St. Catherine University

SOPHIA

5-2017

"Lost in Translation": Medical Social Workers' Perspectives on Using Interpreters

Amalia Mongiat
St. Catherine University, amalia.mongiat@gmail.com

"Lost in Translation": Medical Social Workers' Perspectives on Using Interpreters

by

Amalia B. Mongiat, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Dr. Melissa Lundquist, Ph.D. (Chair)
Susan Piepgras, LICSW
Mary Nienow, MSW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

As diverse populations continue to grow in the United States, the use of interpreters will become increasingly important in order to communicate effectively. The purpose of this project was to explore medical social workers' perspectives on how the use of interpreters impacts their therapeutic bond with clients. Using a qualitative design, five social workers were interviewed using semi-structured techniques, answering questions related to the topic while also having the freedom to discuss aspects of using interpreters they felt necessary. The main themes found were: impacts on the therapeutic bond, the value of interpreters, and the barriers in using interpreters. The findings indicated this is a very subjective experience for social worker's, as they each had different views on how using interpreters impacts their bond with clients. Although not explored by the researcher, two other themes emerged from these interviews; social worker's views on the value of using interpreters, and social worker's views on the problems with using interpreters. The hope for this study is medical social worker's will become more aware of the topic of using interpreters and the findings will impact how they use interpreters in their practice.

Table of Contents

"Lost in Translation": Medical Social Workers' Perspectives on Using Interpreters

It is nearly impossible in a line of work today to not run into a time where one encounters a person who speaks a different language than their own. For professions serving the public, such as social workers, doctors, and nurses, this is the daily reality of their jobs. According to Roussos, Mueller, Hill, Salas, Hovell, & Villarreal (2010), in the United States approximately 50 million people do not share a language with their healthcare provider. In order to effectively work with these populations, it is essential to work with an interpreter, or someone who can translate both language and culture. While some research has been done on the use of interpreters, there is still a lack of research on social workers' perspectives in working with interpreters, specifically in medical settings which can include very sensitive and high-risk situations. Researchers have yet to begin studying how using an interpreter can affect the formation of therapeutic bonds between clients and social workers.

There has been a lot of research done on the need for interpreters in many different settings, and some conclude the best way to overcome cultural and language barriers is by hiring and using interpreting services (Pochhacker, 2000; Novak-Zezula, Schulze, Karl-Trummer, Krajic & Pelikan, 2005; Eckhardt, Mott & Andrew, 2006). According to Becher & Wieling (2015), in 2007, 24.5 million reported speaking English less than very well in the United States. Instead of using formal interpreters, ad hoc interpreters have been used in many settings. Ad hoc interpreters are not professional interpreters. They are typically a family member or other individual who take on the interpreting role without proper training (Pochhacker, 2000). Ad hoc interpreters are found to be less effective than professional interpreters, and while they are inexpensive, it is important professional interpreters have more professional training than a family member does (Pochhacker, 2000). There is a need for interpreters in order to serve

diverse clients, and the use of them is helpful in order to effectively do many different kinds of jobs.

While interpreters have proven to be useful, there has also been research done on problems faced when using these kinds of services. Interpreters have been reported to not be used as much as they should be (Wish Garrett, Grant Dickson & Klinken Whelan, 2008). Along with this, it is difficult for the practitioner to know if the interpreter is saying the things they want them to say, because they cannot understand the language. There have been many instances reported of incorrect translation as well as forgetting critical pieces of what was said (Luk, 2008; Flores, Laws, Mayo, Zuckerman, Medina, Abreu & Hardt, 2003). There has been emphasis on ways of overcoming these barriers to working with interpreters, mainly focusing on more training and education for interpreters to better understand their function and ways to best complete their role. When interpreters omit certain parts of a sentence, they are affecting the care being offered to clients, and neither clients nor practitioners get all the information needed.

Because interpreters work so closely with a variety of professionals, establishing a positive and effective working relationship with one another is essential. Becher & Wieling (2015) suggest it is best for professionals and interpreters to have a long-term working relationship so they can learn how to work more effectively with one another and to understand their specific roles in the relationship. This working relationship is essential in providing better outcomes for clients. While this is true, none of this aforementioned research directly applies to interpreter's working relationships with social workers, even though they work closely together often.

Despite this large amount of research on interpreters, there are still gaps in the research specifically regarding social workers in medical settings. Like doctors and nurses, social workers

work closely with interpreters, so it is important to assess how these encounters impact the way a social worker and their client connect, and if there are any needs for improvement in this growing and essential part of social work practice. Because social workers work with sensitive information, the interpreter also hears that information but must remain unbiased in the encounter and strictly act as a translator. Therefore, the proposed study focuses specifically on the therapeutic relationship between the social worker and their clients in a medical setting, and how the use of an interpreter can impact this crucial bond. The question to be examined in this qualitative study will be: What are social workers' experiences on how using interpreting services impacts their work with clients, and how can interpreters be both helpful and hurtful in the process of working with clients to create strong therapeutic bonds?

Literature Review

As immigrant and refugee populations continue to grow in the United States, professionals in all areas will start working more closely with interpreters. Social workers have worked with interpreters for a long time, and this will continue to increase as more non-English speaking clients need services. Much research has been done on the effectiveness and importance of using interpreters in medical and mental health settings (Becher & Wieling, 2015; Novak-Zezula et al., 2005; Baker, 1981; Pochhacker, 2000; Wish Garrett et al., 2008; Eckhardt et al., 2006). There has also been a lot of research done on the problems with using interpreting services (Eckhardt et al., 2006, Pochhacker, 2000; Davidson, 2000; Flores et al., 2003; Berthold & Fischman, 2014; Becher & Wieling, 2015). Despite this, researchers have yet to begin exploring social workers' narratives on how using interpreting services impacts their work with clients, and how they can be both helpful and hurtful in the process of creating strong client/social worker bonds.

The Need for Interpreting Services

Research has shown the overwhelming need for interpreters in a variety of settings, such as in health care, hospitals, clinics, and mental health therapy (Becher & Wieling, 2015; Novak-Zezula et al., 2005; Baker, 1981; Pochhacker, 2000; Wish Garrett et al., 2008; Eckhardt et al., 2006). In these settings, there are barriers of communication with clients that speak another language, which make it difficult for the provider to do their job. There were approximately 24.5 million people in the United States whom reported speaking English less than very well in 2007, which shows the need for excellent interpreting services and "cultural brokers" who could connect with clients and advocate for their culture to improve the services being supplied (Becher & Wieling, 2015). This "cultural broker" is someone who is familiar not only with the client's language, but their culture as well, because they translate both language and experience from one culture to the next (p. 450).

Elkington & Talbot (2016) studied the current use of interpreting services with mental health counseling in South Africa. They noted "it is widely documented that language discordance impedes access to, and quality of, health care" and "formally trained interpreter-assisted consults vastly improve client satisfaction and clinical outcomes" (p. 364). Hornberger, Itakura, & Wilson (1997) also came to similar conclusions when studying the various methods used by physicians to bridge barriers in culture and language. They found, when physicians had access to interpreting services, the quality of patient-physician communication was significantly higher.

The Use of Interpreters in Medical Settings

There are many studies that have looked at the effects of implementing or updating interpreting services in hospitals, and how it enhances services used. In one study, results of a

survey taken by staff at 12 hospitals in Vienna showed they felt non-German speaking patients'

needs were not being met, because the interpretation done was by ad hoc interpreters, or

interpreters that are not trained professionals, such as family (Pochhacker, 2000). Pochhacker

(2000) noted the best way to combat this lack of services was by implementing professional

interpreting services in the hospitals. Similarly, Eckhardt et al. (2006) conducted a qualitative

study in Australia consisting of six interviews of non-English speaking patients and their

experiences with their recent hospital stay. Their findings showed when interpreters are not used,

there is a lack of communication between the patient and health care provider, thus leading to

more feelings of anxiety for an already vulnerable population.

An intervention study focused on the direct impact of implementing interpreting services

in European hospitals (Novak-Zezula, 2005). The study focused on nine European hospitals, and

either implemented interpreting services in the hospitals where there had not been before, or

upgraded the interpreting services currently being used in the hospitals that already had them in

place. The researchers had the staff fill out pre- and post-intervention surveys, and had patients

fill out only a post-intervention survey. Both groups of individuals showed the newly

implemented interpreting measures proved to be effective overall in the hospitals, despite the fact

only post-surveys were conducted with patients (Novak-Zezula, 2005). This shows how

interpretation services can have a direct and positive effect on patient outcomes and services.

Patients needing interpreting services. Studies have also shown in medical settings,

patients that need interpreting services are also more high-risk. Wish Garrett et al. (2008) looked

at 258 patients in Australia that had recently been hospitalized, and found, through telephone

interviews, people who reported using an interpreter during their time were more likely to have

highly or moderately complex medical cases. This study found it is important to use interpreters

because in this sample, they were more likely to be complex medical cases, so it is important to make sure they receive services so they can better understand their diagnosis.

Implications of implementing interpreting services. The use of interpreters has also been shown to decrease health care costs over time. Jacobs, Shepard, Suaya, & Stone (2004) discuss how the use of interpreters has been shown to increase the delivery of health care to non-English speaking patients. This is because they are able to reach more patients linguistically than when they are not used. Along with this, they show how using interpreters can decrease the cost regarding these patients over time, because when interpreting services are used, these patients have a better understanding of their diagnosis and what further steps are needed. These patients can then respond to their preventative services at a statistically significant rate, thus lowering the cost of health care services for this population in the long run (Jacobs et al, 2004).

The Role of Interpreters in Medical Settings

Much research has looked at the general role of interpreters, but there is a handful of this literature looking specifically at an interpreter's role in a medical setting. Diamond, Wilson-Stronks, & Jacobs (2010) researched hospitals across the United States and found many hospitals do not comply with the federal laws regarding providing interpreting services to patients. According to Hadziabdic & Hjelm (2016), the interpreters they interviewed viewed their main role as to "transfer information accurately, to keep confidentiality, to remain impartial, and to perform duties related to their work assignments and the code of ethics for interpreters" (p. 221). They also felt like their role could be influenced by many factors, such as work environment, different personalities of clients and providers, and the form of interpretation used (Hadziabdic & Hjelm, 2016). Despite this, there has been some research done on interpreters performing other roles. Davidson (2001) analyzed the use of interpreters and concluded, while they translate

language, they are not neutral, and can be seen as a "covert co-diagnostician and institutional

gatekeeper" (p. 170). For example, an interpreter does not just act as a neutral third-party in the

room, but rather takes a role in the process as a co-provider.

      Farini (2012) studied 55 conversations between doctors and patients with the use of an

interpreter. They found "emotional rapport between the patient and the doctor may improve if

the interpreter conveys implicit content to the doctor, thus creating opportunities for him or her

to respond" (p. 179). This shows interpreters have many different roles; not only do they act as a

translator of language and culture, but also as a mediator between the client and provider so both

individuals can communicate together.

Problems with Using Interpreters

      While the use of interpreters is recognized as very useful, there is also research done on

the problems with the use of interpreters. Interpreters are expensive services and can be time

consuming, and because of this there are low reports of using interpreting services when they

should have been used. In a study conducted by Wish Garrett et al. (2008), with a sample size of

205 patients that reported speaking little to no English, only 31% reported the use of interpreting

services during their stay at a hospital. Baker, Hayes, & Fortier (1998) also looked at the use of

interpreters in medical settings. They found 21.9% of patients reported communicating with the

provider but that an interpreter should have been used (Baker, Hayes, & Fortier, 1998). Luk

(2008) discusses her review of many articles regarding the use of interpreters. She concludes

there are many problems with interpreting, such as it is not correct all of the time and clinicians

have no way of knowing if what they are saying is being said correctly, and words sometimes do

not translate well to other languages.

According to Davidson (2000), interpreters go outside of their professional role a lot in medical settings. Through his observation of interactions between interpreters, medical professionals, and patients, he concluded interpreters play a more "active participant" role in the diagnosis of a patient rather than an unbiased third party (p. 379). This makes it difficult for providers to do their jobs as interpreters go outside of their role. Becher & Wieling (2015) also touch on this concept, and found interpreters noted felt they needed to speak out as a cultural broker or when they saw the mistreatment of a patient. On the other side, the clinicians interviewed in this study reported although this was sometimes helpful, when interpreters spoke out they saw it as inappropriate.

Along with going out of their role, being an interpreter can be very hard on one's mental health. Berthold & Fischman (2014) discuss secondary trauma faced by interpreters, and how they can have difficulty maintaining appropriate boundaries as well as possibly facing vicarious trauma. She goes on to discuss ways to prevent this trauma, such as not using first person in translating and preparing oneself for an emotionally tolling interview.

Ad hoc interpreters. Studies have shown the use of ad hoc interpreters is not commonly favored (Flores et al., 2003; Pochhacker, 2000). Ad hoc interpreters are interpreters that are not professionals; they can be family members or staff members. Pochhacker (2000) found ad hoc interpreting is not effective in communicating with patients, and from a survey given out to health care providers, they overwhelmingly thought the best way to combat language and cultural barriers is by an implementation of professional interpreting services. Flores et al. (2003) also studied the use of interpreting in medical settings, and, despite their small sample size, found ad hoc interpreters were significantly more likely to make interpretation errors that had serious medical clinical consequences. In studying the language barriers in children's healthcare,

Goenka (2016) found "the lack of interpretation, or the use of informal, untrained interpreters,

has significant effects on patient safety, quality of care, and patient satisfaction" (p. 659). Ad hoc

interpreting has proven to be less favorable overall compared to professional interpreting

services, and it overall has a negative effect on client outcomes.

Interpretation errors. There has also been research done on the errors made by

interpreters and the consequences they have on patients. A study conducted by Flores et al.

(2003) recorded and transcribed thirteen pediatric encounters where an interpreter was used in an

outpatient clinic. The average interpreter errors noted in these encounters was 31, totaling to 396

errors. Although only six of these used a professional interpreter, and the other ones used ad hoc

interpreters, the number of errors noted was still very high. The most common error made by the

interpreters was forgetting to add something that was said, and most of these errors had clinical

consequences, such as forgetting to ask about allergies or forgetting to tell the patient specific

directions to improve their condition. Pope, Escobar-Gomez, Davis, Roberts, O'Brien, Hinton, &

Darden (2016) also came to similar conclusions in their research examining spoken interactions

between pediatricians and patients with the use of interpreters. They found many areas needing

improvement, but found interpreter's omission of information the most common mistake made

by interpreters, and this affected the patients the most.

Interpreters and Proper Training

In order to combat these problems with interpreters, research suggests improvement of

training and education for interpreters (Baker, 1981; Freed, 1988; Luk, 2008; Berthold &

Fischman, 2014). Despite being published over thirty years ago, both Baker (1981) and Freed

(1988) discuss the need for more training and testing of interpreters as they are commonly used

in social work practice, because interpreters will continue to be used in very sensitive areas, such

as therapy and medical settings, and their training is key to bettering someone's life. Because

interpreters can experience secondary trauma, Berthold & Fischman (2014) suggest more

education to decrease the risk for vicarious trauma in interpreters. Luk (2008) found the use of

interpreters helped to overcome cultural barriers in psychiatric practice. She also suggests the

importance of training and testing interpreters to make sure they can speak the language as well

as they say they can.

Interpreters' perspectives surrounding additional training have also been researched.

Hadziabdic & Hjelm (2016) interviewed professional interpreters and found interpreters see their

work as challenging and experience a great deal of stress and burn out. The interpreters

interviewed noted one way to combat these challenges, which was to have more educational

opportunities for the interpreters to learn more about medical terminology so they know how to

better explain various terminologies to patients. In addition, they noted it would be helpful to

have training on ways to debrief about patients to prevent burn out and stress in their jobs. Not

only do various professionals view the need for more training of interpreters, but interpreters

appear to agree with this view as well and would see it as helpful so they can better themselves

in their jobs.

The Working Relationship

Much research shows the importance of a working relationship between an interpreter

and a service provider, whether it is a therapist, doctor, or nurse. In her article review, Luk

(2008) suggests that the ways to combat problems faced with interpreting services is by creating

a better working relationship between a clinician and the interpreter. She suggests "it is desirable

that the same interpreter be paired with the clinician on a regular basis (preferably long-term), so

that a proper working relationship may be established with the development of mutual

understanding, trust, and role division" (p. 562). Baker (1981) also comes to similar conclusions, although written over thirty years prior, saying the worker and interpreter becoming a close team is ideal and really key to effective interpreting services.

This working relationship can be very difficult as well. Becher & Wieling (2015) interviewed ten interpreters and seven clinicians about their working relationship. They found it is best for clinicians to form relationships with interpreters, and the best way to do that is by using interpreters hired as staff, not ones hired from an interpreting agency. Many times, interpreters reported feeling inferior to clinicians, and clinicians reported, when it came down to it, they had more power in the relationship. Again, these authors come to the conclusion it is best to have long-term relationships with interpreters so both professionals can learn how the other works, which in-turn betters their clients.

Mental health professionals have found it difficult to form this working alliance with interpreters as well. Raval & Smith (2003) interviewed therapists on their experiences in working with interpreters. They found providers felt the "process of communication lost important attributes through translation", and this was highlighted by the difficulty of forming a working relationship with interpreters (p. 6). They also found when a working relationship is not made with an interpreter, the therapists found it more difficult to form a therapeutic relationship with clients. Without this strong working relationship between providers and interpreters, it becomes more difficult to form therapeutic bonds with clients as well.

Implications

The literature suggests there is an overwhelming need for interpreters as immigrant populations continue to increase in the United States. While these needs are great, there are also a lot of barriers experienced when using an interpreter. Hospitals have been researched, and

shown they do not use interpreters as much as they should. Also, interpreters can easily step out of their intended role and take on the professional's role, and it is difficult for the professional to know whether they are interpreting correctly or not. This is why it is important for interpreters and professionals to have the chance to form a solid working relationship, and the best way to do this is by having these individuals work repeatedly with each other for a long time.

There are gaps in the literature surrounding looking at how specifically social workers collaborate with interpreters, and how using interpreters can affect how a social worker bonds with their client. By listening to the narratives of these social workers, these gaps can be addressed by analyzing what social workers have experienced and ways they believe they can be addressed. Therefore, the research question for this study is: What are social workers' experiences on how using interpreting services impacts their work with clients, and how can interpreters be both helpful and hurtful in the process of working with clients to create strong therapeutic bonds?

Methodology

Research Purpose

The purpose of this study was to explore medical social workers' thoughts and experiences of using interpreters and how they impact their therapeutic bond with clients. This study was an exploratory qualitative study in which medical social workers were interviewed to gain an understanding of their work with interpreting services in serving clients. An exploratory, qualitative design was chosen because there is little research done on this topic, so this design allowed the researcher to explore this area to see if social workers believe the use of interpreters has an impact on the therapeutic bond, as well as allow the participants to share their personal experiences from the medical setting as they relate to this topic.

Sampling Method

The researcher used purposive and snowball sampling to find these participants. Purposive sampling is when the researcher selects participants based on them meeting the sample requirements (Marshall, 1996). This method was chosen because the researcher had a specific sample she wanted to interview. The researcher was able to rely on social workers she knew professionally and personally and was able to find some of the participants through these professional contacts. In order to gather the participants, the researcher utilized her non-social work personal and professional contacts and asked them via email to pass her recruitment flyer along to people that they know who may be interested. See Appendix A for a template of the email sent to these people. See Appendix B for a copy of the recruitment flyer.

The researcher also used snowball sampling. According to Berg (2006), a snowball sample is "created through a series of referrals that are made within a circle of people that know one another" (p. 1). The researcher asked the participants if they could pass on the recruitment flyer to anyone they know that would be interested in the study. In these circumstances, the possible participants had to email the researcher if they were interested in participating.

All possible participants were asked to email the researcher if they were interested in participating. Upon receiving those emails expressing interest in the study, the researcher contacted the social workers directly. This process ensured confidentiality was not broken and that the social workers did not feel pressured to be part of the study.

Data Collection Process

Recruitment of participants began after approval was gained by the University of St. Thomas Institutional Review Board (IRB). After participants emailed the researcher to express their interest in participating in the study and before their interview, the participants were

emailed a consent form approved by the University of St. Thomas IRB. This form explained to

the participants a brief background of the study, the voluntary nature, risks, benefits, and

confirmed the confidential nature of the study. In order to gather the data necessary, separate, in-

person interviews (and phone interviews as necessary) were conducted, and the researcher used

an iPhone to audio record the interview. The participants were told the interview would take

approximately 45 minutes. After the interview, the researcher sent the recording to the

professional transcriber she hired to transcribe the interviews. The participants were told of the

transcriber's agreement to strict confidentiality. See Appendix C for a copy of the informed

consent form.

      Recruitment. The sample that was sought out were professional social workers that

currently work or formerly worked in a medical setting. They all had to be graduate level social

workers, as the focus of this research was looking at clinical implications on client/social worker

bonds of using interpreters. In addition, they must have used an interpreter at least three times in

the medical setting in which they work or previously worked. These were all social workers who

currently work in the Twin Cities area, as this research has a local focus.

Data Collection Instrument

      The researcher used semi-structured interviews to ask the participants eight open-ended

questions. The questions were developed by reading the research and guided by the research

question. The interview questions were developed by the researcher and took into consideration

the previous research. The basic questions asked about the participant's work experience, times

when they have used an interpreter, how they feel interpreters impact their work with clients, and

their therapeutic bond with clients with and without the use of interpreters. Because of the semi-

structured nature of the interview, the set of questions were asked, but the researcher was also

open to letting the participant take some control and go where they wanted with the interview. This was best so the individual could tell their personal narrative, without feeling locked into only answering the questions asked. See Appendix D for a copy of the interview guide.

Data Analysis

After the interview was transcribed, grounded theory principles were used by the researcher to look at the themes in the interview. The first step of this method was to use open coding to collect a small set of themes describing the data (Böhm, 2004). Next, axial coding was used to find larger themes that occurred in the interview (Böhm, 2004). This allowed for major themes to emerge, then subthemes that support them. The final step, selective coding, examined how the themes relate to one another (Böhm, 2004). The themes were then constructed and analyzed to reflect the overarching research question.

Protection of Human Subjects

Confidentiality. The protection of human subjects was insured first by gaining approval to perform the research by the University of St. Thomas IRB. This protection was also ensured by an informed consent form that was given and required to be signed by the participants. The participants were provided information regarding the voluntary nature of the study, the purpose of the study, and that the interview could be stopped at any time. The participants were given one copy of the consent form to keep, and a second one they signed and gave to the researcher. The researcher and the participant went over the consent form together, and the researcher asked the participant if they had any questions regarding the informed consent process and made sure they gave permission for the researcher to record the interview. For confidentiality purposes, participant's names and identifying data did not appear on any transcribed data.

The interviews were recorded on an iPhone. These recordings were stored for 24 hours on the password-protected phone, then were transferred to a password-protected computer before the 24-hour period was over. After the recordings were transferred to the computer, they were deleted on the iPhone. The subjects were also informed before the interview that the recordings were sent to a transcriber, so their interview was heard by this person. The participants were reminded the transcriber also agreed to strict confidentiality and signed a confidentiality agreement. The participants were informed all the data, including their name, remained confidential and the documents regarding their interview were kept in a secure location and on a password-protected computer.

The participants were informed the notes and recordings from their interview would be deleted and shredded after the research was complete, and would be terminated in May 2017. The hard copies of the transcripts and the consent forms will remain in a locked file cabinet in the home of the researcher for three years following the study, and will be shredded once those three years are over. The potential participants were informed whether or not they decided to participate in the study did not impact their relationship with the University of St. Thomas or St. Catherine University.

Risks and benefits of being in the study. There were no known risks to the participants for participating in the study. The participants were told before the interview of the voluntary nature of the study, and that they could end the interview at any time without repercussions, as well as being able to skip any questions asked. The study had no direct benefits to participants.

Findings

This research sought to address the research question: What are social workers' experiences on how using interpreting services impacts their work with clients, and how can

interpreters be both helpful and hurtful in the process of working with clients to create strong

therapeutic bonds? This qualitative data revealed three major themes in the interviews, which all

related to one another and had various subthemes helping to capture the experience of the

participants. One theme answered the research question directly, while the two other themes

were not directly asked, but emerged from the interviews. The first theme that emerged was how

participants thought using interpreters impacted their therapeutic bonds with clients. The second

theme highlighted the value interpreters bring to their work. The final theme focuses on the

barriers using interpreters creates. These three themes and their related subthemes will be

explored below.

Participants

There were five participants total that were interviewed. Four people in the sample

worked in an outpatient medical setting and one person worked in an inpatient medical setting.

All of the subjects were female and were all licensed at the graduate level in social work. They

all were familiar with using interpreters, and all of the subjects used both in person interpreters

and phone interpreters. The participants had a range of years of experience, from six months to

thirty years.

Impacts on the Therapeutic Bond

All five participants were directly asked whether they believe using an interpreter

impacted their therapeutic bond with clients. All five participants answered the question, with

their answers varying some. Their answers created the three subthemes: the use of interpreters

has a large impact on their bond with clients, the impact of using interpreters on the therapeutic

bond varies, and the use of interpreters has no impact on the therapeutic bond with clients.

A "huge" impact. When prompted with the question if using an interpreter impacts their therapeutic bond with clients, one participant saw it as a huge impact. "…I think it's huge. I think it's a huge barrier." This participant went on to tell a story of a client they have right now, where they keep referring this client to various resources but the client never follows through with them**:**

> They never follow-up and I don't know if it was lost in translation. I can't tell if it's a cultural thing. But I really feel like it inhibits my ability to help and I think on many levels it's a cultural thing.

This participant sees working with an interpreter as a huge barrier to how she connects with clients and in-turn the effectiveness of her job.

It can vary. When prompted with the question if using an interpreter impacts their therapeutic bond with clients, three participants answered that it can impact, or that it varies. These answers were not definitive like the one above, but these participants saw how using an interpreter can impact how they bond or connect with clients. Two respondents answered "I think it varies to be perfectly honest" and "Let's see… it can impact it." The third participant described a time where using an interpreter impacted their connection with clients**:**

> …Yeah, I think it definitely can. Sometimes what I'll see is… I'll introduce myself to the family and we'll start talking via the interpreter and then if I have to step out or go get something and I'm coming back, what I've noticed is sometimes the families will start talking or wanting to talk directly to the interpreter even though the interpreter doesn't have the information that they definitely I think bond more with the person that's speaking their language. Or feel more comfortable asking questions directly to someone who speaks their language.

These participants did not say they completely think using an interpreter impacts their

therapeutic bond with clients, but it can vary and can have an impact.

No impact. When prompted with the question if using an interpreter impacts their

therapeutic bond with clients, one participant did not think that using an interpreter impacted

how they bond with clients**:**

> So I don't feel that it affects my practice with them. But it really depends on the
>
> professional to make… have there not be a difference because then that's just how social
>
> workers are and need to be, is that there needs to not be a difference, depending on
>
> anything of that person.

This participant believed it was important as social workers to not differentiate how they bond

with clients, whether they use an interpreter or not.

The Value of Interpreters

Although not explicitly asked, all five participants in this study brought up various ways

interpreters are important. All five participants saw some value in working with interpreters in a

medical setting. Four subthemes emerged from these interviews: interpreters are necessary, the

importance of forming a working relationship, the interpreter acting as a cultural broker, and the

importance of having continuity with interpreters.

They are necessary. Three participants talked about the value of interpreters and how

necessary they are to their practice. One participant talked about how in a medical setting,

interpreters are necessary**:**

> And so I think it's really important that we have them because we wouldn't be able to do
>
> our jobs appropriately without them. And I think that's just for good patient care. You
>
> want to make sure that you have all your ducks in a row and all your questions answered.

And make sure the patient feels as comfortable as possible. Make sure that they feel

heard.

Another participant also spoke to the importance of interpreters in a medical setting:

Yeah, I mean I would say for the most part it's… they're really valuable. I mean they're

so important because even for parents that do have some limited English, if you're trying

to explain complex medical terminology to someone that has limited English, they're not

going to fully understand.

When asked about using interpreters in their work, one participant talked about their value, "I

think it's a big value, having interpreters in our field."

Forming a working relationship. Another subtheme that emerged in the value of

interpreters was how they are able to form a working relationship with one another to better

serve their clients. When these professionals get to work with interpreters repeatedly, they learn

how to work with one another. One participant talked about how one patient would tell them one

thing, and tell the interpreter another thing but ask them not to repeat it to the social worker:

And I've had that happen a couple times where, they're supposed to tell us everything

and she really did. And a lot of them are great and they always pull you on the side and

say, okay they talked about this and this and this, but said oh but don't tell them about

that. So you know she was saying, oh yeah he says everything is good but then he was

saying that he doesn't like this, he doesn't like this. He'd like to file a complaint about

this, all the things that he typically likes to complain about but just to the interpreter this

time. So it was interesting how they're still on your side… not that there really has to be

sides but they're still an advocate, like they said, they didn't want to tell you this but I

need to tell you because I want them to be okay. And that's my contract as well…that's

what I have to do.

Another participant worked with eating disorders and had to work with the interpreter on what

they could and could not repeat in regards to looks and weight in group settings**:**

And so we have conversations with the interpreters just so they're aware that those kinds

of things the patient can't be saying but we understand they still are bound to be

repeating… I mean they can't censor this patient…But that has definitely been this

challenge. So the interpreters are able to relay that as best they can to her, to make her

understand that you know, you can't talk that way here.

Acting as a cultural broker. Another value of interpreters the participants highlighted

was the idea interpreters are able to act as cultural brokers. The interpreters are able to explain to

the professionals certain aspects of their culture that relates to the client and their care in a

medical setting. One participant who worked with eating disorders described how the interpreter

helped them understand the kind of food the client ate at home**:**

The interpreter was able to help us understand more of what some of their traditional

foods were all about and you know… because there are tortillas in Mexico aren't

necessarily the same as the tortillas in Venezuela. You know… our understanding of

what she may have been talking about, and the types of foods and what was all in it…

what was traditional for them might've been a little different than what we were

understanding had our interpreter not been able to convey some of that.

Another participant described how interpreters are able to talk in a language that makes sense to

the client based on their culture. "Then that interpreter can put it in a language or in a… say it in

a way that makes sense to them based on their culture." Another participant talked about how the

interpreter was able to give the social worker more resources based on their culture, "And they [interpreter] happened to be Hmong and they said… and I was looking for resources for this patient, and they said after we were done, the interpreter said, 'on a sideline, I am aware of these other services that may be able to be helpful to you.'"

Continuity of interpreters. Some of the participants talked about the value of interpreters when they are consistent. These participants highlighted how using the same interpreter with the same client is helpful because then they also get to know the dynamic between the social worker and the client. One participant said this is helpful, "yeah we had some continuity and that was always helpful." Another participant had similar remarks, saying "but that helped the patient too, to have that continuity of that individual interpreter." One participant said this continuity helps her work, "also if I was able to get a consistent interpreter who started to understand the dynamics, that works much better."

The Barriers in Using Interpreters

The final theme that emerged were the problems the participants had with using interpreters. All five of the participants described ways in which interpreters have complicated their work with clients. Five subthemes emerged under this theme: not knowing how to use interpreters correctly, medical jargon not translating, participants not being able to understand the interpretation, interpreters crossing boundaries, and using interpreters takes a lot of time.

Using interpreters correctly. Many of the participants spoke of how not knowing how to use an interpreter created a barrier to working with clients. The participants highlighted how many people who are unfamiliar with using interpreters tend to look at the interpreter instead of the client when speaking**:**

I mean you just have to know how to use an interpreter correctly. Because a lot of the

times, if you see people who aren't familiar with using an interpreter, they'll speak to the

interpreter when you're supposed to be speaking to the patient. Looking at them and

speaking, and pretending they're not there.

Another participant described that knowing how to use an interpreter correctly can change how

one works with the client**:**

"Hey we're coming and surrounding with you [client]" and I can put a hand on you and

that interpreter is still my voice but then making sure that you are looking at the person

instead of speaking with the interpreter. That's something that I'd always try to help with

training in social workers to do… saying, You're not here to have a conversation with the

interpreter. Their job is just here to be a sounding board.

Medical jargon. Many of the participants also talked about how some medical and social

work jargon does not translate to other languages. They pointed this out to be a difficult piece

when working with interpreters, because some vocabulary does not translate to other languages**:**

Because are you depressed? does not translate into the Hmong, sometimes not even into

the Spanish, Mexican, you know whatever Spanish speaking country they're from, their

culture. So it's have you felt sad? Have you felt worried? Are you nervous about things?

versus, are you depressed, do you have anxiety? That's not always gonna translate.

Some parts of the body do not translate to other languages as well**:**

But when you cross a barrier into cultural and medications that you know… funny names

that people don't… it's even worse. So that's helpful. And I've had some in Hmong

cause I provide surveys… well, I've had…you know, I'll ask an interpreter to translate

and some will say, we don't have medical terminology, particularly in the Hmong

population. We don't have a word for kidney.

Not understanding the interpretation. One of the difficult parts of using interpreters

many of the participants pointed out was not knowing how well the interpreter is interpreting to

the client. Because they do not speak the language, one participant said they can't tell if they

interpreted everything correctly, "so that's what's difficult because I don't know if the interpreter

interpreted what I said verbatim or just kinda winged it, to figure out…you know… that's what's

difficult I think." This participant said they can also tell when the interpreter is not saying

everything they said, "and I've been with the interpreter and I can tell the interpreter is leaving

out huge chunks… you know what I mean, they're trying to condense or keep 'em on track."

When a language is so different than English, one participant said she just simply doesn't know

what the interpreter is saying and if they're saying it correctly**:**

> I have worked with patients that speak Karen. And I have no idea how what I'm saying is
>
> interpreting to the mother. There are a number of times where I'll say something and
>
> then… still using a lot of gestures, pointing to things, which I think we, sometimes, is
>
> human nature to do when someone doesn't understand us. But that's one of those
>
> languages that I don't know how well it translates.

In addition, one participant talked about the interpreter interpreting things the way they felt it

should be said**:**

> I would ask a question and ask for an explanation and then they asked the patient, you
>
> know they interpreted what it was that I said and then the patient would elaborate on that,
>
> which I thought they were elaborating but then the interpreter would summarize it in just
>
> a few words. Like their interpretation of what the patient said instead of this is what the

patient said. So then I wasn't certain if the patient really got the gist of what I was trying

to ask. Because it was the interpreter interpreting the way they thought personally.

Interpreters crossing boundaries. One participant was particularly interested in talking

about interpreters crossing certain boundaries with clients. They had circumstances where

interpreters started to become too invested in the client**:**

And then also I've had interpreters that want to give their own personal opinion of what

they think. And that, I've had to just say, 'well thank you but I'm not… I can't talk to you

about that.' Or they happen to want to know, if they know about their family and they

want more information… or they feel like they have to give more information. I've seen

boundary issues where the interpreter starts befriending them. Yeah… and when it comes

to interpreters understanding what their boundaries are. And you know… so that has

been, that's been a concern.

They then went on to talk about when the interpreter knows the patient and begins to cross

confidentiality lines**:**

When it comes to ethics and when it comes to confidentiality and… I've had interpreters

say, 'Yeah I know that situation, I know the family and I interpreted for them when they

had a family member over at another hospital…' It's like whoa! That's information you

can't be divulging.

It takes time. The final difficult aspect of using interpreters some of the participants

talked about was the fact that using an interpreter takes a lot of time**:**

Yeah, I've found that… and there are aspects of the conversation that are naturally gonna

take longer because you're saying something and then someone else is repeating back

and then there's this chain of communication. And so, I can't go into it expecting a phone

call to only be five minutes. Or really to have a time expectation if I'm trying to rush in

and out that's probably going to be more negatively affecting my relationship with the

family versus using the interpreter so I just expect that if I'm calling this parent, I want to

make sure I'm giving enough time that I don't have to be out the door to a meeting in five

minutes.

It is overall time consuming to use an interpreter, and participants found it to take sometimes

twice as long to meet with a client who needs an interpreter. One person said because it takes

time to use an interpreter and they don't always have one readily available, they end up meeting

with their English speaking patients more**:**

Unfortunately, I may not be able to meet with the non-English speaking as their first

language patients as often as I do with the English speaking patients… cause I have some

patients that I see weekly when they're here or sometimes daily when they're here

because I speak English and that's readily available.

When prompting one participant to see if they think it is overall easier to meet with patients that

speak English, they responded "…honestly, of course."

Discussion

The research question for this study was as follows: What are social workers' experiences

on how using interpreting services impacts their work with clients, and how can interpreters be

both helpful and hurtful in the process of working with clients to create strong therapeutic

bonds? In interviews of five medical social workers, three major themes emerged related to their

work with interpreters. These themes were: impact on the therapeutic bond, the value of

interpreters, and the barriers in using interpreters. The first theme arose from direct responses to

the research question, while the other two themes emerged from the respondents elaborating on their experiences beyond the original research.

The major question posed to the participants was if they believe using an interpreter impacted their therapeutic bond with clients. The participants' responses to this question varied from seeing a large impact, to seeing a varying impact, to seeing no impact at all. There has not been extensive research on this topic. This is a subjective subject and this study suggests it really depends on the social worker whether they see there being an impact on the therapeutic bond or not. One participant said it's a huge barrier because she is not able to tell if the interpreter translated the information correctly, so this makes it hard to help and connect with clients. Three participants responded interpreters can impact their work with clients, but it varies from client to client and from interpreter to interpreter. Sometimes they see it influencing their therapeutic bond, and sometimes it does not. It just varies, so they were unable to say definitively if using interpreters impacts their therapeutic bond with clients. One participant did not believe using an interpreter impacted how they connect with clients, because as they saw it, it is a social worker's duty to make sure they work with each client equally. Overall, the participants answered differently to the research question based on what they believed when working with interpreters and clients who are non-English speaking. None of these ideas have been studied before, and the way participants answered them varied based on the individual.

The second theme that emerged from the interviews was the value all the participants saw when working with interpreters. While not unified in their perspective of interpreters on the therapeutic bond with their clients, all five participants talked about ways in which using interpreters are helpful and they found the value in using them. Three participants said because of all the medical jargon, interpreters are necessary to use to get important medical information

across to families. Another value of using interpreters is when the participants can form a

working relationship with them. Some of the participants talked about certain interpreters

they've gotten to work with repeatedly and been able to form a working relationship with them,

where they can work together to help a client. A working relationship is when the social worker

and interpreter are able to work with one another more than one single time, so they can learn

how to work well with each other's styles. This was a major theme found in the literature, and

much of the literature looked at the importance of forming a working relationship with

interpreters to better care for clients (Baker, 1981; Becher & Wieling, 2015; Luk, 2008; Raval &

Smith, 2003).

Another way the participants found value in using interpreters is when they act as a

cultural broker. Many of the participants talked about times where the interpreter was actually

able to translate culture to the social worker to help them better understand the client. The

participants saw this as an important role the interpreters play because the client's culture can

impact their medical care. This is also supported in the literature by Becher & Wieling (2015)

when they described cultural brokers being able to advocate for clients based on their culture.

The final value the participants saw of using interpreters was when they were able to have

continuity in interpreters. The participants saw the value in having continuity in interpreters

because then they got to learn a dynamic between the three of them that worked best for the

client. This subtheme is closely related to the other subtheme of forming a working relationship

because if you have continuity with interpreters, you are able to form a working relationship with

them. While this subtheme was not directly related to any of the literature reviewed, it closely

ties to the aspect of forming a working relationship, which is highly supported in the literature.

The final theme that emerged when interviewing the five participants describes what the participants found difficult about collaborating with an interpreter. All five participants talked about times and ways where they found it difficult to use an interpreter. The first subtheme that emerged was the participants not knowing how to use interpreters correctly. In fact, none of the participants said they received any formal training on how to use interpreters. The participants found not knowing how to use an interpreter correctly as a huge barrier to working with interpreters and clients, particularly now knowing how to engage the patient through the interpreter. In addition, some of the participants found it difficult to use an interpreter when medical jargon does not translate to another language. Luk (2008) looked a little bit at how some words do not translate well to other languages, which she found to be a problem with using interpreters. Some key words like depression and anxiety do not translate to other languages, so this makes it hard to work with interpreters when they can't translate the exact words being spoken. Neither of these subthemes were extensively discussed in the literature, but both are very important themes to keep in mind when working with interpreters.

Another subtheme that emerged is when the social worker cannot understand what is being said between the interpreter and the client, and thus cannot tell if what they are saying is being interpreted correctly. Some participants said they can tell when what they are saying isn't being interpreted correctly, and other times they just have to trust the interpreter. This was something discussed extensively in the literature, where professionals are unable to tell if an interpreter is interpreting correctly (Luk, 2008; Flores et al., 2003). Both the participants and the literature agree a barrier to using interpreters telling if they are interpreting correctly.

Another subtheme that emerged regarding barriers to using interpreters is when interpreters crossed boundaries. This was when an interpreter would give their opinion on the

matter being discussed, and went outside of their own professional scope of knowledge. One participant spoke a lot about this subject because they had worked with an interpreter that was crossing boundaries with their client. This topic was found in the literature as well with interpreters stepping outside their intended role. Davidson (2000) and Becher & Wieling (2015) both touched on the concept of interpreters stepping outside of their roles and becoming more of an active participant in the setting, which throws off the dynamic between the provider and their client. The final subtheme was how using interpreters takes a lot of time. Two participants noted how they need to set aside a large amount of time when meeting with a client who needs an interpreter, and time is something many social workers do not have. This subtheme was not directly talked about in the literature, but can contribute to some of the other ideas described in the literature, such as when interpreters are not used as much as they should be and suggests it could be because it is time consuming to use an interpreter (Baker, Hayes, & Fortier, 1998; Wish Garrett et al., 2008).

Implications for Social Work Practice

This research has implications for how social workers will practice. Because it is such a subjective topic, it is important for social workers to know they may or may not be impacted by using an interpreter when working with clients. This is something for social workers to keep in mind when working with interpreters. For medical social work practice, these findings show some social workers do see interpreters impacting how they bond with their clients, while some do not. This is important when talking to other medical social work colleagues about this topic, because not everyone has the same views. Instead, this would be something to talk about in supervision, because it is such a subjective topic.

In addition, it is important for social workers to know the value of interpreters when working in a medical setting. As many of the participants highlighted, there are very positive aspects in working with interpreters in medical settings, and knowing these benefits will push social workers to use interpreters more. For example, knowing consistency with interpreters is beneficial for medical social workers, they may try to work with the same interpreters more consistently so they can form working relationships. Finally, knowing the problems with using interpreters also has implications on social work practice. When medical social workers are aware of the problems that can arise when working with interpreters, they can be mindful of ways to tackle these issues. For example, knowing interpreters can cross boundaries sometimes may make social workers more mindful to look out for when this is happening so they can stop it, and have a more ethical interaction with clients and interpreters.

Implications for Policy

These findings also have implications for hospital policies. Seeing how many issues social workers face when working with interpreters, it shows there could be more formal trainings regarding this topic. For example, if social workers were formally trained on how to use an interpreter, they would know how to use them when meeting with clients. In addition, having more agreement on the training of interpreters will combat some of the problems identified, such as having formal training on boundaries and ethics so they know their role in a medical setting. These findings show there needs to be more policies in hospitals and clinics using interpreters and the training surrounding them.

Implications for Future Research

This study opens many doors for future research related to social work and interpreters. Overall, this is a very under-researched topic. Further research on this topic is important because

as many of the participants pointed out; it really can influence their work with clients. The impact of interpreters on the client-social worker relationship can be a subjective topic, it would be important to research participant's demographics as it relates to their work with interpreters. For example, collecting data on how long the participants have worked in the field, or their exposure to other languages and cultures, would help shed light on how these experiences may influence their perceptions. As the United States becomes more diverse, it is inevitable social workers will work more with interpreters, so it is important to research this work so they know how to best work with interpreters to better serve clients.

Strengths and Limitations

One strength of this research is that it was a qualitative study with semi-structured interviews. This allowed for the researcher to ask what they wanted to know, as well as let the participants talk about what they felt was important about the topic. Another strength of this research is that it contains personal accounts of medical social worker's perspectives on this topic. One limitation to this study was the small sample size, with only five participants being interviewed. It is possible increasing the sample size could yield different findings. Another limitation is this study only examined the social worker's perspective, and it is possible including the patient's perspective could change the results. One final limitation is all of the participants were of similar demographics; all were women, four of the five were Caucasian, and all were native English speakers. It is possible because the participants had similar demographics they had similar responses because they had similar experiences on this topic.

<div align="center">

Conclusion

</div>

Social workers interact with interpreters in a variety of settings, and the role of interpreters is one of high importance in medical settings. While not much research has been

done on the impact of using interpreters on a social worker's therapeutic bond with clients, research has shown there is a high need of interpreters to help serve clients who speak a non-dominate language. The research also suggests it is important for professionals to form a solid working relationship with interpreters to better serve clients. By listening to the narratives of medical social workers, these gaps can be addressed by analyzing what social workers have experienced in working with interpreters and how they impact their relationship with clients.

The findings show that whether social workers view using an interpreter impacts their therapeutic bonds with clients is a very subjective topic. Through these interviews, other themes were found, such as the value in using interpreters and the problems with using interpreters in medical settings. These findings show more research must be done regarding this topic, looking further into the differences between social worker's who view the impact to be large versus the ones who do not. This research opens social worker's eyes to the different aspects of using interpreters in medical settings.

References

Baker, D. W., Hayes, R., & Fortier, J. P. (1998). Interpreter use and satisfaction with

    interpersonal aspects of care for Spanish-speaking patients. *Medical Care, 36*(10), 1461-

    1470.

Baker, N., G. (1981). Social work through an interpreter. *Social Work, 26*(5), 391-397.

Becher, E. H., & Wieling, E. (2015). The intersections of culture and power in clinician and

    interpreter relationships: A qualitative study. *Cultural Diversity & Ethnic Minority*

    Psychology, 21(3), 450-457. doi:10.1037/a0037535

Berg, S. (2006). Snowball sampling. *Encyclopedia of Statistical Sciences,* 12, 1.

    doi: 10.1002/0471667196.ess2478.pub2

Berthold, S. M., & Fischman, Y. (2014). Social work with trauma survivors: Collaboration with

    interpreters. *Social Work, 59*(2), 103-110. doi:10.1093/sw/swu011

Böhm, A. (2004). Theoretical coding: Text analysis in grounded theory. *A Companion to*

    Qualitative Research, 270-275. London: SAGE Publications.

Davidson, B. (2000). The interpreter as institutional gatekeeper: The social-linguistic role of

    interpreters in spanish-english medical discourse. *Journal of Sociolinguistics, 4*(3), 379-405.

Davidson, B. (2001). Questions in cross-linguistic medical encounters: The role of the hospital

    interpreter. *Anthropological Quarterly, 74*(4), 170-178.

Diamond, L. C., Wilson-Stronks, A., & Jacobs, E. A. (2010). Do hospitals measure up to the

    national culturally and linguistically appropriate services standards? *Medical Care, 48*(12),

    1080-1087.

Eckhardt, R., Mott, S., & Andrew, S. (2006). Culture and communication: Identifying and

    overcoming the barriers in caring for non-english-speaking german patients. *Diversity in*

    Health & Social Care, 3(1), 19-25.

Elkington, E. J., & Talbot, K. M. (2016). The role of interpreters in mental health care. *South*

    African Journal of Psychology,46(3), 364-375. doi:10.1177/0081246315619833

Farini, F. (2012). Interpreting as mediation for the bilingual dialogue between foreign citizens

    and institutions in italian healthcare settings. *Diversity & Equality in Health & Care, 9*(3),

    179-189.

Flores, G., Laws, M. B., Mayo, S. J., Zuckerman, B., Medina, L., Abreu, M., & Hardt, E.

    J.Errors in medical interpretation and their potential clinical consequences in pediatric

    encounters. *Pediatrics, 111*(1), 6.

Freed, A., O. (1988). Interviewing through an interpreter. *Social Work, 33*(4), 315-319.

Goenka, P. (2016). Lost in translation: Impact of language barriers on children's healthcare.

    Wolters Kluwer Health Inc, 28(5), 659-665. doi: 10.1097/MOP.0000000000000404

Hadziabdic, E., & Hjelm, K. (2016). Perspective of professional interpreters regarding their role

    and attitude in the healthcare encounter. *Diversity & Equality in Health & Care, 13*(3), 221-

    229.

Hornberger, J., Itakura, H., & Wilson, S. R. (1997). Bridging language and cultural barriers

    between physicians and patients. *Public Health Reports (1974-), 112*(5), 410-417.

Jacobs, E. A., Shepard, D. S., Suaya, J. A., & Stone, E. (2004). Overcoming language barriers in

    health care: Costs and benefits of interpreter services. *American Journal of Public*

    Health, 94(5), 866-869.

Luk, S. (2008). Overcoming language barriers in psychiatric practice: Culturally sensitive and

    effective use of interpreters. *Journal of Immigrant & Refugee Studies, 6*(4), 545-566.

    doi:10.1080/15362940802480589

Marshall, M. (1996). Sampling for qualitative research. *Family Practice, 13*(6), 522-525.

Novak-Zezula, S., Schulze, B., Karl-Trummer, U., Krajic, K., & Pelikan, J. M. (2005).

    Improving interpreting in clinical communication: Models of feasible practice from the

    European project 'migrant-friendly hospitals'. *Diversity in Health & Social Care, 2*(3), 223-

    232.

Pochhacker, F. (2000). Language barriers in Vienna hospitals. *Ethnicity & Health, 5*(2), 113-119.

Pope, C. A., Escobar-Gomez, M., Davis, B. H., Roberts, J. R., O'Brien, E. S., Hinton, E., &

    Darden, P. M. (2016). The challenge of tetradic relationships in medically interpreted

    pediatric primary care visits: A descriptive study of communication practices. *Patient*

    Education and Counseling, 99(4), 542-548. doi:10.1016/j.pec.2015.10.032

Raval, H., & Smith, J. A. (2003). Therapists' experiences of working with language

    interpreters. *International Journal of Mental Health, 32*(2), 6-31.

Roussos, S., Mueller, M., Hill, L., Salas, N., Hovell, M., & Villarreal, V. (2010). Some

    considerations regarding gender when a healthcare interpreter is helping providers and their

limited english proficient patients. *Research in the Sociology of Health Care, 28*, 217-229.

   doi:10.1108/S0275-4959(2010)0000028012

Wish Garrett, P., Grant Dickson, H., & Klinken Whelan, A. (2008). Communication and

   healthcare complexity in people with little or no english: The communication complexity

   score. *Ethnicity & Health, 13*(3), 203-217. doi:10.1080/13557850701837328

Appendix A: Email Template to Academic and Professional Contacts

Hello (insert name),

I hope you are doing well! I am emailing you regarding a research project I am currently pursuing in my graduate social work program.

As you may know, I am currently in a Master's of Social Work program at the University of St. Thomas/St. Catherine University. As part of this program, I am to complete my own research project carried out throughout the school year.

I am very interested in the use of interpreters in medical settings, so I am studying how medical social worker's view the impact of using interpreters on their bonds with clients. My plan is to conduct in-person interviews with social workers with a medical background on this topic. I am very excited for this opportunity to learn more about this area of social work!

I am emailing you to ask for your help finding social workers that I could interview. I am looking for current or former medical social workers at the graduate level who have used interpreters in their practice. Because of confidentiality purposes, I am not able to contact participants first, as they must contact me first showing interest in participating.

If you would be willing to send my recruitment flyer, attached to this email, to any medical social workers (current or former) that you think would be interested, I would really appreciate it!

Thank you so much for your help! Let me know if you have any questions.

Amalia Mongiat

Appendix B: Recruitment Flyer

SEEKING MEDICAL SOCIAL WORKERS FOR RESEARCH PROJECT

If you are interested in participating in the study, or would like to learn more, please contact **Amalia Mongiat**, MSW Student at the University of St. Thomas/St. Catherine University, at mong2302@stthomas.edu or (651)357-2489.

Eligibility

1. You are a practicing graduate-level social worker
2. You work in a medical setting (inpatient, outpatient, clinic, etc)
3. You have used an interpreter at least 3 times in your practice

Study Description

This study looks at the role of interpreters working with social workers in medical settings. As immigrant and refugee populations continue to grow in the United States, professionals in all areas will start working more closely with interpreters. In order to best serve diverse clients, interpreters play an important role in medical settings when the patient and provider do not share a common language. There has been little research done specifically on social workers' perspectives on the impact of using interpreters on their therapeutic bonds with clients. It is important to gain a better understanding of how social worker's view the use of interpreters in medical settings so they can learn how to best work with them alongside clients. The results of this study can be used by social workers in medical settings to better understand how to integrate interpreters into their practice with diverse clients.

Your responses will offer valuable information regarding social worker's use of interpreters in medical settings and how to best work with them to offer best practice to clients. These will be in-person interviews that will take approximately 45 minutes to complete in a convenient place mutually agreed upon.

Appendix C: Informed Consent Form

Consent Form

[974347-1] "Lost in Translation": Medical Social Workers' Perspectives on Using Interpreters

You are invited to participate in a research study about medical social workers and the use of interpreters. I invite you to participate in this research. You were selected as a possible participant because you have been identified as a social worker in a medical setting that uses interpreting services. You are eligible to participate in this study because you meet the criteria for the participant sample. The following information is provided in order to help you make an informed decision about whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Amalia Mongiat, Social Work Graduate Student at the University of St. Thomas/St. Catherine University. Melissa Lundquist is the research advisor for this study, who is a professor of social work at the University of St. Thomas. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to explore medical social workers' thoughts and experiences in using interpreters and how they impact their therapeutic bond with clients. The proposed study will be an exploratory qualitative study in which medical social workers will be interviewed to gain an understanding of their work with interpreting services in serving clients. An exploratory, qualitative design was chosen because there is little research done on this topic, so this design will allow the researcher to explore this area to see if the use of interpreters does have an impact on the therapeutic bond, as well as allow the participants to share their personal experiences from the medical setting as they relate to this topic.

Procedures

If you agree to participate in this study, I will ask you to do the following things: There will be eight participants in the study. Each participant will meet with the researcher once in a location of your choice where the interview will take place. The interview will take approximately 45 minutes, but could take more or less time depending on the nature of the interview. The interview will be audiotaped on an iPhone. Once the interview is complete, the researcher may need to follow up with you to ask clarifying questions or ask further about one of your answers.

Risks and Benefits of Being in the Study

The study has minimal risks. Some of these would include the possibility of discussing sensitive information that may make you feel emotional. There are no direct benefits for participating in this study.

Privacy

Your privacy will be protected while you participate in this study. You will choose a location in which they are comfortable for the interview to take place. If you are worried about their privacy, you can talk to me and identify ways under their specific circumstances to protect your privacy. You only have to share what you are comfortable with, and can skip any questions that you do not want to answer. The interview will only be heard by myself and the professional transcriber that I have hired. This transcriber has signed a confidentiality agreement. Your name and all identifying information will not be shared with anyone besides us and the transcripts of the interviews will all be de-identified so no one will be able to tell who you are in the paper.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings, transcripts, computer records and signed consent forms. The interviews will be recorded on an iPhone. These recordings will be stored for 24 hours on the password-protected phone, but will be transferred to a password-protected computer before the 24 hour period is over. **It is important to note that your recording will be heard by the professional transcriber that I have hired. They have signed a confidentiality agreement**. After the recordings are transferred to the computer, they will be deleted on the iPhone. All of the data, including your name, will remain confidential and the documents regarding their interview will be kept in a secure location and on a password-protected computer. The notes and recordings from your interview will be deleted and shredded after the research is complete, and will be terminated in May 2017. All identifiable information will be removed from the transcriptions so the readers will not be able to identify anything about you. The hard copies of the transcripts and the consent forms will remain in a locked file cabinet in the home of the researcher for two years following the study, and will be shredded once those three years are over. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are

free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used in the study and will be destroyed. You can withdraw by contacting the researcher directly. You are also free to skip any questions I may ask, without exceptions.

Contacts and Questions

My name is Amalia Mongiat. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at (651)357-2489 or mong2302@stthomas.edu, or Melissa Lundquist, advisor for this research at (651)962-5813 or lund1429@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

_____   _____

Signature of Study Participant   **Date**

_____

Print Name of Study Participant

_____   _____

Signature of Researcher   **Date**

Appendix D: Interview Questions

Interview Questions:

- Tell me about your work and the population in which you serve
- What are your relationships with interpreters? (outside agency vs. hired at medical setting)
- What are your experiences practicing social work with interpreters?
- How often do you use interpreting services?
- Do you think using an interpreter affects your therapeutic bond with a client? If yes, how? If no, why not?
- How are experiences using an interpreter different than when you don't?
- What is difficult about collaborating with an interpreter?
- What positive experiences have you had using interpreters?