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Experiences of translation and interpreting services in Manchester

América Rita Lemos De Sa

Annie Cheung Sum Yeung

Isabel Lynch

Jabe Lau Ching Tung

Livia Lancellotti

1 Introduction

This report presents the results of our investigation into the current satisfaction levels of patients with limited English language proficiency (LLP) who use the interpretation services provided by the public healthcare services, to answer the research question 'To what extent are the people who require interpreters satisfied with their experience of public healthcare services in Manchester Royal Infirmary and in Royal Manchester Children's Hospital?'. Our research aim was to find out the levels of satisfaction and engagement with the service. We also aimed to make a comparison between the satisfaction and engagement of these language communities.

Originally, we aimed to investigate and compare Chinese, Portuguese, and British Sign Language (BSL) users of the service. Our modified research question is 'To what extent are the people who require interpreters satisfied with their experience of public healthcare services in Manchester Royal Infirmary?' Our study includes the experiences of people who speak French, Spanish, Somali, Urdu, and Punjabi, as well as BSL users. We will explain this change of focus in the methodology section.

The planned focus LLP patient's satisfaction with face-to-face interactions and leaflets. To allow for a more detailed study, we narrowed the proposed focus to just include patient satisfaction with face-to-face interactions.

Previous research carried out on this topic, including the literature reviewed in our project proposal, has highlighted the importance of examining patient satisfaction with MRI's (Manchester Royal Infirmary) interpretation services in order to improve the service's quality. All of the reviewed research found that patients and staff are satisfied with the translators, but not with the administrative process.

Firstly, this report will outline our methodology, explaining what changes were made from the methodology planned in our project proposal. We will then present our findings and their implications, and discuss them through a comparison with previous studies. Finally, we will draw conclusions and offer suggestions for future research.

2 Methodology

2.1 Attempt to obtain permission

2.1.1 At MRI

We were planning to conduct interviews with staff and patients at Manchester University NHS Foundation Trust (MFT), and inquire about the possibility of us accessing reports and patient statistics that would be relevant to our research. Since we could not obtain permission, we adjusted our research method. Our research method, including these alterations, will be described in the following paragraphs.

2.1.2 At the Deaf Centre

After meeting with the executive director of Manchester's Deaf Centre, we were granted permission to research there. He highlighted a potential flaw in our planned research method, being that many Deaf people cannot read or speak Standard English. The Deaf patients who this applies to would not be able to complete our questionnaire. The Executive Director at the Deaf Centre directed us towards Deaf people who could read Standard English.

2.2 Preliminary observations

We carried out preliminary observations of patient-staff interactions in MRI and at Manchester Children's Hospital. Based on the findings of these observations, we formulated questions which we used to carry out narrative-style interviews with administrative staff at MRI, Manchester Children's Hospital, and at several GP practices.

2.3 Patient Questionnaires and Interviews

2.3.1 At MRI

Initially, we planned to interview patients, and then use our findings to write questionnaires which we would leave in the hospitals. Since we did not have permission to conduct research with patients inside the hospital building, we approached patients by MRI's exit, targeting patients who seemed likely to use the interpretation service. Due to our time constraints, we combined the patient questionnaires with their interviews. Additionally, we questioned people who could tell us about the experiences of other patients. Furthermore, we expanded our search to include people who use the service for languages other than Chinese and Portuguese. These other languages were Somali, Urdu, and Punjabi. Since nobody in our research team speaks these languages, the data collected was mostly given by English-speakers, accompanying a non-English-speaking relative to their appointment. The results for 'other' language speakers were all very similar, so we will describe and discuss them together.

2.3.2 Online

None of the patients we approached outside MRI used the service for Portuguese. So, to gather data from Portuguese patients, we used Facebook. On the Facebook group 'Portugueses a viver em Manchester', we asked if anybody had used MRI's translation and interpretation service. We used Facebook messenger to question the respondents about their experience with the service. To gain more responses, we expanded our Facebook search to include Spanish and French groups. These findings will be presented and discussed together under the heading 'European languages'.

2.3.3 At the Deaf Centre

We gave our patient questionnaires to people at the Deaf Centre, who completed them and answered our interview questions in writing.

3. Findings & Discussions

GPs and hospitals must call for an interpreter when a LLP patient makes an appointment, especially when their health problem is serious. The interpretation is done face-to-face or by telephone. Patients also have the rights to change a translator if they are unsatisfied. This section will present the data we obtained from MRI and several of Manchester's smaller medical centres.

3.1 Summary of Observations

Our observations of the interactions at the outpatient reception desk revealed that administrative staff are friendly towards the patients, and display a welcoming attitude. This contrasts the suggestions of Tipton and Furmanek (2016) that employees of public service providers may display a negative attitude towards users of their service who have limited English language proficiency.

All LLP patients were accompanied by a younger relative, who acted as an ad-hoc interpreter at the reception desk. There were no situations in which a patient could not communicate their needs. At Fallowfield Medical Centre, the receptionist, upon recognising the linguistic needs of several patients, spoke with them in Punjabi.

3.2 Administrative staff member's perception of patient satisfaction

We conducted 9 interviews with administrative staff members including 5 from MRI, and 4 from GP surgeries. Generally, they thought that patients were satisfied with the interpretation services but dissatisfied with the administrative process. 8/9 could describe an occasion when a language barrier had been a significant issue for them. For example, one interviewee said that *'sometimes you just can't communicate at all, and you just have to send them away... there's just nothing you can do....it's just the way the job works'*.

One explanation for why patients might be dissatisfied was that they do not know the procedure for booking an interpreter. One administrative staff member revealed that *'at least 10 times a week, they (patients) will come in, and they haven't booked. I have to say that there is nothing I can do, and that the interpreters are fully booked already'*. Such situations are likely to decrease patient satisfaction with the interpretation service.

Secondly, they said patients may be dissatisfied because the time allocated with an interpreter for each patient is very limited. There is little flexibility, and if a patient arrives late they are likely to miss their appointment, causing dissatisfaction. Two interviewees suggested that LLP patients should be giving longer appointments.

Thirdly, one interviewee suggested that there should be in-house interpreters for more languages. MRI has some in-house translators, including for Urdu and Somali. Employing in-house interpreters for more languages would mean that different language speakers can be treated equally.

Despite this, most administrative staff at MRI and at the GP practices had positive perceptions of patient satisfaction levels. This is because they, as administrative staff, go ‘above and beyond’ in their efforts to communicate with LLP patients, frequently using gesture, mimes, drawings, and making use of other languages they can speak.

3.3 Chinese language communities (Mandarin and Cantonese)

Out of the 20 Chinese patients, only 13 patients had used the interpretation service before. The 7 patients who did not need interpreters were either fluent in English, or able to find assistance from others for their MRI appointment. Most of our Chinese patients revealed that they were satisfied with the interpretation service in MRI, with a mean score of 7.69, which matches the patient satisfaction suggested by Gaiser and Matras (2016).

12/13 interpretation service users were especially satisfied with the friendliness of the interpreters, and their willingness to help them. The only patient who was disappointed with the service proposed that the service is in need of more interpreters, since sometimes she finds it difficult to arrange one. Having said this, not all of the patients use the service on a regular basis. It is important to highlight that only 5/13 of those interviewed regularly used the service, whilst the remaining had only used it a maximum of 4 times.

Questions	Mean score (out of 10)
How satisfied are you with the quality of the service?	7.69
How easy was it to get an interpreter	6.86
How satisfied were you with the waiting time before you were given an interpreter?	7
How friendly were the interpreter?	7.73
How friendly were the members of administrative staff you interacted with?	6.75

Figure 1. Mean score of Chinese language speaker’s satisfaction towards the interpretation service

One of the reasons explaining the infrequent use of the interpretation service is that most of the patients are able to find help from their friends or family. Even though they are aware of the interpretation service, they prefer obtaining help from their friends and relatives for several reasons. Firstly, patients feel more secure when friends or families translate for them, because they consider them to be more trustworthy. Furthermore, it is easier and faster to contact friends and relatives who can speak English, rather than to arrange to see an official interpreter. Therefore, it is understandable why the MRI interpretation service is not overly popular among LLP Chinese patients.

3.4 European language communities (Portuguese, Spanish and French)

We obtained data from 14 European language speakers. 3 spoke French, 4 spoke Portuguese and 7 spoke Spanish. Figure 2 shows that the patients were generally satisfied

with the interpretation service. Most patients gave a score of over 8 for every question, which indicates that they were highly satisfied.

Question	Mean score (out of 10)
How satisfied are you with the quality of the service?	8.3
How easy was it for you to get an interpreter?	8.7
How satisfied were you with the waiting time before you were given an interpreter?	8.3
How friendly was the interpreter?	8.1
How friendly were the members of administrative staff you interacted with?	8.4

Figure 2. Mean score of European language speaker's satisfaction towards the interpretation service

One respondent had stayed in MRI for 5 week, using the same interpreter throughout her time there. She spoke positively about the quality of the service. Additionally, she said that her husband, who could speak English, would not have been able to translate as well as the interpreter.

This positive response was mirrored by the comments of another patient who, despite having a high level of English proficiency, was offered an interpreter. This patient said that he could understand both the doctor and the interpreter during appointments, and that the interpreter's translations were accurate. Furthermore, he commented that the public healthcare services should continue to offer interpreters for all foreign patients.

Further comments revealed that having a friend or family member accompanying them to appointments increases their confidence when discussing important and personal issues. However, they would always prefer to use a professional interpreter, due to the increased quality of the translations, and the interpreter's professional approach. Europeans are therefore less inclined to use friends and family to interpret for them. This contrasts the inclinations of the Chinese population.

The negative comments made of the service were due to one-off experiences. One interviewee rated their satisfaction with the quality of the service as 5/10 because their interpreter arrived late, and seemed stressed. Another respondent gave 5/10 in this category because during an telephone appointment, the line was not clear. This shows that administrative processes and technology can cause dissatisfaction.

3.5 Other language communities (Somali, Urdu and Punjabi)

We gathered data from 7 speakers of other languages. Figure 3 indicates that patients are satisfied MRI's interpretation services, especially with regards to the friendly attitudes of the staff.

Question	Mean score (out of 10)
How satisfied are you with the quality of the service?	7.1
How easy was it for you to get an interpreter?	8
How satisfied were you with the waiting time before you were given an interpreter?	7.9
How friendly was the interpreter?	9.4
How friendly were the members of administrative staff you interacted with?	9.3

Figure 3. Mean score of ‘other’ language speaker’s satisfaction towards the interpretation service

The average quality satisfaction score is low compared to the other areas we investigated due to one score of 3/10, which was given because a patient’s interpreter did not turn up to an appointment. On another occasion, this patient could not understand their interpreter on the phone.

Most patients found it very easy to make an appointment (figure 3). However, one man said that his father found this difficult, commenting *‘...it’s hard to get through to the right department on the phone...They say call this number, call that number, then you have to wait for them to pick up’*. This reflects the findings of a previous study, in which appointment-making was exposed as a weakness in the language provisions of Manchester’s hospitals (Gaiser, L.E. & Matras, Y.,2016). The high rating that most patients gave for the ease of getting an interpreter contrasts this individual’s experience, and the findings of this previous study. This suggests that improvements have been made.

In his suggestions for how the service could be improved, one man said *‘I would be good if the staff doing the arranging were more aware of how the system works’*. This implication that administrative staff are not properly aware of the process contrasts our findings from interviews with such employees, who all demonstrated extensive knowledge of the system.

Previous literature suggests that the percentage of patients that do not return to use the service can be interpreted as an indicator of their satisfaction, but does not give evidence to support this link (Tipton, R. & Furmanek, O, 2016). All of these patients had used the interpretation service multiple times, and were generally satisfied with their experience. Therefore, our study provides some evidence to these prior suggestions.

3.6 British Sign Language (BSL) users

We gathered data from 5 deaf people who had used MRI’s interpretation service. They arranged an interpreter for their hospital appointments through the Deaf Centre. BSL users are generally satisfied with the service, especially with the friendliness of the hospital employees. However, the administrative process caused some dissatisfaction, which led to an average waiting time satisfaction score of 6.6. In line with this, when asked what they thought could improve the service, they suggested hiring more BSL interpreters.

Questions	Mean score (out of 10)
How satisfied you are with the quality of the service?	9
How easy was it to get an interpreter?	7
How satisfied were you/they with the waiting time before you were given an interpreter?	6.6
How friendly were the interpreter?	9.6
How friendly were the members of administrative staff you/they interacted with?	10

Figure 4. Mean score of BSL users satisfaction towards translation and interpretation service

Most of the deaf people we questioned preferred to use an official interpreter, rather than a friend or relative. This is because the Deaf Centre is a small community, so most members already know the interpreters, and consequently feel comfortable using them.

The average high score of 7/10 for ease of getting an interpreter contrasts the findings of a previous study, in which BSL patients said that sometimes interpreters do not show up for appointments (Jones, 2017). However, our sample size was significantly smaller than that of said study. Therefore, future research could investigate the accessibility to BSL interpreters and how this influences patient satisfaction.

4 Conclusions

To conclude, most patients, regardless of the languages they speak, are satisfied with their experience of the interpretation services at MRI and at the GP practices in Manchester, agreeing that interpreters are friendly and helpful. There is some dissatisfaction, caused by administrative and technological factors such as the waiting time for interpreters to be arranged, availability of interpreters and the clarity of phone interpretations. Therefore, our findings suggest that the quality of the interpretation services is high, but improvements can be made with regards to the technology involved and the administrative process.

There is a clear difference in how various language communities choose to access the public healthcare services, and in their preferred ways of translation. Chinese, regardless of Mandarin or Cantonese speakers, and 'other' languages speakers including Somali, Urdu and Punjabi, tend to seek translation help from families members or friends rather than using the service provided in the healthcare centres. Meanwhile, speakers of European languages, including Portuguese, Spanish and French, prefer to ask for an interpreter provided by the public healthcare services. BSL users prefer to first seek help from the Deaf Centre, which makes arrangements for an interpreter to be at their hospital appointments. These preferences can possibly be explained by the different cultural attitudes and migration patterns of each language community.

In terms of culture, Chinese people emphasise interpersonal harmony and relationships (Wei, Su, Carrera, Lin & Yi, 2013). This suggests that the Chinese tend to seek help from families and friends. Therefore, when they need translation assistance, they may put greater trust in their own groups rather than those interpreters. This is supported by our interviewees who mentioned that they feel more secure with the company of a family

member at a hospital appointment. In comparison, our data shows that Europeans and BSL users regard the accuracy of the interpretation as more important than their personal feelings of security. They also consider the official interpretation service to be more trustworthy than LLP Chinese patients do.

In terms of migration history, most immigrants between 1971 and 2003 were Asian, Vietnamese and Somalian (Bullen, 2015). In 2004, the UK opened its labour markets to other EU countries, which led to more European immigrants. This suggests that two to three generations of Asians or Somalians now live in Manchester. The second and third generations would have received education in Manchester, so are likely to be fluent English speakers who can interpret for older family members, who may be LLP patients. This implies that Chinese and Somalians have a greater accessibility to English speakers who are willing to act as interpreters. This explanation is supported by one of our Chinese interviewees, who grew up in Manchester and frequently translated for her parents. Comparatively, most Europeans in Manchester are recent migrants who may not have as many English speaking contacts in the city, who they could have approached to ask for help with translations. Consequently, when using public healthcare services, they tend to rely more heavily on the official interpretation service.

These differences imply that there might be an increasing demand for European language interpreters in Manchester, and a decline in the use of Chinese and Somali interpreters. Future studies could focus on whether using family or friends as interpreters could replace the official interpretation services as Manchester becomes increasingly multilingual.

5 References

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6 Appendix

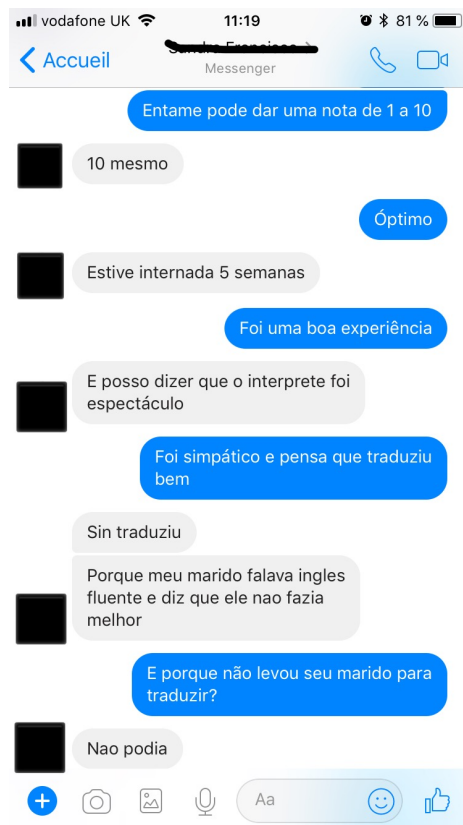


Figure A. A sample of a Facebook interview with a Portuguese speaker



Figure B. A sample of a Facebook interview with a French speaker

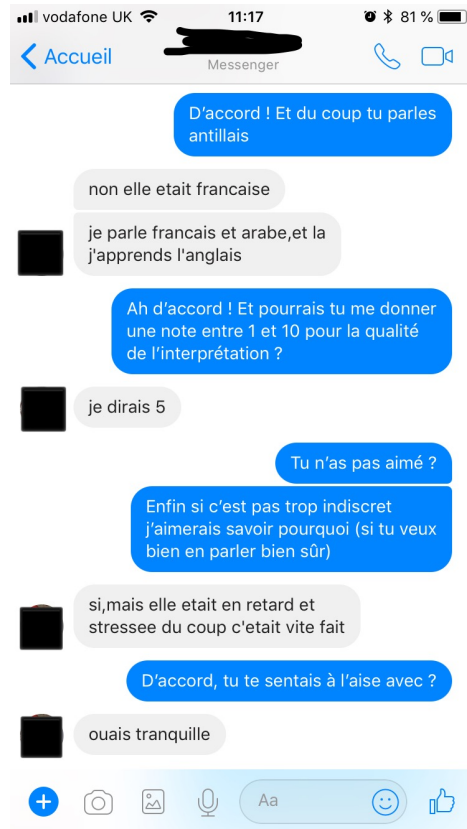


Figure C. A sample of a Facebook interview with a French speaker

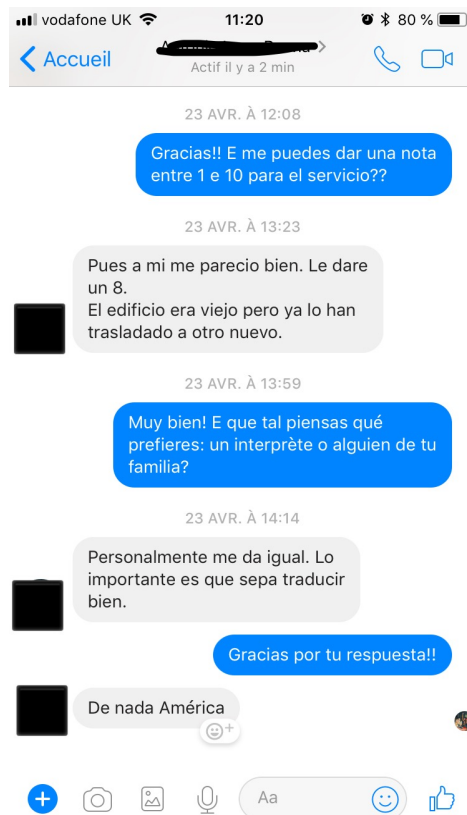


Figure D. A sample of a Facebook interview with a Spanish speaker

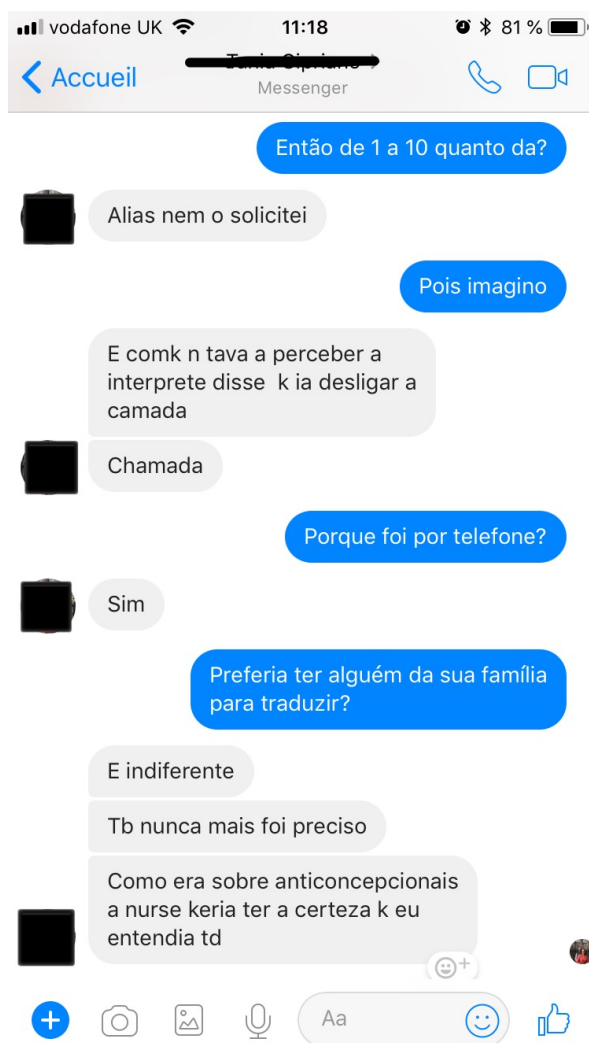


Figure E. A sample of a Facebook interview with a Portuguese speaker

What language do you/they need interpreting?

39 responses

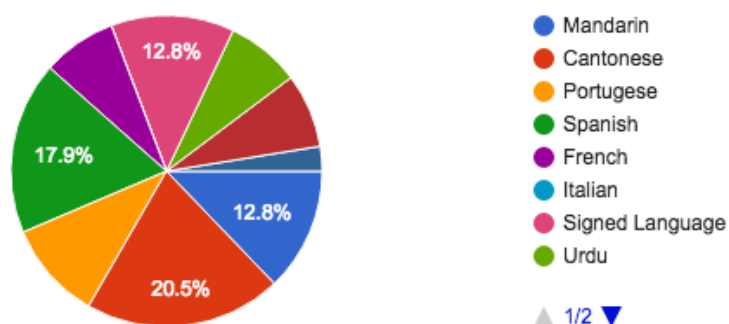


Figure F. The distribution of our respondents' linguistic ability

How satisfied are you/they with the quality of the services?

39 responses

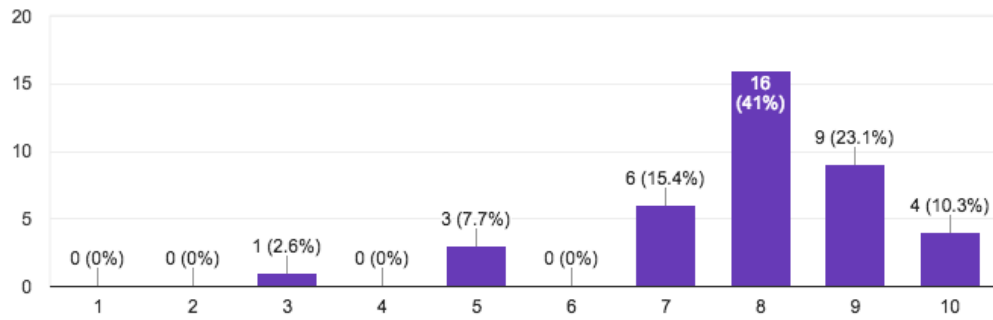


Figure G. The overall satisfaction of all respondents

Are you/they aware of your/their right to change the interpreter if you/they are not satisfied with them?

39 responses

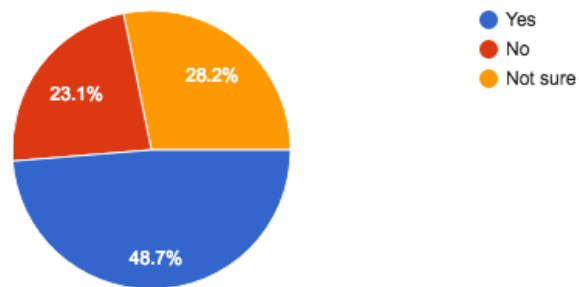


Figure H. Respondents' awareness towards their rights to change interpreter

Have you/they had any positive/negative experience?

34 responses

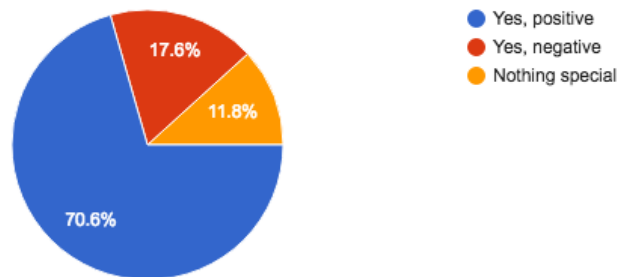


Figure I. Respondents' experiences towards the interpretation service

Questionnaire for admin staff

- Information about interviewee
 - Do you speak any languages other than English?
 - How fluent are you in this language?
 - How often do you use it in the workplace?
- Information about Interpretation service
 - Can you describe the procedure for when a patient has a poor level of English?
 - How often do you do this?
 - What format is it usually in? E.g. face to face/call
 - (depends on if they know another language)
→ If you happen to know the language the patient speaks, would you try to communicate or would you consult the official interpretation service?
- Satisfaction with Interpretation service
 - How satisfied are you with the interpretation service?
 - Please give a mark between 1(very dissatisfied) to 10 (very satisfied)
 - Why did you give this mark?
 - Have you had an experience where language barrier has been significant issue?
 - Yes → can you describe what happened?
 - Did the patient return to the service afterwards?
 - How do you think the interpreting services could be improved?

Thank you very much!

Figure J. Questionnaire for administrative staff

Questionnaire for Patients

Questions:

- Do you or anyone you know use the interpretation service in the medical center?
 - Yes/ No

→ Yes:

- How long have you/they been using the services?
- What language do/they need interpreting?
- How satisfied are you/they with the quality of the services? (1=Not satisfied, 10=Very satisfied)
1 2 3 4 5 6 7 8 9 10
- How easy was it to get an interpreter? (1=Very difficult, 10=Very easy)
1 2 3 4 5 6 7 8 9 10
- How satisfied were you/they with the waiting time before you were given an interpreter?
1 2 3 4 5 6 7 8 9 10 N/A
- How friendly was the interpreter? (1=Unfriendly, 10=Very friendly)
1 2 3 4 5 6 7 8 9 10
- How friendly were the members of administrative staff you/they interacted with?
1 2 3 4 5 6 7 8 9 10

Interview Questions

If good rating

- Have you/they had a particularly positive experience? Can you describe this?

If bad rating

- Have you/they had a particularly negative experience? Can you describe it?

Are you/they aware of your/their right to change the interpreter if you are not satisfied with them?

Yes No

How do you think the services could be improved?

What options do you/they have besides using an official interpreter, for example using a friend or family member to interpret? Which of these do you/they prefer? Why?

→ No:

- Have you ever/Do you know anybody who has acted as an interpreter for friends/family in a hospital/ GP practice?
- If yes, why do your friends/families ask for your help instead of asking for the official interpreter?

Thank you very much!

Figure K. Questionnaire and interview questions for patients