LINGUISTIC AND PRAGMATIC BARRIERS IN IMMIGRANT HEALTH CARE IN SPAIN: THE NEED FOR INTERLINGUISTIC & INTERCULTURAL MEDIATORS

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ABSTRACT

The purpose of this paper is to give a general account of the translation and interpretation problems health care personnel face everyday in relation with immigration, as they have not been provided with any means or knowledge to cope with these matters. Not only do they have a language problem, but important cultural differences may also appear and thus pragmatic barriers as much as linguistic ones must be overcome so that effective communication takes place. In order to account for the situation we shall consider the contrast (and similarities) between two very different social contexts in Spain: a mainly rural/fishing region in the North of Galicia and a big city such as Madrid.

KEY WORDS: Translation & interpretation; mediation; pragmatics; health care; immigration.

RESUMEN

El objetivo de este trabajo es presentar un estado de la situación de los problemas de traducción e interpretación que afectan al personal sanitario a diario con los inmigrantes, ya que no tienen medios ni conocimientos para solucionar los problemas que puedan surgir. No sólo tienen problemas lingüísticos, sino que también pueden surgir importantes diferencias culturales que dan lugar a problemas tanto pragmáticos como lingüísticos y obstaculizan una comunicación eficiente. Para describir la situación consideraremos el contraste (y similitudes) que tiene lugar en dos contextos sociales muy diferentes en España: la zona mayoritariamente rural y pesquera del norte de Galicia y una ciudad grande como Madrid.

PALABRAS CLAVE: Traducción e interpretación; mediación; pragmática; sanidad; inmigración.

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1. INTRODUCTION[1]

Expressing subjective experiences of illness and feelings is sometimes an arduous task, especially when talking to doctors, whose language is objective and full of medical terminology. The situation is even more challenging for those patients that do not speak the local language. In Spain, immigration numbers are on the increase which results in more and more different communities in contact. Only now, public services in general, and particularly health centres, are starting to become aware of the need to assure an effective communication because of the impact on the patient's effective health care and satisfaction, as well as prevention.

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2. IMMIGRATION IN SPAIN

Spain, like other European countries, has recently experienced large-scale immigration. According to the Spanish government immigration figures almost reached 5,000,000 in January 2012. Out of these, over half a million are Moroccan and the same number is given for Ecuadorians. Romanian and Colombian populations amounted to around 300,000 each. There are also between ten and sixty thousand Chinese. Immigrants from several sub-Saharan African countries have also settled in Spain, although they represent only 4.08% of all the foreign residents in the country.

The regions of Spain with greater immigration figures are the Comunidad Valenciana, Murcia and Madrid, specially due to specific work demand. In Madrid, for example, the estimated percentage of immigrants represents 13.5% of the whole population. On the other hand, the geographical

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areas with the lowest estimated number of immigrants are Extremadura and Galicia.

3. INTERPRETATION/TRANSLATION/MEDIATION IN PUBLIC HEALTH CARE

Intercultural mediation is quite a recent phenomenon in Spain. Although the figure of a mediator is recognised by the Government, in practise it is almost non-existent. There is no official training or diploma leading to such work.

We refer to mediators as the third party dealing with communication between different ethnocultural social agents or institutions. In general, it refers to the bridge which helps make understand two parties which cannot make themselves be understood by each other. It avoids conflicts and problems as it solves not only linguistic issues but also cultural pragmatic problems which may occur when two individuals from different communities exchange information. As Sales (2005) explains, mediation does not only imply translating but also interpreting other aspects belonging to non-verbal communication (such as smells, gestures, body movement, silences, etc.) which may be culturally significant and relevant for full understanding. The mediator should, therefore, fully understand not only the language but the cultural and pragmatic aspects of the community the immigrant belongs to.

As we have mentioned, in practice, as there are no mediators or interpreters in health care centres, what normally happens is that the task is carried out by volunteers, family members, friends, etc. As Valero (2003: 22) explains, in the southern countries of the European Union, translation/interpretation is barely taking off and in most cases, it is being carried out by individual iniciatives with little government help, hardly any financial reward, lack of training and coordination, as well as no standardised ethic codes.

On a more positive note, we should add that the increase in knowledge and study of intercultural communication is becoming more and more important, taking into consideration that countries such as Spain, which was traditionally an emigration country and was so far only a route for immigrants trying to get to the Northern countries of the EU. Immigrants have rights and obligations and the access to public health as a human right implies the need to understand and be understood in the health care system. Unfortunately, at present, this is a right which most immigrants do not have access to.

4. SITUATION OF IMMIGRANTS IN THE SPANISH HEALTH CARE SYSTEM

According to a great number of Spanish GPs most immigrant health problems are linked to their precarious social status (other than the normal illnesses which affect all the population there are special items which occur in migration situations such as depressions, insomnia, anxiety, etc.). The main reasons for immigrants attending their GP are the same as the rest of the population and normally, the frequency is also the same. The only difference seems to be that doctors need to spend more time with patients with a different language or culture, that is one of the reasons why doctors would need to work in a more multicultural way having access to translators or mediators at certain times.

It would be important for health care personnel to have access to studies which show cultural characteristics of those groups with a higher presence in the community and to reflect their main illnesses, problems, epidemiological studies, health risks, attitudes to illness and health care, etc.

On the other hand, Sometimes immigrants do not use the health system because they do not understand how it works and the administrative requisites it presuposes. An important phenomenon which goes on is that very frequently immigrants go to emergency units when their health problems do not allow them to fulfill their jobs, thus their health problems will be at an advanced stage.

5. FIELDWORK

For the purpose of accounting for immigrants' global health care situation we chose Madrid and an area of Galicia which does have quite a large number of immigrants due to its immigrant fishing workforce. To set an example of the immigration figure of the chosen area (Burela, Lugo):

NATIONALITY	**MALE**	**FEMALE**	**TOTAL**	**% OVER WHOLE POPULATION**
FRANCE	2	0	2	0.022
ITALY	8	5	13	0.141
PORTUGAL	67	41	108	1.174
GERMANY	2	0	2	0.022
ROMANIA	5	4	9	0.098
RUSSIA	0	1	1	0.011
CABO VERDE	159	88	247	2.686

CONGO	1	0	1	0.011
GAMBIA	1	1	2	0.022
GHANA	1	0	1	0.011
MOROCCO	21	9	30	0.326
NIGERIA	3	4	7	0.076
SENEGAL	13	0	13	0.141
SIERRA LEONA	1	0	1	0.011
USA	1	0	1	0.011
MÉXICO	0	2	2	0.022
DOMINIC. REP.	0	4	4	0.043
ARGENTINA	7	8	15	0.163
BOLIVIA	1	2	3	0.033
BRASIL	7	44	51	0.555
COLOMBIA	20	32	52	0.565
CHILE	2	5	7	0.076
ECUADOR	0	4	4	0.043
PARAGUAY	0	3	3	0.033
OERY	149	81	230	2.501
URUGUAY	18	16	34	0.370
VENEZUELA	0	2	2	0.022
CHINA	2	2	4	0.043
INDONESIA	24	0	24	0.261
AKISTAN	1	0	1	0.011
TURKEY	1	0	1	0.011
TOTAL	517	358	875	9.515

We sent out the following questionnaires to a hospital, a health centre and a social services unit in Burela (a rural fishing town in the coast of Lugo, North of Spain) and to two health centres in Embajadores, in the very heart of Madrid:

5.1. CUESTIONARIO PARA PERSONAL SANITARIO

Antes de comenzar el cuestionario nos gustaría agradecerte tu colaboración, ayuda y tiempo y explicarte para qué lo vamos a utilizar: estamos haciendo un estudio sobre las dificultades lingüísticas y culturales entre personal sanitario y pacientes inmigrantes. Toda la información que nos escribas en el cuestionario será estrictamente confidencial y sólo se usará para este estudio.

INFORMACIÓN GENERAL

- ¿Dónde trabajas?
- ¿Cuál es tu función?
- Comenta la situación de la inmigración en tu centro de salud/hospital: (cuanta más información nos puedas dar mejor) (Número de inmigrantes (porcentaje/número), procedencia, situación social, económica y cultural, etc.).
- Motivos principales de consulta de los inmigrantes.

ESTADO DE LA CUESTIÓN

- ¿Tenéis problemas de comunicación? ¿De qué tipo?
- ¿Entienden los pacientes la información que le da el personal sanitario? ¿Con qué parecen tener más dificultades?
- ¿Te parece que las dificultades son más de tipo lingüístico o cultural?
- ¿Hacen caso a las recomendaciones del personal sanitario?
- ¿Destacarías diferencias entre nacionalidades?
- Si hay casos de malentendidos, supone esto algún tipo de conflicto? ¿Tenéis algún caso conflictivo en particular?
- Si tienes alguna anécdota nos ayudaría muchísimo.
- ¿Cómo resuelves los problemas que se te plantean de este tipo? ¿Tienes algún tipo de ayuda, orientación, normativa, etc.?

SOLUCIONES

- ¿Tienes alguna otra sugerencia para resolver estos problemas (si los hay)?

- ¿Crees que debería haber algún tipo de personal especializado en el centro sanitario (mediadores, traductores…)?
- ¿Crees que el personal del centro necesitaría algún tipo de orientación, cursos, etc.?

OTROS COMENTARIOS

- ¿Hay algo que quieras añadir y no te hayamos preguntado?

The questionnaires were given out to 50 individuals, half doctors and half nurses, in Madrid and the same number in Burela. They gave us back the questionnaires in approximately one month. None said they had any questions or problems filling answering the questions

6. RESULTS

We have divided the results in two parts: those of the Burela area and those of the Madrid health centres.

6.1. BURELA

The percentage of immigrants who attend their health centres is 10% and their origin is Cabo Verde, Colombia, Peru, Dominican Republic and Morocco. The most frequently visited health areas are pediatrics and emergency and the most common reason for attending a health centre/hospital is for child vaccination and normal child visits, depressions due to their immigrant situation (far from home and family, loneliness, etc.), extreme respiratory problems (normally due to not having attended doctor sooner), sexually transmitted diseases (typical of fishing areas also amongst local patients) and work accidents. All in all, most questionnaires noted that the cause for attending a doctor was the same as the local population, except for the male immigrants who seemed to leave the doctor for extreme and urgent situations.

60% questionnaires stated that the main problems they had were linguistic and 40% experience cultural problems with the Latin Americans. 75% of the interviewed said, in general, patients do not generally take medical recommendations seriously, specially the male immigrant Latinamerican population.

As they do not have any help from authorities, to make up for the linguistic problems they tell patients to bring a family member or friend who speaks Spanish in order to help them communicate with them. 35% suggest health care personnel should be very patient and, surprisingly, 80% claim they do not need translators or mediators. 20% explain that it would be better if they had language classes rather than have interpreters.

6.2. MADRID

The percentage of immigrants who attend their health centres is 50 to 60% and their origin is specially Ecuatorian and from the Dominican Republic. There seems to be an increase in Eastern European and Chinese immigration. The most frequently visited health areas are pediatrics and emergency and the most common reason for attending a health centre/hospital is for child vaccination and normal child visits, adults attend emergencies for extreme problems (normally due to not having attended doctor sooner) and work accidents. As in Burela, most questionnaires noted that the cause for attending a doctor was the same as the local population, however they seem to go to the doctor for extreme and urgent situations.

All questionnaires stated linguistic and cultural problems, lack of understanding between health care personnel and patients specially due to cultural differences more than language problems. 90% of the interviewed said patients do not generally take medical recommendations seriously, specially the male immigrant population. However, they mention differences between different nationalities, for example, they notice Latin Americans have more trouble keeping to appointed times and Chinese are very respectful in that case. Although there are no language problems with Latin Americans, they have as many cultural barriers trying to communicate with them as with other nationalities which speak different languages due to their different customs and traditions. 80% of the Asian patients do not understand Spanish but pretend to, they nod all the time but do not follow instructions, in this case, the problems are mainly linguistic.

They do not have any help from authorities; all they have are some leaflets with recommendations and instructions in other languages. 60% mention that they would also like the immigrant population to be educated in our culture in order for them to understand the situation. The way they deal with linguistic problems is that normally patients are accompanied by a relative who speaks Spanish or they use a mobile telephone for the doctor to communicate with a friend or relative who speaks Spanish. Doctors use drawings to explain visually but claim it is very difficult, and can be the source

of serious misunderstandings for example, as an anecdote, one pediatrician noted that while using a drawing of a head to explain that the child had an ear infection, the mother understood the child had a brain tumor. All interviewees stated that they need mediators and that it would not be enough for them to take English classes as the variety of languages is on the increase.

7. CONCLUSIONS

Having analysed the questionnaires, we can clearly see that translators or interpreters are a necessary figure that should be working in all health care centres in which there are immigrants. Family and friends are not a good enough option for such an important task which may result in important and life saving situations. Leaflets and drawings are also a very weak solution to the existing communication barriers

Not only interpreters or translators, but mediators are needed. As we have seen, the mediator is a new figure which is slowly beginning to appear. Not only does s/he deal with the linguistic transfer of ideas and concepts but also with the cultural aspects which seem to occur very frequently. As we have seen, health care personnel have communication problems with Latin Americans, although they speak the same language due to different customs, traditions, beliefs… cases in which a mediator could help to explain to the patient why they are treated in a certain way, the correct behaviour in the country they have emigrated to, etc., as for other nationalities which have the cultural and linguistic problems communicating with their doctors, it is obvious that they would always need mediators, specially in areas such as Madrid, where more than half of the patients are foreigners. Due to there not being proper staff at hand to deal with communication problems, family members and friends end up translating which could be problematic as most times they are not fully fluent either.

On the other hand, it is very interesting to notice that in Madrid health care personnel claim they need mediators, whereas in Burela they do not think so. This is probably because of the number of foreign patients they deal with, in Madrid it is very high and thus communication barriers between patients and doctors is a very important problem, whereas in an area with less immigration it is not on top of their priorities list. However, due to the increasing immigration in Spain, it will be more common to find a greater number of foreigners everywhere and not just in large cities. This is probably the reason why the problem, in a general national scale, has not been solved earlier, as immigration is relatively new to Spain.

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