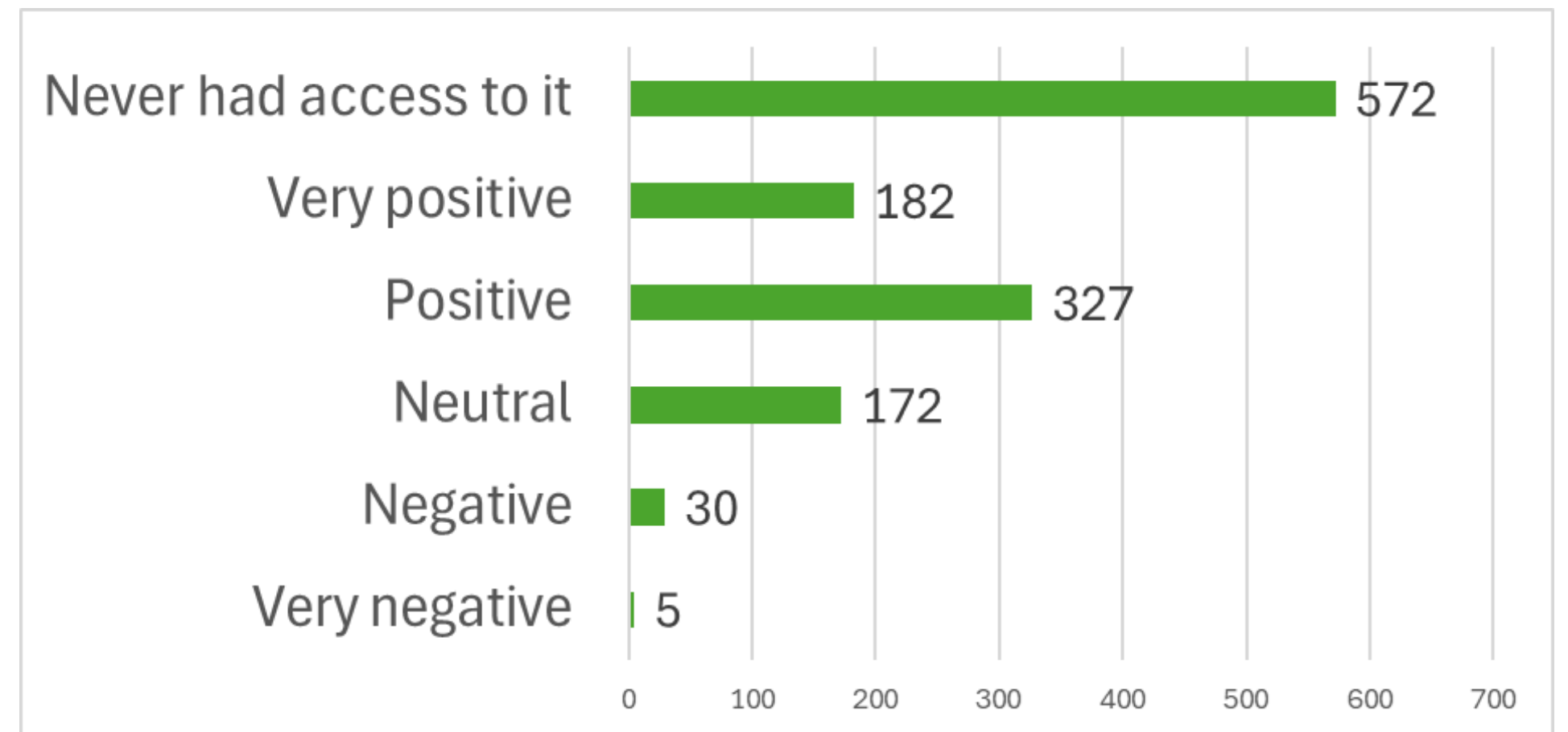


Results (III). Little resources, poorly managed

Stakeholders/policymakers:

- Mediators – not well integrated in hospitals (many doctors do not know about this service)
- Different protocols from one centre to another

How do you assess the effectiveness of mediation or interpreting services when you have had access to them?



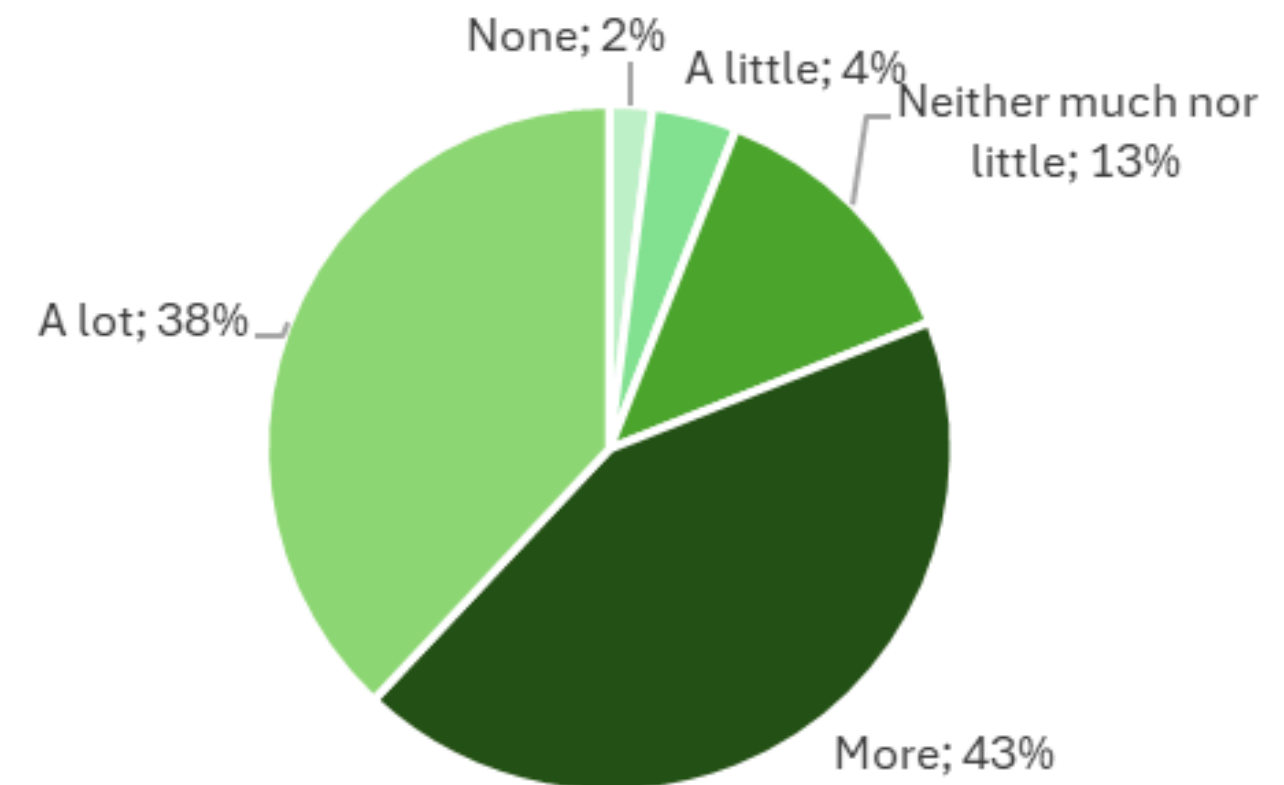
Results (IV). Lack of political engagement

Policymakers:

- Little attention brought to intercultural mediation over the past decades
- Acknowledgement of a communication problem and the need for improvement

Healthcare providers:

To what extent do you believe the Catalan healthcare system needs to be strengthened with resources to face language barriers?



Results (IV). Lack of political engagement

Policymakers and stakeholders:

- Lack of political stability in Catalonia hinders passing of laws:

“The legislature was coming to an end and we had a draft law, ready to start the internal government circuit. When a law is processed in the government, prescriptive reports from different government bodies must be submitted first. That was not possible with this draft law —nevertheless, it is there. When I asked the [newly elected Catalan minister] about it, she said they were not considering processing the “Trans Law” nor this one.”

[“S'acaba la legislatura i nosaltres tenim un avantprojecte de llei redactat, a punt per iniciar el circuit intern de govern. Una llei quan es tramita al govern, té molts informes prescriptius que ha de demanar, passant per diferents òrgans. Aquest circuit no el va poder fer. Però la llei està redactada. I quan vaig preguntar a la consellera, va dir, així com la Llei trans, descarten promoure-les del govern.”]

- No legal recognition of the need for intercultural mediation

Results (V). Language barriers and responsibilities

Policymakers and stakeholders:

- Linguistic rights in healthcare mostly focus on the use of Catalan by practitioners and the use of CSL
- Alleged lack of formal complaints by migrant patients
- Migrant patients have the duty to learn Catalonia's coofficial languages

Results (V). Language barriers and responsibilities

Healthcare providers:

- Questionnaires (N=1,309) featured an open-ended question for healthcare providers
- Lack of time to analyse such large and diverse data, but some practitioners deem the patients responsible for learning coofficial languages
- 70% claim to speak one of their patients' languages

Results (VI). Ideal: Multifaceted profile

- **Ideal Professional Profile** (Policy-Makers' Perspective):

Community health worker (“agent comunitari de salut”):
combines **community health activities** + **occasional
interpreting (physician)**

- Health prevention through presentations, workshops,
training

Results (VI). Ideal: Multifaceted profile

Challenges identified:

- Disregard for the work done by mediators/interpreters compared to community health workers
- Lack of awareness
 - Interviewees misunderstand interpreters' roles

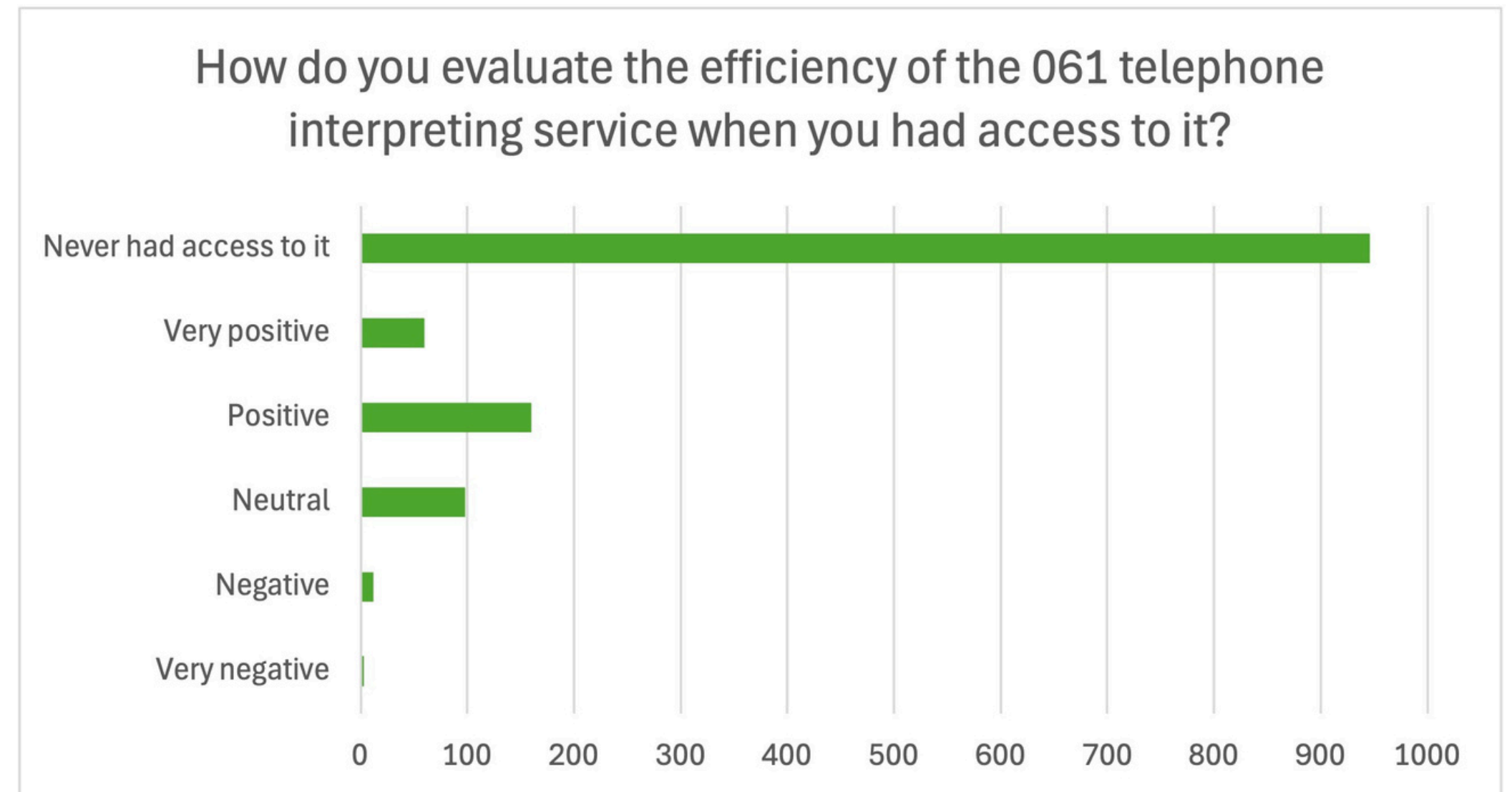
Results (VII). Other solutions

Telephone interpreting

Interviewees' feedback:
Generally positive

Healthcare providers:

- 4% think it is effective
- 73% never had access



Conclusions (I)

1. Stakeholders and policymakers stress on the need of professionals that convey information (**unidirectional flow of conversation**). Mediation (through health community workers) mainly supports a doctor-centred communication

2. **Major discrepancies** between stakeholders/
policymakers and healthcare providers

Conclusions (II)

3. High expectations on **telephone interpreting**
vs. low actual use of the service.

Thank you for your attention!

anabel.perez@uab.cat

marc.miranda@uab.cat

mireia.vargas@uab.cat