

**Research Projects****Miscommunication and Risk Management in  
Interpreted Healthcare****Principal Researchers:** Dr Mustapha Taibi**Co-Researcher:** Ms Eva Melhem**Research Assistant:** Ms. Nessrin Dannoun**Research background:**

Daily conversation often reveals the existence of communication problems even among people who share the same language and culture (Gumperz, 1982:172-285). These problems may have more or less serious consequences depending on the context, the relationship between participants and the business dealt with. In institutional contexts in particular, instances of miscommunication or communication failure may lead to grievous consequences either for participants in the interaction or for third parties.

In many institutional encounters (healthcare consultations, court proceedings, welfare interviews, etc.) there is an additional potential source of miscommunication, namely the fact that some users cannot speak the language of the country. To bridge the communicative gap between staff and users in such situations, the assistance of interpreters is often sought. However, this does not always guarantee the absence of communication problems or miscommunication.

A significant part of the still developing literature on community interpreting has drawn attention to the communication problems arising when unqualified interpreters are used and the real-life risks involved in such situations. Athorp and Downing (1996), for example, found that non-professional interpreters affected doctor-patient interaction negatively. Pöchhacker and Kadric (1999) found that untrained interpreters introduced significant shifts in the form and content of doctor-patient communication and that doctors, unaware of non-professional interpreters' impact on the consultation, lost control over the quality and effectiveness of their consultation. Cambridge (1999) also highlights the risks of dysfunctional communication through interpreters in healthcare settings. She argues that cross-language communication is complex, and that unprofessional interpreting leads to information loss and has a negative impact on medical practice. Similarly, Taibi and Valero (2005) show that non-qualified interpreters (patients' relatives) often lack the necessary language competence, make pragmatic and interactional errors and cause the doctor to spend more time and energy negotiating meaning and repairing instances of miscommunication.

In Australia, one of the pioneering countries in the field of community interpreting and translation, training is available and an accreditation system is provided by NAATI. In theory, this is likely to contribute to professionalizing the work of community interpreters and translators and raising the performance standards. However, not all interpreters working in community services in general and the healthcare sector in particular are appropriately trained and accredited, which raises a question about the quality of services offered and the possible implications of miscommunication through or because of interpreters.

Very little is known about the real-life implications of miscommunication in interpreted community encounters in general and healthcare consultations in particular (e.g. patient welfare and wellbeing, additional cost to the healthcare institution and healthcare system, compliance with treatment, etc.). This is why this study explores a sample of interpreted healthcare consultations in order to verify the quality of the interpreting provided. More specifically, the research investigates whether interpreters always manage to solve communication problems or

whether they contribute to giving rise to them because of inadequate skills or as a result of the triadic nature of the interaction itself. Depending on the findings, instances of miscommunication will be also analysed in terms of risk management and healthcare cost.

### **Research aims:**

This study explores communication between healthcare staff and patients in order to identify instances of communication difficulties or problems. The questions that it intends to answer are the following:

1. Does miscommunication still exist when interpreters facilitate communication between healthcare staff and non-English speaking patients?
2. Does the nature of triadic exchanges (doctor-interpreter-patient) give rise to miscommunication?
3. What consequences may miscommunication have for the patients' health and the healthcare system costs?

The data consists of 30 audio-recorded medical consultations with Arabic and Spanish speaking patients. The data has been transcribed and is now being analysed.

### **Research method:**

The data is being analysed from the perspective of Institutional Discourse Analysis, taking the following as analysis aspects:

- length of adjacency pairs (mainly questions and answers),
- structure of each phase in the consultation (small talk, expression of the health problem, discussion of the problem, treatment or prescription, discussion of treatment, farewell)
- requests for clarification or repetition,
- manifestations of conflict or intercultural miscommunication,
- inaccurate interpreting.

Instances of miscommunication will be classified into purely linguistic or cultural misunderstandings and risk-involving miscommunication (with possible consequences for the patient's health).

Special attention will be paid to instances of miscommunication or inaccuracies related to risk management. That is to say, the ones which may have health consequences for the patient or which may impact on the number or cost of healthcare procedures to be followed.