NCIHC

Remote Interpreting Challenges During the COVID-19 Pandemic

Introduction

The National Council on Interpreting in Health Care (NCIHC) is a multidisciplinary organization whose mission is to promote and enhance language access in health care in the United States. One of its goals is to develop and monitor policies, research, and best practices. The outbreak of COVID-19 in early 2020 created a different landscape locally, nationally, and internationally, and health care interpreters have had to adapt and adjust to help themselves and the communities that rely on them for support.

In 2021, the NCIHC issued a survey for healthcare interpreters. The overarching goal of this study is to understand the impact of the COVID-19 pandemic on language access in health care in the United States through the experience of interpreters during the pandemic, with the goal of proposing areas in which interpreters may need the most support moving forward.

The feedback received from both signed and oral language interpreters regarding their challenges when working with providers and patients using remote interpreting is presented in this paper. The survey consisted of 64 questions. The analysis and interpretation of the data presented here is limited to the cross-tabulation of Questions 4 (language) and 41 (challenges in remote interpreting) only.

Results

The NCIHC survey responses to Question 41 by both signed and spoken language interpreters showed that interpreters are experiencing multiple difficulties in their practice during the COVID-19 pandemic while using remote modalities of interpreting. Respondents, both signed and spoken language interpreters, reported difficulties in understanding and/or receiving the message—mainly due to difficulties in understanding the provider or staff (A, in Table 1 below), with the use of mask or ventilator hindering communication (G, in Table 1 below), and with technical issues (Table 2 below).

The challenges experienced by signed and spoken language interpreters are almost the same when it comes to remote interpreting. More spoken language interpreters (37%) than signed language interpreters (29%) reported having difficulty understanding providers or staff.

Background

For the millions of Limited English Proficient (LEP) individuals living in the United States, language can be a "barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by federally funded programs and activities" (U.S. DOJ, 2002, p. 41457). Title VI of the Civil Rights Act of 1964 and other subsequent legislation require healthcare providers who receive federal funds to offer meaningful access to individuals with limited ability to read, write, speak, or understand English, generally called LEP individuals (U.S. DOJ, 2002).

In 2016, a job task analysis survey conducted by the Certification Commission for Healthcare Interpreting (CCHI) indicated that 88% of respondents (n = 1,525) reported that their primary modality of interpreting was in-person. Remote interpreting (over-the-phone or video interpreting) was "introduced in hospital settings as an alternative or supplement to in-person interpreters" (Feiring & Westdahl, 2020, Abstract).

Accurate and effective interpretation contributes to eliminating health care disparities, increasing patient engagement, providing accurate diagnosis, enhancing treatment plan compliance, and improving overall health outcome for the LEP patient.

American Sign Language (ASL) is the primary means of communication used when interpreting for patients who are Deaf or hard of hearing. Educational requirements for signed language interpreter certification are more stringent than those for spoken language interpreters. Signed language interpreters are required to hold a bachelor's degree (CASLI, 2016), whereas spoken language interpreters are required to have a high school diploma or equivalent (CCHI, 2021; NBCMI, 2018).

The COVID-19 outbreak in early 2020 heightened the need for interpreter-mediated conversation via remote modalities. In response to heightened safety precautions at health care facilities, many interpreters transitioned from face-to-face to remote interpreting.

Video interpreting introduced specific barriers to communication (Feiring & Westdahl, 2020). Considering the rapid increase in demand for and use of remote interpreting services brought about by the COVID-19 pandemic, coupled with the potential for continued high demand for remote interpreting services after the pandemic, the NCIHC Research Work Group sought to understand the challenges faced by interpreters who provide remote interpreting services in healthcare settings.

Method

The survey questionnaire had 64 answerable items with multiple-choice and open-ended responses. The NCIHC Research Work Group distributed the questionnaire online with the support of the NCIHC Board, several interpreting organizations, and numerous language service companies. The survey was open from February 14 to April 23 of 2021. A total of 1,673 working healthcare interpreters responded; of these, 214 were ASL interpreters and 1,457 were spoken language interpreters. The interpreters were from 38 states, communicating in 87 different languages.

For this paper, the responses to Question 4, which addressed the interpreter's language pair, were cross-tabulated with responses to Question 41, which addressed the challenges faced by interpreters using remote modalities during COVID-19. We separated all languages into two groups: a signed language interpreters group and a spoken language interpreters group. The intent was to identify challenges to remote interpreting experienced by each interpreter group on its own, as well as to see if there were any differences in the challenges experienced across the two groups. The results of both quantitative and qualitative responses were considered. The quantitative data were subjected to Fisher's one-tailed test with 1 degree of freedom, 99% degree of confidence, and 0.01 degree of error. The open-ended questions were examined and tabulated based on four different categories.

Discussion

In the NCIHC survey of 1,673 respondents, the general perception of 38% of signed and spoken language interpreters combined pointed to the use of masks and/or ventilators as factors that hinder communication (n = 641). The barrier perceived as the next most common was that providers or staff speak in a manner that is difficult for interpreters to understand, such as speaking with a strong accent, mumbling, using poor articulation, and/or speaking too fast (n =

606 or 36%). Because the survey was based on remote interpreting, it is possible that the cameras used may not have been suitable for capturing a wide angle, or some physical barriers may have interfered with the visuals. That being the case, interpreters also find it challenging when the conversation involves descriptions of body movement like "Move your foot like this" and "Can you bend this way?" (n = 501 or 30%). Although this result is significant at 0.01 degree of error or 99% level of confidence, it is worth noting that a considerable number of respondents (n = 614 or 37%) did not indicate any response (see Table 1).

Table 1. Challenges of Interpreters in Remote Interpreting

	Total Respondents	A		B		C		D		E	
Signed	214	61	29%	32	15%	34	16%	32	15%	32	28%
Spoken	1463	545	37%	177	12%	271	19%	234	16%	234	24%
Total	1677	606	36%	209	12%	305	18%	266	16%	266	25%

Table 1 continued

	Total Respondents	F		G		H		I		Mean*
Signed	214	65	30%	71	33%	54	25%	79	37%	1.91
Spoken	1463	436	30%	570	39%	251	17%	535	37%	1.94
Total	1677	501	30%	641	38%	358	21%	614	37%	1.97

The t-value is -5.60253. The p-value is .000033. The result is significant at $p < .01$.

Key to Answer Choices

A. Provider or staff speaks in a manner that is difficult for me to understand, for example speaking with a strong accent, mumbling, not articulating clearly, speaking too fast, etc.
B. Managing linguistic/vocabulary challenges related to technical terms or specific medical information (like treatment instructions, medication guidance, diagnostic explanations, patient education, etc.).
C. The conversation is highly emotional such as anxiety expressed by the patient or a family member, expression of sympathy to the patient, adverse reactions by the patient to explanations given by the provider, etc.
D. The conversation involves written documents requiring me to see the paperwork or do sight translation.
E. The conversation involves visual cues like gestures, facial expressions, or full view of the room.
F. The conversation involves body movement like "Move your foot like this" or "Can you bend this way?"
G. Use of masks and/or ventilators hinder communication.

H. Open Response
I. No Response

In the open response category (labeled "H"), a large percentage of respondents (48%) cited technical issues and internet connection as the top challenge, with signed language interpreters reporting having encountered those challenges more often (57%) than spoken interpreters (46%). Examples of technical issues include lost connection, poor or slow transmission, and dropped calls. This result is closely followed by the second major challenge, which is inadequate knowledge of provider, staff, and patient about remote interpreting. Examples of interpreter challenges in this category are: provider or patient speaking fast or lengthily, giving no time for the interpreter to interpret; lack of knowledge of how to use the remote system; and using cell phones as the primary means of communication. Interestingly, spoken interpreters (47%) experienced this kind of challenge more than signed language interpreters (28%). The signed and spoken language interpreters closely identified inability to see or hear what is going on in the encounter clearly as the third major challenge. Examples of barriers include poor video or audio quality; patients not being familiar with technology or the platform used; patient, staff, or providers not being consciously aware that camera positioning/angle does not capture the subject/s; lighting difficulties; significant environmental noise; interruptions; echo from mic; and dark visuals.

In a remote interpreter setting, these three factors—equipment/tech difficulties, inexpert use of remote modality by the provider and staff, and inability to see and hear the encounter clearly—are detrimental to effective communication. The interpreter can't provide accurate interpretation via remote modality if the transmission is intermittent, choppy, or slurred; if background noise, echo, or interference is too strong; or if image quality in the VRI (especially for signed language interpreting) is dark, frozen, or not focused on the speaker(s).

These challenges not only affect interpreter performance during the encounter but also cause post-encounter difficulties for interpreters that include headache, migraine, blurred vision, nausea, and burnout. A very small percentage of signed language interpreters (2%) and spoken language interpreters (9%) indicated that they experienced "no problem" at all (see Table 2).

Table 2. Open Response Description

	Number of Respondents		Technical Issues		Audio/ Visual Quality		Inadequate knowledge of Provider, Staff, & Patient		Environ-ment		Others		No Problem	
Signed	54	19%	31	57%	16	30%	15	28%	3	6%	8	15%	2	4%
Spoken	235	81%	107	46%	73	31%	110	47%	25	11%	27	11%	20	9%
Total	289	100%	138	48%	89	31%	125	43%	28	10%	35	12%	22	8%

Implications and Recommendations

The law specifically notes that healthcare organizations that receive federal funds are obligated to provide language access (U.S. DOJ, 2002). Multiple studies have established that language

barriers lead to reduced patient satisfaction and decreased quality of care and hinder patient safety (Al Shamsi, 2020). Given the importance of providing effective language support, any factors that pose barriers to optimal performance by healthcare interpreters have significant consequences for patients and should be remedied.

For interpreters, message reception—the act of receiving the source message that is to be interpreted—is the first step of the interpreting process model (Cokely, 1992). This study identifies specific aspects of the remote interpreting that prevent interpreters from consistently receiving the message of the speaker, which in turn prevents the interpreter from carrying out the subsequent steps of the interpretation process. Equipment and other tech issues (48%), the use of masks and/or ventilators (38%), and providers or staff speaking in a manner that is difficult to understand (36%) were among the challenges most reported by both signed and oral language interpreters when they are providing services in remote modalities; these factors negatively affected the initial step of the interpreting process.

Although both signed and spoken language interpreters perceived similar challenges, there were some noteworthy differences in the prevalence of specific challenges. Signed language interpreters are more likely to be native English speakers. Signed language interpreters typically receive audio input only from the provider, not from the patient, so audio reception challenges would apply only to signed language interpreters regarding being able to understand the provider and staff. Only 29% of signed language interpreters indicated that "Provider or staff speaks in a manner that is difficult for me to understand, for example speaking with a strong accent, mumbling, not articulating clearly, speaking too fast, etc." In comparison, 37% of spoken interpreters, who are not primarily native English speakers (CCHI, 2016), indicated having difficulty understanding the provider or staff.

Recommendations

- All stakeholders, including interpreters, patients, and providers, should seek the required technological infrastructure and training for "the requisite technical equipment for meetings with remote participation and/or remote interpretation" (AIIC, 2020, para. 1) and for software-specific functionality and requirements.
- All participants, including interpreters, patients, and providers, should, to the extent possible, minimize physical barriers by, for example, making sure all speakers are visible, providing clear audio, and minimizing visual or other distractions.
- All participants, including interpreters, patients, and providers, should understand how to interact with online platforms and should request basic troubleshooting support when it is needed.
- Educators, trainers, and professional organizations should provide guidance and support related to best practices for remote interpreting in health care that is founded on experience and research.
- Further studies should be conducted to identify potential improvements that can enhance message reception for interpreters in remote settings.

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