Context and aim (1)
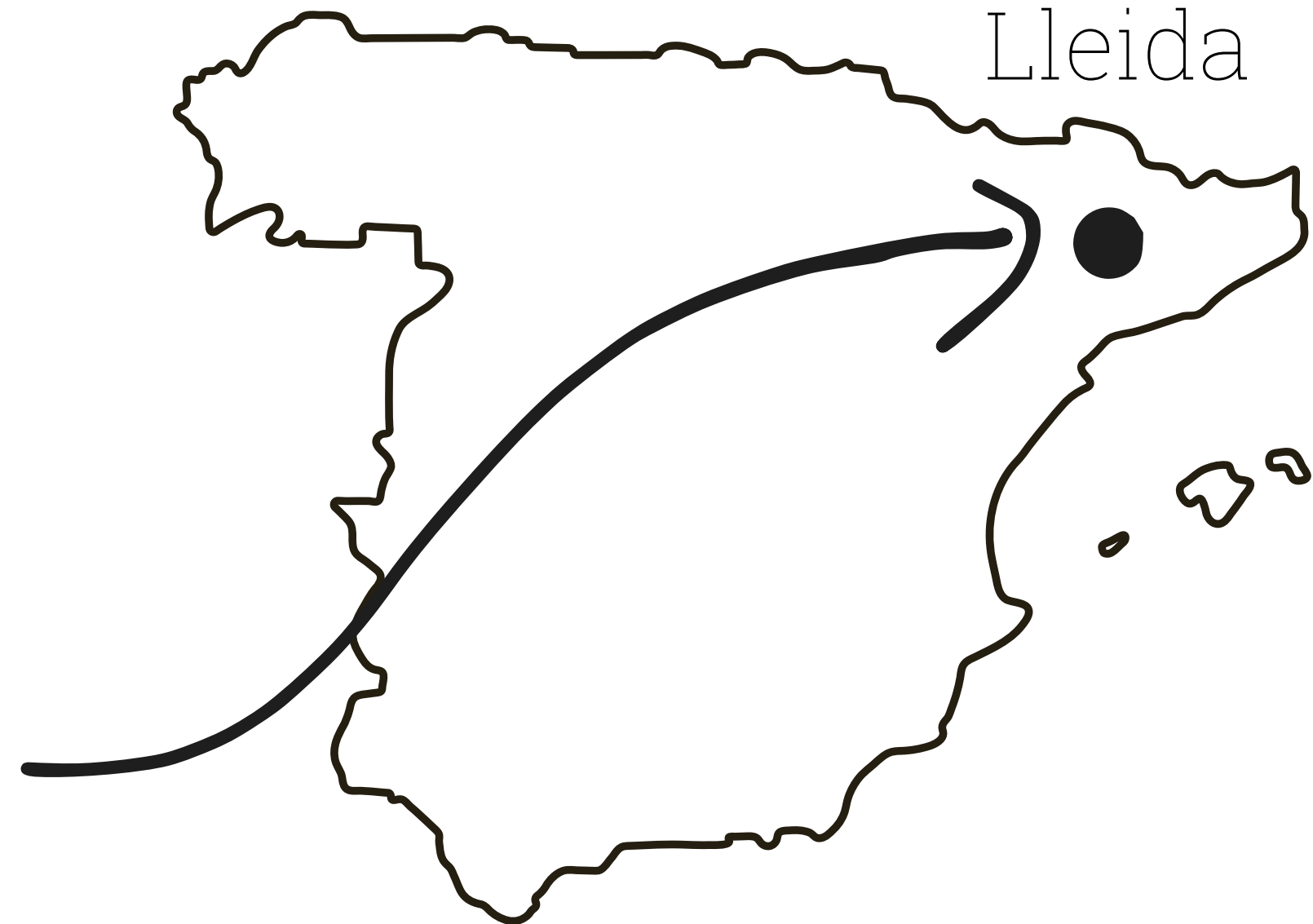
Aims

-> To propose a list of miscommunication indicators for non-professional healthcare interpreting

-> To explore the impact of linguistic and cultural barriers between health practitioners and users
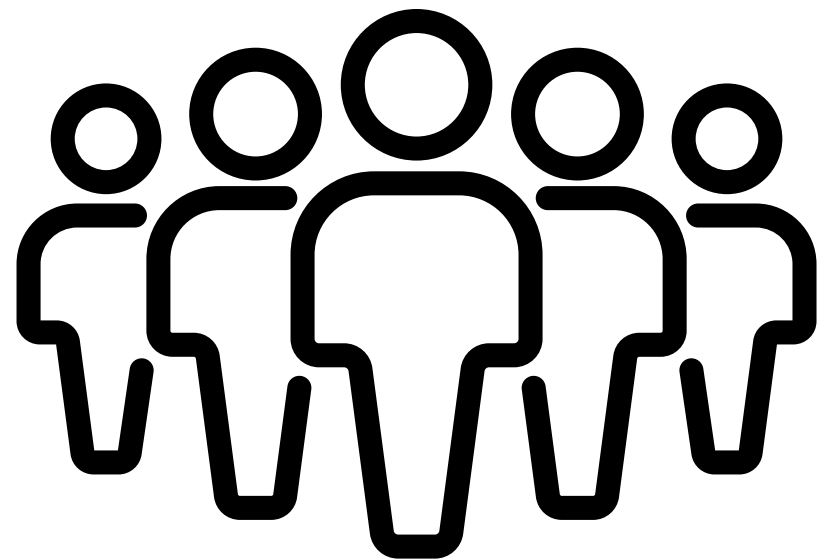
Context and aim (2)

Why this study?

-> Research gap in an area of changing linguistic diversity

-> Lack of healthcare interpreters

Lleida

Context and aim (4)

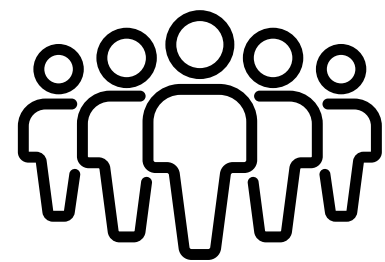Migrant population and linguistic diversity in Lleida

20% of migrant population (Total population = 375.000)

About 20-30.000 seasonal workers for harvest season

Context and aim (5)

Migrant population and linguistic diversity in Lleida

Migrant resident population:

1. **Romania**
2. **Morocco**
3. **Senegal**
4. **Colombia**
5. **Ukraine**

IDESCAT (Catalan Statistics Institute) (2025)

Seasonal workers:

-> A sample of 900 workers showed they mostly come from Sub-Saharian countries

(González Rodríguez, 2018)

Context and aim (3)

Why this study?

-> "To address the problem of language barriers successfully, we must know when they are most likely to arise and what their specific nature is." (Meuter et al., 2015)

-> A list of miscommunication indicators might help identify the needs of patients and users in contexts of non-professional interpreting

Methodology (1)

Non-participant observation: why and how?

-> Observations or recordings of consultations?

-> 8 observations in OB/GYN consultations

-> 2 primary health centers from 2 different cities (Lleida and Balaguer) with 2 midwives

Methodology (2)

Non-participant observation: why and how?

-> 3 patients had their husbands as non-professional mediators, the other 5 were alone

-> 1 observation featured a practitioner and a resident, the other 7 just one

-> MT was used by a practitioner in 1 consultation

Methodology (3)

Non-participant observation: how?

-> Prior to consultation, patients agreed to participate in the observation and signed a consent form

-> The researcher gathered fieldnotes throughout the consultation while listening and looking at the participants

-> The fieldnotes were split in four sections: settings, interaction, analysis and interpretation (Cachado, 2021)

LLOC: CAP RAMBLA FERRAN / PLANTA 2 / CONSULTA 5   10:45
PARTICIPANTS: LLEVADORA, PACIENT, MARIT, DOS INFANTS
origen paquistanès

SITUACIÓ:
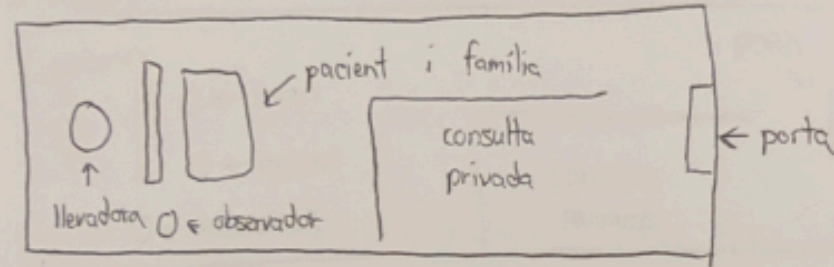
FACTORS AMBIENTALS:

INTERACCIÓ:

1. la llevadora rep la pacient, corrobora que no entén l'idioma i que tradueix el marit. Demanem consentiment per a l'observació i cap problema.

2. la llevadora interromp la interacció per ensenyar-me l'historial de la pacient: a l'última visita va acudir amb una veïna.

3. la llevadora parla només amb el marit, la pacient, que va donar a llum el 3 de gener, no diu res i mira a la paret. El marit li tradueix tot.

4. la llevadora exigeix al marit que li pregunti a la pacient com està d'ànims.

INTERPRETACIÓ: llevadora

5. la pacient parla de mètodes anticonceptius. Només amb el marit, ell no tradueix res i respon totes les preguntes. Tria que li posin un DIU. La llevadora li diu que l'hi expliqui.

INTERPRETACIÓ:

· La sanitària és conscient en tot moment que la comunicació amb la pacient no rutlla. Tanmateix, segueix amb el seu protocol. No s'adreça a la pacient en cap moment ni intenta cap estratègia alternativa per comunicar-s'hi. No sembla que li importi gaire i, quan la pacient marxa, la jutja molt.

ANÀLISI:

· El marit tria què tradueix i què no, a no ser que la llevadora li expliciti què ha de traduir, com en altres observacions.

· la llevadora repeteix i reformula moltes preguntes. Parla poc a poc.

· No simplifica vocabulari ni usa diminutius.

· La llevadora no sap què explica el marit a la pacient.

· La pacient es queda sense una prova mèdica per barrera lingüística.

6. La llevadora explora la pacient i demana al marit que tradueixi. La llevadora determina que la pacient no l'entén i diu que deixa córrer l'exploració.

7. La llevadora, quan marxa la pacient, afirma que no han entès res del que els hi ha dit.

LLOC: CAP RAMBLA FERRAN / PLANTA 2 / CONSULTA 5
PARTICIPANTS: LLEVADORA, OBSERVADOR, PACIENT, MARIT

SITUACIÓ:
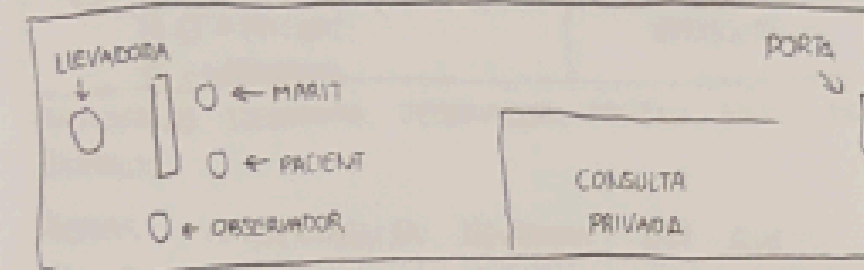
FACTORS AMBIENTALS:

INTERACCIÓ:

1. la llevadora pregunta al marit directament si és ell el traductor. Respon que sí. Informa el marit que posaran una vacuna per la tos ferina a la pacient. Ningú l'hi diu. la pacient entén que li punxaran i ho diu al marit. El marit i la llevadora riuen de que hagi entès "alguna cosa".

2. La llevadora parla en segona persona del plural ("os vacunaré"), tot i que només hi hagi una pacient.

3. La llevadora interromp la comunicació i diu a l'observador en català que la pacient entén una mica de castellà. En acabat ho pregunta a la pacient, el marit diu que no.

4. La llevadora diu al marit que la vacuna produeix febre i malestar. El marit no ho tradueix.

5. La llevadora torna a dirigir-se a l'observador en català. Especula sobre si saben anglès o francès.

6. la pacient marxa i la llevadora afirma que sap castellà, però que vol que el marit "porti la batuta" perquè ella pugui ser... [tallat]

ANÀLISI:

· la pacient rep tractament mèdic sense saber de què.

· La llevadora emet judicis de valor sobre la competència lingüística de la pacient.

· La llevadora deixa que el marit tradueixi el que ell vol. Quan la pacient parla, en canvi, demana al marit que tradueixi.

· La llevadora valora positivament l'existència de llengües font, com el francès i l'anglès.

INTERPRETACIÓ:

· La llevadora fa molts judicis de valor sobre els coneixements lingüístics de la pacient.

· la pacient no bada boca en cap moment, tot i que l'explorin i parlin de la seua salut. L'home és el seu portaveu, com si ell respongués per ella en absolutament tot.

Analysis (1)

Proposed miscommunication indicators/codes

Behaviours

Multimodal practices

Language

Analysis (2)

Code : **Behaviours**

Subcodes :

1.1 The practitioner addresses the non-professional interpreter instead of the patient.

1.2 The practitioner addresses the researcher in Catalan and blindsides the patients and their companions.

1.3 The practitioner requires a non-professional interpreter to convey a message to the patient.

1.4 When there is more than one practitioner, they talk among themselves in Catalan and blindside the patient and their companions.

1.5 The non-professional interpreter does not seem to translate what the practitioner or the patient tell him.

Analysis (3)

Code : **Multimodal practices**

Subcodes :

2.1 Spatial disposition: who faces who?

2.2 Body language and gestures express negative feelings

2.3 Body language and gestures help convey a message

Analysis (4)

Code : **Language**

Subcodes :

1.1   Practitioners speak in a slow and/or loud manner to make themselves understood

1.2   Practitioners repeat and/or rephrase when they sense the patient is not understanding them

1.3   Practitioners try to use a "bridge language"

1.4   The practitioner and/or the patient use MT

1.5   Practitioners try to use simplified language

1.6   Practitioners make assumptions about the linguistic competence of the patient

Analysis (5)

Code	Subcode	Quotation	Outcome
Behaviour	1.1 The practitioner addresses the non-professional interpreter instead of the patient	"The midwife brings up methods of contraception and talks about it with just the husband. He doesn't translate anything for his wife and answers all questions. He agrees to his wife having an IUD implemented. The midwife tells him to inform her after they've made the decision"	The patient will have an IUD implemented even though she did not have a saying in it.

Analysis (6)

Code	Subcode	Quotation	Outcome
Language	3.3 Practitioners and/or patients try to use a "bridge language"	"The patient says in English that her pregnancy is IVF but both the practitioner and the resident overlook that until later on they realize through medical data something does not add up and they figure out the pregnancy is IVF indeed."	The patient communicates a major issue regarding her pregnancy which the practitioner and the resident do not understand.

Analysis (7)

Code	Subcode	Quotation	Outcome
Multimodal practices	2.1 Spatial disposition: who faces who?	2.1 "The husband sits in front of the practitioner. The practitioner talks only with the patient's husband, whereas the patient herself, who gave birth just twenty days ago, stares blankly at the wall."	The patient is not asked a single question directly throughout the consultation. The practitioner doesn't even establish eye contact with the patient.

Analysis (8)

Code	Subcode	Quotation	Outcome
Language	3.2 Practitioners repeat and/or rephrase when they sense the patient is not understanding them.	"The practitioner often repeats and rephrases when she senses the patient is not understanding her."	The practitioner and the patient manage to solve miscommunications thanks to repetitions and the rephrasing.

Results (1)

-> Codes related to behaviours are the ones with the most appearances

-> Most subcodes relate to poor communication outcomes, even when the strategy enacted is supposed to improve communication (i.e.: using a "bridge" language but not managing to communicate)

Results (2)

-> In presence of a non-professional mediator, practitioners:

- tend to address them exclusively and blindside the patient

- may be inconsistent about what needs to be translated to the patient

- may make important decisions regarding the patient's health without consulting with the patient themselves

Results (3)

-> Catalan is used as a gatekeeping language by practitioners due to mistrust toward the patient or the need to share negatives feelings

-> The spatial disposition, the direction of the participants' gaze and the person each of them addresses have an influence on how miscommunication ensues

-> The use of MT may blindside everyone involved

Limitations (1)

-> Limited number of observations due to constraints and refusal from healthcare practitioners

-> The origin of the patients was not included in the analysis

-> Impossible to know what participants say in other languages

Limitations (2)

More insight would be provided with:

-> Recorded consultations and multimodal analysis

-> In-depth interview with both practitioners and patients after the consultation

Conclusions (1)

-> Subcodes point to strategies enacted in face of possible communication, and the outcome is almost always poor

-> Subcodes need to be combined to account for the complexity of miscommunication

-> The origin of the patients needs to be included in the analysis

Conclusions (2)

-> Practitioners have little resources in front of linguistic and cultural barriers

-> Triadic communication is not handled properly by practitioners

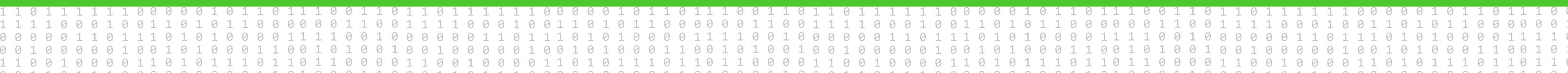-> Guidelines in handling linguistic and cultural barriers are needed in the Catalan healthcare system

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Thank you for your attention! :)

marc.miranda@uab.cat