Patient Education and Counseling 101 (2018) 1058–1065

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Informal interpreting in general practice: Are interpreters' roles related to perceived control, trust, and satisfaction?

Rena Zendedel[a,b], Barbara C. Schouten[a,*], Julia C.M. van Weert[a], Bas van den Putte[a,c]

[a] Department of Communication Science, Amsterdam School of Communication Research, University of Amsterdam, The Netherlands
[b] Department of Languages, Literature and Communication, Utrecht University, Utrecht, The Netherlands
[c] Trimbos Institute, Netherlands Institute for Mental Health and Addiction, The Netherlands

ARTICLE INFO

Article history:
Received 28 July 2017
Received in revised form 24 December 2017
Accepted 17 January 2018

Keywords:
Interpreter-mediated interactions
Migrant patients
Language barrier
Health communication

ABSTRACT

Objective: The aim of this observational study was twofold. First, we examined how often and which roles informal interpreters performed during consultations between Turkish-Dutch migrant patients and general practitioners (GPs). Second, relations between these roles and patients' and GPs' perceived control, trust in informal interpreters and satisfaction with the consultation were assessed.
Methods: A coding instrument was developed to quantitatively code informal interpreters' roles from transcripts of 84 audio-recorded interpreter-mediated consultations in general practice. Patients' and GPs' perceived control, trust and satisfaction were assessed in a post consultation questionnaire.
Results: Informal interpreters most often performed the conduit role (almost 25% of all coded utterances), and also frequently acted as replacers and excluders of patients and GPs by asking and answering questions on their own behalf, and by ignoring and omitting patients' and GPs' utterances. The role of information source was negatively related to patients' trust and the role of GP excluder was negatively related to patients' perceived control.
Conclusion: Patients and GPs are possibly insufficiently aware of the performed roles of informal interpreters, as these were barely related to patients' and GPs' perceived trust, control and satisfaction.
Practice implications: Patients and GPs should be educated about the possible negative consequences of informal interpreting.

1. Introduction

Informal interpreters are frequently used in medical settings to bridge the language gap between health providers and migrant patients [1]. In Dutch general practice (GP), informal interpreters, who are usually family and friends of the patients, are present in circa 60% of consultations with first generation migrant patients [2]. In contrast to their professional counterparts, who are expected to perform the conduit role (but often deviate from this role, see, for instance [3]), that is, literally translating information from one language into another [4], informal interpreters also perform other roles within the medical interaction.

Previous qualitative studies have shown that informal interpreters often are reported to act as patients' advocates [5], counselors [6], and cultural brokers [7] (see Table 2 for definitions of the roles). They also provide emotional support to the patients [8], and act as extra information source for health providers [9]. In contrast to these facilitating roles, informal interpreters are also reported to act as replacers and excluders of patients [10,11], and health providers [12]. The mentioned roles are usually investigated via qualitative interviews with the three interlocutors (health provider, patient and informal interpreter), discussing expected and perceived roles of informal interpreters (e.g. [13–16]).

A few previous observational studies have also investigated the communicative behavior of informal interpreters, for instance by coding omissions, additions and ignoring of patients' and health providers' utterances [17,18]. However, to our knowledge no studies exist which have observationally investigated the specific roles mentioned in self-report literature, that is, advocate, information source, counselor, emotional supporter, cultural broker, conduit, system agent and patients' and GPs' excluder and replacer. To enlarge our understanding about to what extent informal interpreters actually perform these roles and how these might be related to communication outcomes, we conducted a quantitative observational study to measure performed roles of informal interpreters.

* Corresponding author at: Amsterdam School of Communication Research, Nieuwe Achtergracht 166, Postbox 15791, Amsterdam, 1001 NG, The Netherlands.
E-mail address: b.c.schouten@uva.nl (B.C. Schouten).

https://doi.org/10.1016/j.pec.2018.01.012
0738-3991/

As previous research on performed interpreter roles is mainly qualitative [19], there are no studies which have related the different performed interpreters' roles to three potential communication outcomes, that is, perceived control of the consultation, trust in the interpreter and satisfaction of patients and GPs with the consultation. These outcomes are known to be important factors of interpreted medical communication [19], because they are related to patients' improved health outcomes [20]. Linking the different roles to these communication outcomes will provide us with valuable insights about the possible effects of the different roles of informal interpreters on communication outcomes and could be used in designing evidence-based interventions to improve interpreter-mediated interactions.

In sum, we have conducted a mixed-methods study in which we coded different interpreters' roles based on audio-recordings of GP consultations with Turkish migrant patients and informal interpreters. Because of the observational design of this study and use of audiotapes, we have only coded verbal communicative aspects of interpreters' roles. Other elements within the concept of role (e.g. gestures, symbols, pre-consultation preparations), as originally being conceptualized by Goffman [21], were beyond the scope of this study. The roles were subsequently related to GPs' and patients' perceived control of the consultation, trust in the interpreter and satisfaction with the consultation, which were assessed in a post-consultation survey. Hence, the following RQs will be answered in this paper:

RQ1: Which roles do informal interpreters perform during the GP consultation?

RQ2: Are the roles of informal interpreters related to patients' and GPs' perceived control of the consultation, trust in the informal interpreter and satisfaction with the consultation?

2. Method

2.1. Participants and procedure

This study is part of a larger research project on informal interpreting in general practice. Results of previous studies have been reported elsewhere [16,22,23]. In the present study we describe the observational findings and their relation with outcomes.

Twelve Turkish-Dutch research assistants have collected data in six GP practices from November 2015 to May 2016. The research assistants have approached all patients of Turkish origin who visited the GP in the company of another person in the waiting room of the GP practice. Inclusion criteria were that the patient is of Turkish origin, above 18 years and visits the GP with an informal interpreter who is a family member or acquaintance of the patient. Of the 237 approached patient-interpreter pairs, 126 pairs agreed to participate, thus a response rate of 53% was obtained, which is in line with previous findings [24,25]. Reasons for declining to participate were privacy issues ($n = 55$), too little time ($n = 26$), no interest in the study ($n = 21$) or unknown reason ($n = 9$). We had to exclude 42 pairs from analysis due to different reasons, such as failed audio recordings or incomplete surveys (see Fig. 1 for the flow chart of the sampling procedure). The final sample consisted

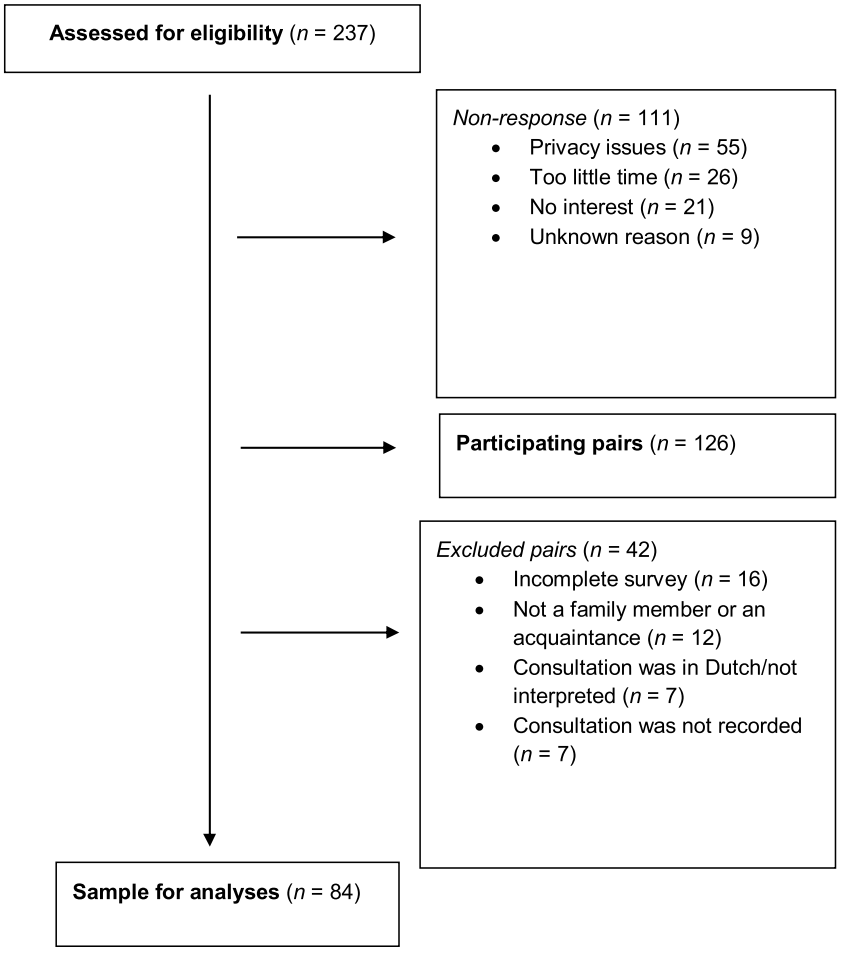

Fig. 1. Flow Chart of the Sampling Procedure.