Why Foreigners do not Request a Medical Interpreter While Living in Spain—A Quantitative Study.

Por qué los extranjeros residentes en España no solicitan un intérprete médico. Un estudio cuantitativo.

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1. Resumen

El número de extranjeros que residen en España está en su punto más alto. Si estas cifras continúan siguiendo los patrones de los datos de años anteriores, las cifras aumentarán constantemente. El gran número de extranjeros en España exige un aumento significativo de la cantidad de personas que necesitan asistencia sanitaria y un aumento significativo de la cantidad de personas que pueden necesitar asistencia sanitaria en un idioma distinto del español. Sin embargo, los extranjeros que viven en España no parecen estar utilizando la opción de recibir atención médica en un idioma que no sea el español.

El objetivo principal de este estudio es analizar las razones por las que los residentes extranjeros no están utilizando el servicio de un intérprete de los servicios públicos para sus citas médicas. Este estudio cuantitativo tiene como objetivo entender el proceso de pensamiento detrás de las decisiones de citas médicas de los extranjeros. Después de un breve análisis de las leyes relativas a los servicios de interpretación tanto en los Estados Unidos de América como en España, se muestra y analiza la respuesta de los participantes extranjeros a una encuesta sobre la interpretación durante las citas médicas.

Mi hipótesis es que los extranjeros no utilizan el servicio de un intérprete porque no es fácilmente accesible, o porque tienen confianza en sus propias habilidades lingüísticas o las de sus amigos/amigos. Esto crea entonces un ciclo que lleva aún más a la profesión a no ser reconocida y la continua lucha por la conciencia es más una rotación circular que pasos adelante. Los resultados analizados confirman la idea de que el servicio no es fácilmente accesible y que muchos extranjeros ni siquiera conocen la opción o la profesión en sí. Las conclusiones finales son la importancia de la sensibilización del servicio para que los extranjeros puedan aprovechar sus ofertas.

Gates, Kegan (2020) “Why Foreigners do not Request a Medical Interpreter While Living In Spain—A Quantitative Study.”

Palabras claves: Interpretación, Mediación, Interpretación sanitaria, T&I en ámbito sanitario

2. Abstract

The number of foreigners residing in Spain is at an all-time high. If these numbers continue to follow the data patterns from previous years, the numbers will steadily increase. The large number of foreigners in Spain calls for a significant increase in the amount of people who need healthcare—and a significant increase in the amount of people who may need healthcare in a language other than Spanish. However, foreigners living in Spain do not seem to be utilizing the option to receive healthcare in a language other than Spanish.

The main objective of this study is to analyze the reasons why foreign residents are not using the service of a public services interpreter for their medical appointments. This quantitative study aims to understand the thought process behind foreigners' medical appointment decisions. After a brief analysis of the laws regarding interpreter services in both the United States of American and Spain, foreign participants' response to a survey about interpretation during medical appointments are displayed and analyzed.

My hypothesis is that foreigners do not use the service of an interpreter because it is not easily accessible, or they are confident in their own language abilities or those of their friends/loved ones. This then creates a cycle that is further driving the profession into one that is not being recognized and the continuous fight for awareness is more of a circular rotation than steps forward. The analyzed results confirm the idea that the service is not easily accessible and that many foreigners are not even aware of the option or the profession itself. The final conclusions are the importance of bringing awareness to the service so that foreigners are able to take advantage of its offerings.

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Key words: Interpretación, Mediación, Interpretación sanitaria, T&I en ámbito sanitario

3. Personal Justification

My decision to research why foreigners do not use interpreters when attending medical appointments was strongly driven by my various experiences at the doctor since arriving in Spain. I moved to Madrid in 2013 with an A1 level of Spanish, although at the time, I was convinced I spoke the language well. The reality of my language ability, or lack thereof, hit hard in my first few days in the country. I could ask for the bathroom, order a sandwich, and identify common fruits in the supermarket, but I struggled understanding my fellow teachers at school or what the man at the bus station was trying to explain to me. I come down with strep-throat every year in January—one could create a calendar based on how consistent this is, and going to the doctor was unthinkable. My high fever and inability to swallow made it absolutely necessary to seek medical attention. I found a doctor in the center that accepted my insurance and had interpreters on staff. I remember my experience with my interpreter fondly, she allowed me to try to communicate with the doctor, but stepped in when it was obvious that I had no idea what he was saying. I was given my prescription and sent on my way.

Well into my second year, I needed to see a gynecologist. I was in a lot of pain and having some issues and was afraid something was very wrong. At this time, I had public insurance and had to go to my general doctor first, to then be sent to a specialist. My general doctor was an older man with little to no patience for my lack of Spanish vocabulary, and prescribed me birth control pills to help regulate what was happening; however, they made me insane. My Spanish partner joined me at my next appointment, and the doctor seemed equally impatient with him interpreting for me whilst at the appointment. Luckily, I was able to switch general doctors, and find out the hormone levels in the pills he prescribed were the highest dose possible, which explained my constant mood swings.

In that moment, eyes full of tears because I could not understand why the doctor was so frustrated, I decided that I wanted to be an interpreter. I never wanted another foreigner to experience the fear I had from something as easily maneuverable as adding a trained interpreter. I flashed back to the level of comfort I felt when the interpreter was there to assist. My partner would not always be able to attend appointments, and not understanding something as serious as my physical and mental health was no longer an option, even though I was now operating at a higher Spanish level.

While allowing a stranger into something as personal as a medical appointment may be frightening, is that the reason why foreigners are not using interpreters? As I studied to be an interpreter, I learned that it is a job that requires a lengthy code of ethics and significant training; however, a lot of people cannot even identify the difference between a translator and an interpreter. Moreover, they are completely unaware that this is an option, and my research is driven by the question: Why? Where is the glitch in the system? Why is Spain not utilizing these well trained interpreters to better the medical experience for foreigners? This study seeks to understand how medical interpreting was first implemented into hospitals in both the United States and Spain, how it is used today, and why it does not receive the attention it deserves.

4. Introducción

En el mundo actual, las intervenciones médicas están mejorando constantemente y la forma en que los cirujanos operan utiliza métodos totalmente nuevos que se destacan por encima de los demás. Los hospitales se actualizan con los últimos aparatos y las citas funcionan como un reloj. El anticuado sistema de gráficos de papel sólo sirve como un recuerdo lejano. El mundo médico avanza rápidamente, y sin embargo hay un avance que se está dejando de lado e ignorado hasta el final: el que permite una comunicación total.

Según el confiable diccionario Merriam-Webster, la comunicación se define como "un proceso por el cual la información se intercambia entre individuos a través de un sistema común de símbolos, signos o comportamiento" (Merriam-Webster, 2020). A lo largo de los años, la comunicación se ha desarrollado en varios sistemas, y se puede decir que el sistema más común que usan los individuos es el intercambio de información a través de un mensaje verbal o escrito. Hoy en día, la transmisión de mensajes verbales se realiza en más de 7.000 idiomas: "Ese número está en constante cambio, porque estamos aprendiendo más sobre los idiomas del mundo cada día. Y más allá de eso, los propios idiomas están en flujo. Son vivas y dinámicas, habladas por comunidades cuyas vidas están moldeadas por nuestro mundo rápidamente cambiante" (Ethnologue, 2020). El constante cambio de idioma es una parte de lo que hace que nuestro mundo sea diverso, pero la belleza de esta diversidad también está causando problemas en ciertas áreas. Al tomar en consideración tanto a los no nativos como a los hablantes nativos, Ethnologue afirma que "el inglés es el idioma más grande del mundo". Esto no es una sorpresa, ya que el inglés se habla en más de 146 países. Cuando se miran las estadísticas, el inglés es el tercero en número de hablantes nativos con 379 millones, el español es el segundo con 460 millones, y el chino mandarín es el que más. Sin embargo, el inglés demuestra su inmensidad con más de 753 millones de hablantes no nativos, mientras que el español sólo tiene 74,2 millones (Ethnologue, 2020). Con números tan altos como estos, la comunicación debería ser algo fácilmente navegable. Los individuos deberían ser capaces de encontrar un terreno común sobre el que entenderse, en un mundo perfecto. Desafortunadamente, este mundo perfecto no existe. Los problemas de la comunicación se discuten a menudo, especialmente en los casos de la medicina moderna. ¿Por qué, entonces, está sucediendo esto? Si los humanos son capaces de increíbles inventos tecnológicos y los médicos pueden operar con brazos robóticos, ¿cómo es posible que un problema de comunicación causado por una barrera lingüística siga afectando a los pacientes médicos?

Los Estados Unidos de América se considera un "melting pot" de cultura e idiomas. El español está ganando popularidad rápidamente y muchos hogares usan el español como su lengua materna. También se habla muchos otros idiomas en los Estados Unidos, ya que hay muchos inmigrantes. España es un hermoso destino turístico que también sirve de hogar a muchos extranjeros. Algunos viajeros se toman un año libre entre sus estudios, mientras que otros han decidido que este sería su hogar. España no es conocida por su avanzado nivel de inglés, es decir, los niveles de inglés en todo el país son bajos en comparación con sus homólogos de la Unión Europea. Según una encuesta realizada por *El País* en 2017, casi el 60% de los españoles admiten que no son capaces de hablar, leer o escribir en inglés. Incluso con este alto porcentaje, el inglés es la segunda lengua más hablada: "Sin embargo, muchos de los encuestados no están satisfechos

con la actitud de España hacia el aprendizaje de idiomas. Casi el 36% dice que España da poca importancia a los segundos idiomas, en comparación con el 16,1% que dice que España es excelente en los idiomas" (Montero, 2017). Incluso con el 'melting pot' que es América, y los bajos niveles de inglés que se encuentran en España, es imperativo que las barreras de comunicación no existan en los centros de salud. Algunos hospitales en los Estados Unidos están usando iPads para hacer videollamadas a más de 500 idiomas para servicios de interpretación en el lugar. La velocidad con la que los hospitales comenzaron a captar las formas más fáciles de romper las barreras del idioma es impresionante, pero todavía tienen un largo camino por recorrer. España, sin embargo, sigue luchando con el sistema telefónico y el intento de traer incluso sólo un efecto dominó a la conciencia del servicio de un intérprete como profesión, así como el servicio de un intérprete como necesidad. El propósito de este estudio es investigar por qué los extranjeros que viven en España no están utilizando el servicio de intérpretes para la atención médica cuando y donde está disponible. Según *The American Medical Association Journal of Ethics* [Español: la Revista de Ética de la Asociación Médica Americana]:

> El derecho a la atención médica debería ser un principio organizador en nuestros sistemas de salud. El uso de servicios lingüísticos apropiados y el derecho de un paciente con proficiencia limitada en inglés (por sus siglos en inglés: LEP) a acceder a la atención de la salud están inextricablemente vinculados. Para los pacientes con LEP, la única manera de acceder de manera significativa a los servicios de salud es comunicándose claramente con los profesionales de la salud utilizando su idioma de atención preferido. (Basu et al., 2017)

Los Estados Unidos está trabajando para mejorar su sistema de intérpretes, pero con todo y eso, no es perfecto. Aunque la declaración es de la *American Medical Association* [Español: Asociación Médica Americana], no significa que no sea cierta en Europa. El derecho de un paciente con un dominio limitado del español para acceder a la atención médica también está inextricablemente ligado a los servicios lingüísticos apropiados. La interpretación en los servicios públicos como profesión está creciendo en España, y hay grupos, universidades y profesionales que se esfuerzan por vincular la comunicación con la asistencia sanitaria. Natalya Mytareva-directora ejecutiva de la *Certification Commission for Healthcare Interpreters* [Español: Comisión de Certificación de Intérpretes de Atención Sanitaria] (CCHI)-demuestra además la fuerte conexión entre el mundo médico y la comunicación: "Un buen médico es tan bueno como lo entienda el paciente". El CCHI es uno de los centros nacionales de certificación de intérpretes. Continúa: "Si el doctor está basando el diagnóstico en la información equivocada porque no tenían un intérprete, entonces ¿de qué sirve ese doctor?" Para entender por qué el servicio no es utilizado por los extranjeros en España, es importante primero entender las raíces de la interpretación médica y cómo se ha convertido en lo que es hoy en día. La investigación incluye la investigación sobre el uso de la interpretación y sus leyes en los Estados Unidos de América, así como en España. Los Estados Unidos de América se enorgullecen de los avances en el mundo de la medicina; sin embargo, son culpables de la imperfección cuando se trata de ofrecer intérpretes a sus pacientes no nativos de habla inglesa. En España, los intérpretes no están siendo utilizados a su máxima capacidad y muchos pacientes no nativos de habla hispana no son conscientes de que la opción de contar con un intérprete es incluso una posibilidad, y mucho menos parte de sus derechos como paciente asegurado y residente extranjero. La falta de conciencia es un tema abrumador en España, especialmente en Madrid.

El tema surgió en un momento de mayor concienciación en el campo de la medicina, ya que el mundo está sufriendo la pandemia global causada por COVID-19. Muchos pacientes fueron atendidos en un idioma que no es su lengua materna, y se publicaron muchos informes sobre la abrumadora falta de ayuda. Según un artículo titulado, *La falta de intérpretes en el sistema sanitario pone en riesgo a los migrantes que no hablan español*, un hombre, Mohammed Abul Hossain, falleció porque, "...no lo podían atender porque no le entendían. Hossain hablaba apenas español y la falta de intérpretes en el sistema sanitario, tanto en el teléfono como en los centros de salud, hicieron que su enfermedad no pudiera ser tratada a tiempo" (Franco, 2020). Franco sigue con el doloroso comentario de un representante del Área de Servicios Sociales del Ayuntamiento , "Nuestro servicio de intérpretes en el distrito centro se basa más que todo en hacer traducciones de documentos y cuestiones de este tipo para la relación con el Ayuntamiento de Madrid y actualmente sigue funcionando de manera telemática" (Franco, 2020). La redacción publicada en La Vanguardia, *Intérprete de línea de emergencias: somos la voz del médico para extranjeros*, introduce un intérprete que se llama Gabriel Cabrera. Cabrea explica que, de momento, la interpretación telefónica solo es usada por la COVID-19: "A principios de febrero hubo una avalancha de llamadas, no dormíamos, muchos de ellos eran ingleses que viven temporadas en España que tenían tos, fiebre o que querían información" (Rodrigo, 2020).

En otro artículo publicado se habla de la instalación de nuevos sistemas telefónicos para los servicios de interpretación en Madrid para atender al elevado número de pacientes que no hablan español. En una entrevista con NPR, la intérprete Jesenia Pelayo habla de sus sentimientos por ser la última persona en hablar con el paciente antes de que falleciera, debido al estricto aislamiento que existe en los hospitales:

> Hubo un incidente particular en el que este hombre entró. Y estaba muy enfermo. Su oxígeno estaba cayendo. Y nunca olvidaré la mirada en su cara y sus ojos. Sabía que esto era malo. Terminó siendo intubado y falleció. Y es muy triste porque fui la última persona que habló con él antes de la intubación. Así que no puedo imaginarme lo que fue para él no poder hablar con un miembro de la familia. Pero sé que en cierto modo, en cierto sentido, se alegró de que alguien más en la habitación hablase su idioma. (Fadel, 2020)

Historias como estas arrojan luz sobre la gravedad de la situación causada por la pandemia mundial. La necesidad de intérpretes como profesionales, así como la de los pacientes está en su punto más alto debido al virus. La pandemia mundial provocó aún más la necesidad de comprender por qué el servicio de un intérprete no se utiliza de manera regular entre los extranjeros que viven en el extranjero. Se investigó el uso de intérpretes médicos tanto en los Estados Unidos como en España y se analizó la forma en que se utilizaba el sistema para capacitar y poner en práctica el uso del servicio de un intérprete.

Este estudio utiliza la investigación cuantitativa para analizar con la intención de entender los procesos de pensamiento y el comportamiento de los extranjeros cuando asisten a las citas médicas. Sirve como un análisis general de la pregunta, ¿por qué los extranjeros no utilizan el servicio de un intérprete para las citas médicas? El estudio cuestiona la accesibilidad de los servicios, la confianza de los participantes con respecto a las barreras del idioma y la cultura, y los temores generales de asistir a las citas médicas. La investigadora estudió los antecedentes del servicio de un intérprete en los servicios públicos con el fin de crear una encuesta para recoger datos sobre las opiniones y experiencias de los extranjeros que viven o han vivido en España. La investigadora creó y administró entonces una encuesta para que los extranjeros pudieran expresar sus opiniones e ideas sobre el sistema médico en su conjunto y el servicio de un intérprete. Esta

investigación no tiene una hipótesis basada en datos, sino que busca responder a una pregunta importante con datos relevantes. La investigadora basó el formato de la encuesta en otras revistas académicas y artículos de investigación. Cada pregunta fue cuidadosamente pensada y sirvió como una forma para que la investigadora comprendiera realmente el pensamiento detrás del comportamiento de los participantes. Este estudio cuantitativo busca dar una idea del sistema de intérpretes en los servicios públicos y ayudar a concienciar sobre el problema de los intérpretes de los servicios públicos en el sistema de salud: la falta de conciencia.

5. Theoretical Framework

This section is an overview of public service interpreting as a profession, specifically in the medical field, in the United States and in Spain. The evolution of the profession further proves its necessity, while simultaneously proving the lack of awareness of the field as a profession and as an available service. The Merriam-Webster Dictionary definition of an interpreter is, "one who translates orally for parties conversing in different languages" (Merriam-Webster, 2020). To orally translate, or interpret, bridges the gap of communication that can be caused by language barriers. Translation is the written act, whereas interpretation is verbal. The two are often mistaken as the same, even though their professional training can be separated and they are different professions. Although interpreting as a profession is still evolving, the art of interpreting itself is nothing new. Franz Pöchhacker states: "Interpreting is an ancient human practice which clearly predates the invention of writing—and (written) translation. In many Indo-European languages, the concept of interpreting is expressed by words whose etymology is largely autonomous from that of (written) translation" (2004: 15). Fostering communication via interpretation is incredibly important in the dynamic world in which we live. However, it is not only used in the medical field, instead in various public fields and is better known as community interpreting or public service interpreting. Countries where interpreting as a service is more developed—such as the United States, the United Kingdom, and Australia—use the term community interpreting and the European Union recognizes it as public service interpreting (PSI). Bancroft and Rubio-Fitzpatrick (2009: vi), further define what is included in community interpreting, "Interpreting that takes place in any community setting, with a particular focus on governing and nonprofit community services, particularly [in] healthcare, education and human and social services". The European Commission (Hale 2011: 343) states that: "It [PSI] is carried out in the context of the public services, where service users do not speak the majority language of the country. It was in 1995 that the world came together to share experiences, debate concepts, and establish a hybrid international network of PSI practitioners, educators, and researchers." Although it was not until 1995 that, as quoted by the European Commission, 'the world came together', it still served as a step in the right direction of breaking language barriers in public services. The European Commission continues: "Research in the field of PSI is still developing", and the development thus far in the United States and in Spain will be further analyzed.

In the United States of America, English is considered the dominant language, but the United States is also known for its reputation as a "melting pot", which brings in new cultures and different languages. According to the United States Census Bureau 2019-2013 census survey, over 231 million speakers from the U.S. population speak only English at home. Over 25 million speakers over the age of five are Limited English Proficiency (LEP) individuals. Over 60 million individuals speak a different language at home, with Spanish as the spoken language in more than 50% of their homes. In Table 1 titled, "Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for the United States: 2009-2013" (Bureau: 2015) is published for the public on the United States Census Bureau's website as a downloadable PDF format. The survey was sent out to each of the 50 states, plus Washington D.C. and Puerto Rico. Although there is a high margin of error, it still shows the magnitude of linguistic diversity found in the United States alone.

Table 1. Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for United States: 2009-2013
Release Date: October 2015

	Number of speakers[1]	Margin of Error[2]	Speak English less than "Very Well"[1]	Margin of Error[2]
Population 5 years and over	**291,484,482**	**3,346**	**25,148,900**	**63,553**
Speak only English at home	**231,122,908**	**108,816**	**(X)**	**(X)**
Speak a language other than English at home	**60,361,574**	**107,227**	**25,148,900**	**63,553**
SPANISH AND SPANISH CREOLE	**37,458,624**	**64,494**	**16,344,473**	**40,610**
Spanish	37,458,470	64,494	16,344,440	40,610
Ladino	130	62	25	23

Table 1. Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for the United States: 2009-2013 (Bureau: 2015).

The United States Census Bureau has taken these varying percentages into consideration and is offering its 2020 Census Survey in English, as well as 12 additional languages, including Spanish and Chinese. Stating that over 99% of all United States households will be able to respond to the survey in the language they speak at home:

> About 13 million households (roughly 9%) will receive invitations in both English and Spanish. These bilingual invitations will go to all households in census tracts (areas with about 4,000 households) where 20% or more of the households primarily speak Spanish, according to American Community Survey data collected from 2013 to 2017. (Bureau: 2020)

The updated census further proves the advancements that the United States is making in regard to offering services for LEP individuals and English as a Second Language (ESL) learners. Although this may be an acknowledgment to the varying languages, the development of the service of a medical interpreter is still not as far along as it should be with numbers of LEP individuals in the country.

The legal framework surrounding language access in the United States in federally funded programs or activities dates back to the 1960s. The Department of Health and Human Services (HHS) enforces laws against discrimination on the basis of race, color, or national origin (including LEP) stating, “Title VI protects people of every race, color, or national origin from discrimination in programs and activities that receive federal financial assistance from HHS” (HHS, 2015). In the Civil Rights Act of 1964, it was not clearly indicated that this type of discrimination included LEP individuals. However, in 2013, Executive Order 13166, established the HHS Language Plan. The intention of this plan was to ensure LEP individuals have meaningful access to programs and activities: “If English is not your primary language and you have difficulty communicating effectively in English, you may need an interpreter or document translation…” and continues, “Title IV of the Civil Rights Act of 1964 require recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency” (HHS, 2019). This plan is still in effect today and continues to break down barriers for all Americans to receive quality healthcare.

The executive order placed in 2013 was not the first step taken to improve healthcare for LEP individuals. The National Council on Interpreting in Health Care (NCIHC) set out on a

mission to not only improve, but also promote language access in healthcare. The NCIHC began with individuals from Boston, Minneapolis, Stanford, and Seattle, who were working individually on a local level, but would be in contact with one another sporadically. "By 1994, there was a growing desire among leaders of these programs to establish closer ties with others in the field of medical and social service interpreting, with the goal of establishing a national dialogue around issues of role, standards, training, and certification" (NCIHC, 2004). In 1994, the NCIHC held their first two-day conference to meet several goals including: clarifying the issues involved in the improvement of community interpreting services in healthcare; sharing experiences and approaches of interpreters; laying the foundation of national standards of practice; and set a date for a national debate around issues in medical interpretation. This conference was the first of many to come and its participants left with only one clear argument: "the need to continue the dialogue in a formal way and to continue to work together" (NCIHC 2004). The NCIHC held annual meetings from 1994 to 2000, excluding 1996 due to an issue with funding. In 2000, they created by-laws, a brochure, an annotated bibliography of their medical interpreting research, and officially became a legal organization. "Clearly, the NCIHC was poised to become a national force in shaping of policy and practice, both within and outside of the medical interpreting profession." Today, they have "...grown from a small informal working group to an established national organization that provides multidisciplinary leadership to an emerging field and a united voice on behalf of language access in healthcare" (NCIHC, 2004). It took the NCIHC over six years to make a difference and begin to be heard. It is only through the hard work of incredibly dedicated individuals, together with the support of private and public institutions, that the NCIHC has given a voice to those who may not be able to use their own due to a language barrier.

The NCIHC continues to protect those in the community interpreting profession, while simultaneously keeping their mission to ensure better healthcare for LEP individuals. They recently co-signed and stated their support of an "Open Letter on Ensuring Healthcare Interpreters' Safety during the COVID-19 Pandemic", published by the Certification Commission for Healthcare Interpreters. The letter states that the undersigned representatives "...are deeply concerned about the safety of healthcare interpreters, language access services for patients with limited English proficiency (LEP) and their families, and safety of *all* healthcare workers during this pandemic" and further suggest doing so with remote options, "We recommend all hospitals, health systems, clinics, and healthcare providers deploy Remote Interpreting (RI) for most of their interactions with LEP patients and their families, as the primary modality for delivery of language access services in the time of this pandemic" (Hogan et al., 2020). The need for interpreters in healthcare is acknowledged in the United States, more so now than ever due to the global pandemic caused by the coronavirus. According to a recently published article by TIME, the University of Louisville Hospital is trying to reestablish remote services to keep up with the need, but cannot transition quickly enough to do so. Many LEP patients are not capable of communicating in their last moments as there is not an interpreter available:

> It's a dilemma gripping hospitals across the country that, in order to receive federal assistance, must make their services available to the 65 million Americans who speak limited English. But as healthcare systems become overwhelmed with cases of COVID-19 and states implement stay at home orders, more than a dozen medical interpretation professionals who spoke to TIME from New York City, Boston, San Francisco, Minnesota, Kentucky, Wisconsin, Ohio, and Idaho say their industry is being upended during the pandemic. Unemployment is increasing while hospitals attempt to quickly

> adapt to remote interpreting services. And they say that could have a negative impact on patient care, particularly as the pandemic has disproportionately affected minority communities that require interpretation in many cities across the country. (Aguilera, 2020)

Remote services have begun to see an increase in interpreters and that in the sudden switch, the availability of face-to-face interpreting services may decrease. If the hospitals were not previously prepared for language services, they may not be prepared to serve the patients that are rapidly coming in. The pandemic has caused many hospitals to scramble in order to best serve their patients and brings forth the need for interpers in an eye-opening manner.

Some hospitals in the United States have advanced services and are utilizing their resources to reach LEP individuals. Spectrum Health in Grand Rapids, Michigan announced its updates on April 13, 2020: "Spectrum Health today announced it has updated its website to include a web page in Spanish with downloadable materials to help prevent the spread of COVID-19" continuing, "Free interpreting and translation services are offered to Spectrum Health patients for their healthcare needs" (Hawkins, 2020). The interpreting services provided are face-to-face as well as remote.

The hard work and dedication to LEP individuals in the United States began with Title VI of The Civil Rights Act of 1964. Although, at the time it did not explicitly state that this included LEP patients, the Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" provided the foundation for the improvement of oral interpretation and written translation. The issue still, however, is the lack of use of technology in today's interpreting services. Especially in the global pandemic, the rush to find remote services could have been avoided had steps been taken to incorporate interpreters into the telemedicine that hospitals are using to see their patients at a distance, specifically during times of COVID-19. Face-to-face interpreting may be difficult to schedule in times of such high demand, such as now, whereas Video Remote Interpretation (VRI) most closely resembles face-to-face and provides a quick solution to the possibility of a scheduling issue. This is not to say that all hospitals are behind in the aspect of remote services or interpreting services in general, but lack of the use of the available resources is part of a communication problem. The service of an interpreter in the United States seems much more accessible at surface level than other European countries, specifically Spain.

In Spain, the development of Public Service Interpreting (PSI) is moving a bit slower as a process, although the training is showing advances. The European Union acknowledges that the PSI market has been on the rise, especially since there has been a significant increase in the number of foreigners and students. According to the *Instituto Nacional de Estadística* [English: National Statistics Institute], the resident population as of January 1, 2020 is 47,329,981. As displayed in Table 3, titled "Resident Population in Spain", 5,235,375 individuals are foreigners. The graph on the right-hand side of Table 3 indicates the steady increase in the foreign population since 2017 (INE, 2020).

Población residente en España

		Valor	Variación semestral
Población total	1	47.329.981	0,48
Hombres	1	23.197.625	0,46
Mujeres	1	24.132.356	0,50
Extranjeros	1	5.235.375	4,18

La suma de los datos desagregados puede diferir del total debido al redondeo
1. Datos de 1 de enero de 2020 (Provisional)

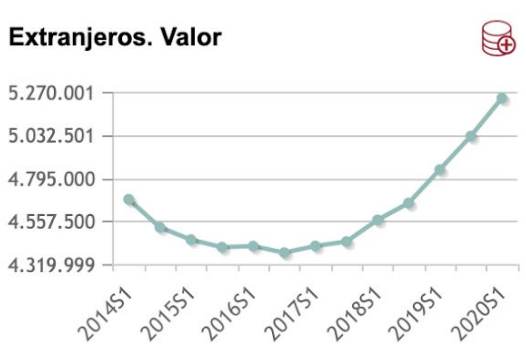

Table 2. Resident Population in Spain (INE: 2020).

The steady increase in foreigners is further displayed when looking into the more specific statistics offered in June of 2019 by the *Gobierno de España* [English: Government of Spain]. These statistics state that the number of foreigners who hold a valid registration certificate or residency card as of June 6, 2019 in Spain is 5,535,079 (Ministerio de Inclusión, 2019). This is an increase of 299,704 foreigners from June, 2019 to January, 2020. The statistics are displayed in two different categories: General Group and European Union Right to Free Movement Group. The General Group includes third-country nationals which the European Commission defines as, "Any person who is not a citizen of the European Union within the meaning of Art. 20(1) of TFEW and who is not a person enjoying the European Union right to free movement…" (European Commission, 2016). The European Union Right to Free Movement Group includes European Union nationals and their registered partner or spouse, and other immediate family members (Ministerio de Inclusión, 2019). Table 3, literally translated to be titled, "Foreigners with a valid registration certificate or residence card from 30-06-2019 and 30-06-2018", shows the increase in the foreigner population in exactly one year (Gobierno de España, 2019). The amount of European Union right to free movement individuals shows a 157,383 person increase and the General Group increased by only 45,922 people.

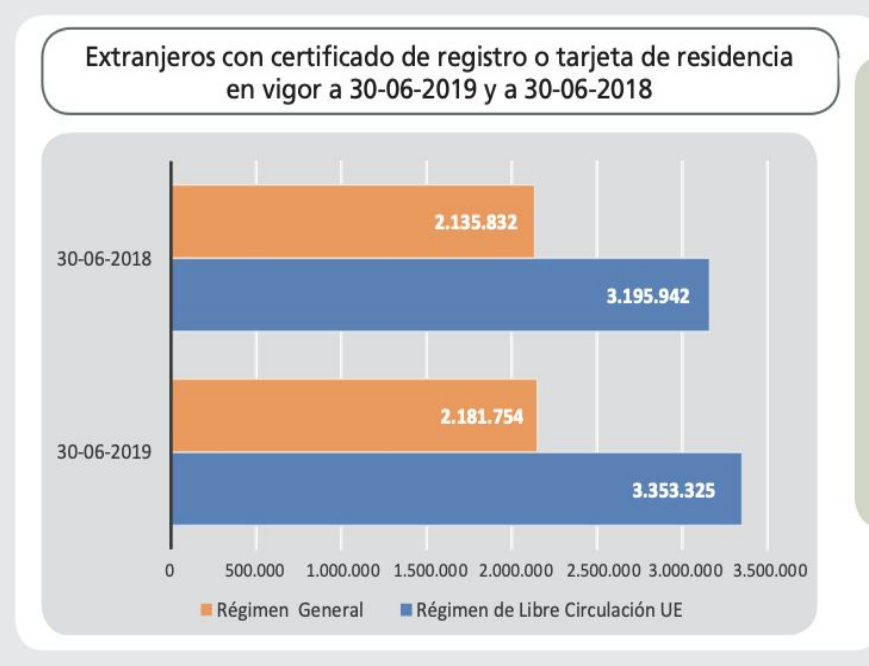

Table 3. Foreigners with a valid registration certificate or residence card from 30-06-2019 and 30-06-2018 (Gobierno de España: 2019).

Sixty-three percent of the foreigner population is spread out over Cataluña, Madrid, Andalucía, and Valencia. With residents more commonly in Cataluña and Madrid as shown by Table 4, literally translated to, "Foreigners with a valid registration certificate or residence card on 30-06-2019 according to the legal system and autonomous community of residence" (Gobierno de España, 2019).

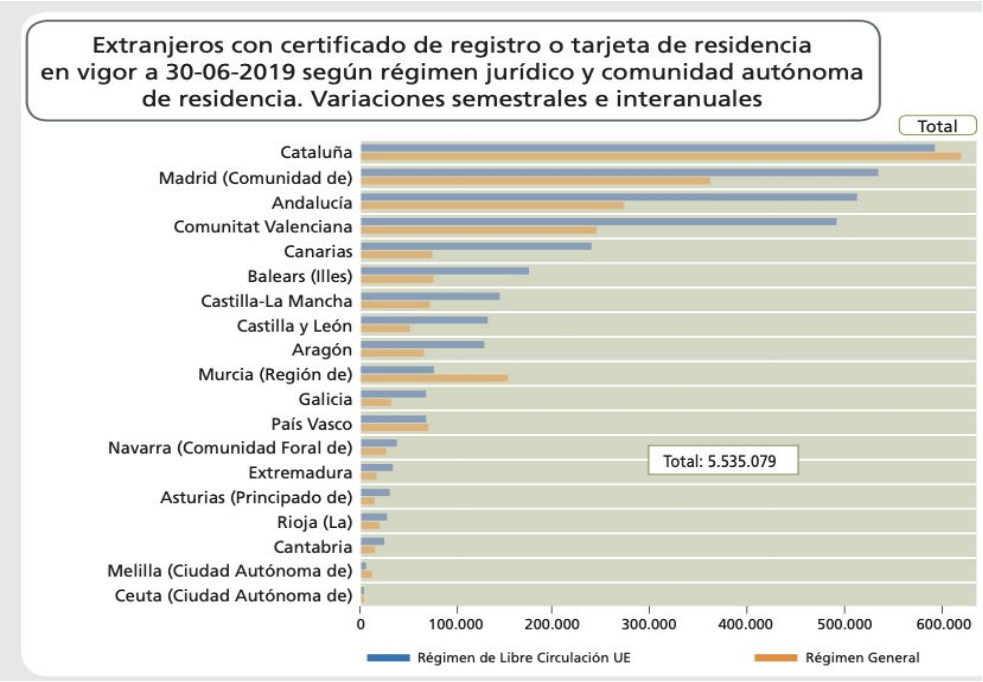

Table 4. Foreigners with a valid registration certificate or residence card on 30-06-2019 according to the legal system and autonomous community of residence (Gobierno de España: 2019).

Madrid and Barcelona have the most foreigners with roughly 825,000 forigen residents, respectively, as seen in Table 5, literally translated to be titled, "Provincial distribution of foreigners with a valid registration certificate or residence card on 30-06-2019. Percentages" (Gobierno de España, 2019).

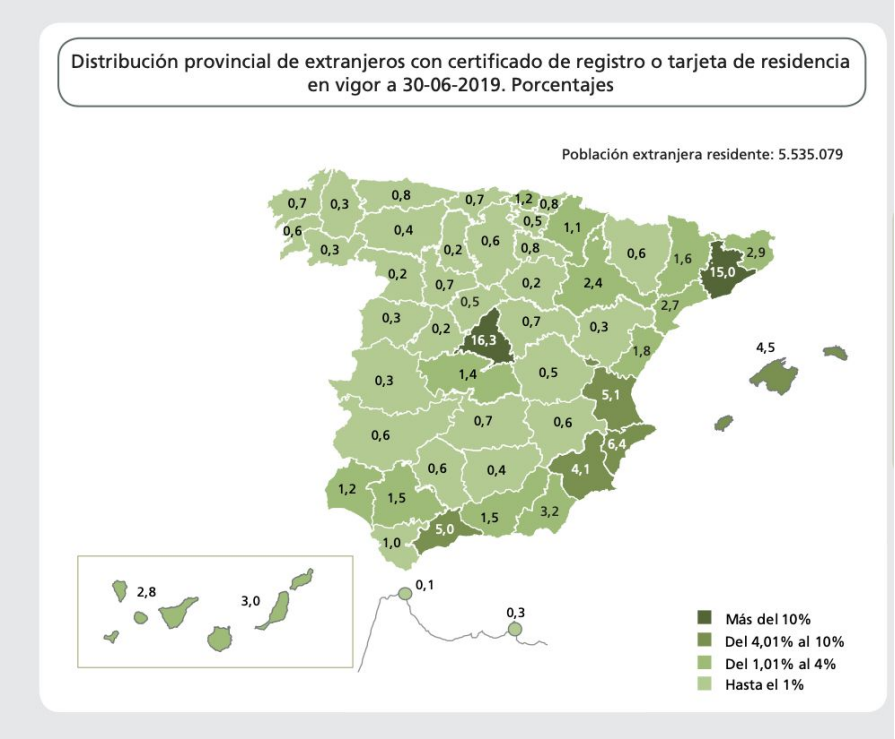

Table 5. Provincial distribution of foreigners with a valid registration certificate or residence card on 30-06-2019. Percentages (Gobierno de España: 2019).

The statistics further show that the foreigner population has seen a significant increase since 2014 and will continue to grow. The statistics included: nationals of the membering states of the European Union, the European Economic Area, and the Swiss Confederation and their family members; Third-country nationals whose family members are European Union nationals who qualify under the European Union right to free movement; and those who are issued a card as a family member of a citizen of the European Union; and Third-country nationals with a valid residency card. The study did not include foreigners who: were in Spain on a one-year visa; were in Spain to study, do a foreign exchange program, or an internship; asylum seekers; foreigners with double nationality, if one of those is Spanish; European Union members who did not apply as a foreigner; or foreigners whose residency paperwork is expired and in the process of renewal (Ministerio de Inclusión, 2019). The *Gobierno de España* [English: Government of Spain] also provided a downloadable Excel document in which the *Ministerio de Inclusión, Seguridad Social*

y Migraciones [English: the Ministry of Inclusion, Social Security, and Migration] granted access to the number of foreigners with valid study permits as of December 31, 2019. As displayed in Table 6, literally translated to be titled, "Foreigners with valid study permits according to gender, nationality, application type, and application authorization. 31-12-2019", there are a total of 59,275 registered foreigners living in Spain. For the purpose of the research being conducted in this study, the number of foreigners from the United States as of December 31, 2019 was 6,754. Of those 6,754 United States Nationals, 182 of them were in Spain on a family granted visa. The native tongue in the majority of the countries represented in Table 6 is not Spanish. This carries significance as it is possible that these foreigners would suffer from a language barrier while living in Spain. It cannot be assumed that these foreigners do not speak Spanish, however, it can be assumed that not all of them do speak Spanish fluently (Gobierno de España, 2019).

6. Extranjeros con autorización de estancia por estudios en vigor según sexo, nacionalidad, tipo de solicitante y tipo de autorización. 31-12-2019

Índice

	Total	Inicial	Renovación	Estudiante			Familiar		
				Total	Inicial	Renovación	Total	Inicial	Renovación
Ambos sexos									
Total	59,275	37,266	22,009	57,043	36,026	21,017	2,232	1,240	992
Resto de Europa	**3,412**	**1,922**	**1,490**	**3,270**	**1,871**	**1,399**	**142**	**51**	**91**
Albania	100	66	34	97	63	34	3	3	0
Andorra	65	56	9	65	56	9	0	0	0
Bielorrusia	107	59	48	103	57	46	4	2	2
Macedonia	23	15	8	23	15	8	0	0	0
Rusia	1,653	861	792	1,568	832	736	85	29	56
Serbia	106	80	26	102	76	26	4	4	0
Turquía	594	413	181	581	404	177	13	9	4
Ucrania	706	332	374	673	328	345	33	4	29
Otros Resto de Europa	58	40	18	58	40	18	0	0	0
África	**5,763**	**3,184**	**2,579**	**5,657**	**3,157**	**2,500**	**106**	**27**	**79**
Angola	66	28	38	61	28	33	5	0	5
Argelia	455	264	191	435	258	177	20	6	14
Camerún	120	65	55	120	65	55	0	0	0
Costa de Marfil	42	16	26	42	16	26	0	0	0
Egipto	421	245	176	398	238	160	23	7	16
Ghana	83	51	32	83	51	32	0	0	0
Guinea Ecuatorial	686	258	428	686	258	428	0	0	0
Kenia	89	62	27	89	62	27	0	0	0
Libia	130	42	88	101	35	66	29	7	22
Marruecos	2,664	1,598	1,066	2,652	1,596	1,056	12	2	10
Nigeria	96	55	41	95	55	40	1	0	1
Rep. Dem. del Congo	51	13	38	51	13	38	0	0	0
Senegal	68	29	39	67	29	38	1	0	1
Sudáfrica	123	83	40	120	80	40	3	3	0
Túnez	224	134	90	218	134	84	6	0	6
Otros África	445	241	204	439	239	200	6	2	4
América del Norte	**10,057**	**7,171**	**2,886**	**9,743**	**6,970**	**2,773**	**314**	**201**	**113**
Canadá	449	332	117	439	322	117	10	10	0
Estados Unidos	6,754	4,857	1,897	6,572	4,727	1,845	182	130	52
México	2,854	1,982	872	2,732	1,921	811	122	61	61

Table 6. Foreigners with valid study permits according to gender, nationality, application type, and application authorization. 31-12-2019 (Gobierno de España: 2019).

The level of Spanish as a foreign language in Spain, and in the world as a whole, is also increasing. According to the worldwide non-profit organization, *Institutio Cervantes*—created in Spain in 1991—a total of 580 million people in the world speak Spanish. In the 2019 report, *El Español: Una Lengua Viva* [English: Yearbook of Spanish in the world 2019], author David Fernández Vítores offers an "updated and very reliable census of Spanish speakers…" (Fernández Vítores, 2019). His study shows that 7.6% of the world's population speaks Spanish and 483 million are native Spanish speakers. More important to this study, however, is that "a total of 21,882,448 students study Spanish as a foreign language, (67,000 more than last year), according

to data recorded in 110 countries and at all levels of education" (Fernández Vítores, 2019). The high number of students who are learning Spanish as a foreign language is further evidenced by the examination results of the *Diplomas de Español como Lengua Extranjera* [English: Diplomas of Spanish as a Foreign Language] or DELE. The DELE is awarded to participants who have passed a standardized exam accrediting their degree of competence and mastery of the language. The DELE was created by Instituto Cervantes and awarded on behalf of Spanish Ministry of Education and Vocational Training. The DELE is separated into six different exams: A1; A2; B1; B2; C1; C2, each with their own scoring requirements and levels of proficiency—A1: Beginner and C2: Mastery. In June of 2020, 3,308 candidates took the standardized exam and 3,034 passed—generating the highest percentage of the year with 98.22% (Instituto Cervantes, 2020). Although this is an excellent percentage of passing candidates, the Instituto Cervantes does not list which exam was taken. It is difficult to range the average level of spoken Spanish in the foreigner population. The DELE is an official diploma that candidates frequently seek to receive as a requirement for studies or work; therefore, lowering the accuracy of the statistic as a whole. When taking into consideration the migrant population whose native language is not Spanish, the demand for trained interpreters becomes relevant once again.

Public Service Interpreting serves to be a necessity according to the Directorate-General for Interpretation, especially in relation to the increasing number of foreigners. The Directorate-General for Interpretation is defined as, "the Commission's interpreting service and conference organizer. It allocates meeting rooms and provides support for the smooth running of multilingual meetings" (Directorate-General for Communication, 2019). Acknowledging the need for not only interpreters, but well-trained interpreters, The Directorate-General for Interpretation, otherwise known as DG Interpretation "places the focus on PSI within this migratory setting. Demand has grown, yet to date PSI is essentially a non-regulated profession that lacks uniform standards when it comes to quality, training, ethics, remuneration, or a shared definition" and further states, "To overcome the shortage of trained PSI interpreters, more education centres and universities have started to develop specialised interpreting courses. Some of these establishments have turned to DG Interpretation for support in standard setting and development of a curriculum" (PEARSON, 2018). The introduction of translation and interpreting programs in Spanish universities was over three decades ago, although professionals have still not been recognized as such and interpreting as a profession in Spain still has a long way to go: "...without such recognition by society and institutions, PSIT will not progress and dedicated professionals will not be able to achieve their full potential" (Díaz, 2015). Díaz continues:

> Some professionals, such as conference interpreters, have achieved positive social prestige, whereas other areas, such as the public and/or social component of this profession, have not reached the same status. This has been noted to occur more often in Spain than in other European countries. (Díaz, 2015)

If public service interpreters are not receiving recognition, it is understandable that the service of a medical interpreter is not being utilized among foreigners.

The lack of recognition in public service interpreting may be a result of the lack of definition of the practice as a whole. It stretches over a wide range of services, and reveals the lack of agreement regarding the delimitation of its field of action (Ruiz Mezcua, 2010). Due to minimal recognition, patients seeking medical attention often resort to the quick and easy way to break the language barrier—having friends and family members who know the two working languages do the interpreting for them. This could potentially carry risk for both the patient and

the family member or friend who is not trained to medically interpret. Researcher, Dora Sales Salvador, believes that the situation could be summed up by looking at the growing demand for interpretation next to the lack of adequate training, professional quality control, a compulsory code of ethics, and decent remuneration and working conditions. However, the only way to gain the aforementioned is through support and recognition from local and national administration (Sales Salvador, 2014). The path towards recognition and university training of public service interpreting began as more of a ripple effect starting in 1990. One of the major movements was in 1999 when The Universidad of Granada introduced a doctoral course on public service interpreting, however, the Universidad of Alcalá de Henares has truly, and continues to pioneer rigorous training and research to make a difference. Carmen Valero Garcés formed the *Grupo de Formación e Investigación en Traducción e Interpretación en los Servicios Públicos (FITISPos)* [English: Training and Research in Public Service Translation and Interpreting], and in February of 2002, organized the first conference on translation and interpretation in the public services in Spain (Sales Salvador, 2014). The group is dedicated not only to training translators and interpreters in working in public services, but also investigating the quality of communication within those public services environments in order to conduct an in depth analysis of the language barriers and provide achievable solutions. The group began to function fully in 1996 and has had various collaborating members. One of the group's successes was the formation of a training program for translation and interpretation in public services in the form of a Master's Degree in 2000, *Master en Comunicación Intercultural y Traducción e Interpretación en los Servicios Públicos* [English: Master in Intercultural Communication and Translation and Interpretation in Public Services], which added several language pairs in the 2005-2006 academic school year. In April of 2005, FITISPos hosted the second international conference in Spain, titled, *II Congreso Internacional sobre Traducción e Interpretación en los Servicios Públicos: Traducción como Mediación entre Lenguas y Culturas* [English: II International Conference on Translation and Interpretation in Public Services: Translation as Mediation between Languages and Cultures] (Valero & Taibi, 2006). These conferences played a big part in the intention to define the role of the interpreter. In the book, *Crossing Borders in Community Interpreting: Definitions and dilemmas*—compiled as a result of the second international conference and edited by Carmen Valero Garcés and Anne Martin—Valero and Martin state, "Catalyzed by the Critical Link conferences which began in 1995, there has been an exponential increase in studies of various types [of public services], ranging from the *status quaestionis* of countries where community interpreting in situated interaction" and that, "one of the many events that took place during the conference was the presentation of the Comunica Group: a permanent observatory on community interpreting needs and response to those needs in Spain" (Valero Garcés & Martin, 2008). The compilation of books answering questions about what the role of the interpreter is and the constant discussion of how to improve community interpreters is a large step for the service, however, there are still issues behind the recognition of the profession and the high demand of its use:

> Response to changes and new needs provoked by migratory flows has come in different forms and at a different pace depending on the country concerned and the social, historic and cultural factors involved, such as its language and immigration policy. In many countries, guidelines or models (however limited they may be) do not even exist, as community interpreting is not a recognised activity or such recognition is in a very incipient phase. It just 'happens' spontaneously. In these cases, this kind of interpreting is

> undertaken by volunteers or family members who have no professional training and are not aware of the need for it. [...] There is a total lack of recognition of interpreting as a complex cognitive activity with a distinct professional profile and the need for specific training. (Valero Garcés & Martin, 2008)

The previously discussed inflex of the foreigner community in Spain has promoted action to be taken in regard to training and defining roles. More universities are building programs to suit the training needs of public service translation and interpretation, and more conferences are being held to promote awareness of the profession. The training of interpreters is incredibly important, especially when it comes to building recognition, trust, and a standardized code of ethics; however, it is not the most important part of this study. Medical interpreting in Spain is in its evolution and there are different groups in place in order to help raise awareness. The "International Medical Interpreters Association (IMIA) - Spain Chapter" is:

> ...an active body fighting for the recognition of the profession. It is a group of researchers from the different regions of Spain. It's main purpose is to become a Permanent Observatory on Cross-language Communication in Spain, with a focus on public service interpreting and translation, and providing a critical and committed approach. (Navaza, 2020)

This group is striving to lead the advancement of interpreters as a profession in the medical field. The post articles and informational texts to bring further awareness to the profession and believe that, "by sharing knowledge, we create a supportive environment" (Navaza, 2020). Building a community of interpreters and an awareness of the field and the services as a whole should be the next point of focus for groups such as FITISPos, the Spain Chapter of IMIA, and in public services communities in order to validate the conferences, research, and effort put in by the varying groups

The stepping stones for the training and research for public service interpreting are guiding future interpreters towards being strong advocates for their clients, as well as themselves as professionals. Similar to the protection of LEP residents in the United States, there are laws which protect non-native Spanish speakers who are residents in Spain. Unfortunately, the laws on the right to have an interpreter provided during hospital visits are not as clearly stated and it is difficult to find laws on healthcare rights and protections. The *Gobierno de España Ministerio de Asuntos Exteriores, Unión Europea y Cooperación* [English: the Spanish Government Ministry of Foreign Affairs and Cooperation] displays a list of services offered to residents and foreigners. Stated on the list is the right to *traductores/as o intépretes jurados/as* [English: Sworn in translators or interpreters] (Gobierno de España, 2016). Foreigners are not made aware of their rights to a public service interpreter, and may be hard pressed to find information on such protections. It should also be noted that they may not be made aware of their rights because it is a possibility that the public service institutions are not fully aware of how to use the service of interpreters. In order to further understand the rights of foreigners, it is important to begin the search in the foundation. In the *Constitución española de 1978* [English: The Spanish Constitution of 1978], the rights and fundamental duties of Spanish citizens are layed out. Under *Título 1. De los derechos y deberes fundamentales. Capítulo primero. De los españoles y los extranjeros. Artículo 13* [English: Title 1. Fundamental Rights and Duties. Chapter one. Of the Spanish and the foreigners], it discusses the rights foreigners living in Spain obtain. When translated it states, "Foreigners in Spain shall enjoy the public liberties guaranteed by this Title and the terms established by the treaties and the law". To further understand what those terms are,

it is important to look at the preliminary title: *Título preliminar. Artículo 9. Número 2* [English: Preliminary Title. Article 9. Number 2.]. This Title states the rights written for Spanish citizens:

> It is the responsibility of the public authorities to promote the conditions for the freedom and equality of the individual and of the groups into which he or she is integrated to be real and effective; to remove the obstacles that prevent or hinder their fullness and to facilitate the participation of all citizens in political, economic, cultural, and social life. (Constitución española, 2003)

Can it be deduced that an obstacle that may prevent or hinder their fullness when participating in those activities could be a language barrier? If foreigners are granted the rights of the terms established by law, then they should be granted the right to fully understand the language being spoken to them when participating in any of the public activities listed. Although it is not necessarily what was considered to be one of the rights when writing the constitution in 1978, similarly to the aforementioned American Civil Rights Act, there are varying ways to interpret what is being covered under the fundamental rights. The *Agencia Estatal Boletín Oficial del Estado (BOE)* [English: State Agency Official State Gazette] posted an amendment of the constitutional mandate of the previously quoted Article 13. The amendment, when translated, states, "...as a general interpretative criterion, all foreigners shall be deemed to exercise the rights recognized to them under this Act on an equal footing with Spaniards" (BOE, 2000). This provision was put into place on December 23, 2000 and gives further reason to believe that if foreigners are deemed these rights on equal footing, then that includes the right to understand and not be presented with a language barrier. If an interpreter is not provided to a foreign patient who does not understand Spanish fully, then the treatment cannot be deemed as equal. As Spain forms part of the European Union, it is also important to investigate the fundamental rights laid out by the European Union itself. The Official Journal of the European Union provides the Charter of Fundamental Rights of the European Union in an online pdf form. In Title 1, Article 3: Right to the integrity of the person, number two states, "In the fields of medicine and biology, the following must be respected in particular: (a) the free and informed consent of the person concerned, according to the procedures laid down by law" (Official Journal of the European Union, 2012). Although it may be considered a stretch, informed consent should also be considered consent that is fully understood and agreed upon. Therefore, the service of an interpreter should be provided for residents of the European Union who are visiting the doctor or the hospital in a language other than their native tongue. The *Gobierno de España* has laid out their goals for 2030 in a document on their website titled, *Plan de calidad para el Sistema Nacional de Salud* [English: Quality Plan for the National Health System]. Their fourth strategy is to analyze the healthcare policies and propose actions to reduce inequities, further stating to: "Generate and disseminate knowledge about health inequalities and stimulate good practices in promoting equity in health care and in reducing health inequalities, thus improving care for the most disadvantaged groups and at risk of exclusion" (Gobierno de España, 2019). This strategy to improve healthcare policies is mainly set towards discrimination against sex and race; however, it does not make sense why language would be omitted from a list of possible grounds of discrimination. The European Union has made an attempt to improve healthcare and fight discrimination, but its laws and provisions lack clarity in the fact if their directive takes language into consideration.

Although the laws for the service of an interpreter may be vague, there are ways to understand the attempt to provide the service in Spain. The translation company, *Lexgo Translations*, has a blog page explaining medical interpreting for foreigners. The article states:

> Although we [Spain] do not have a law that includes the includes the right to a medical-healthcare interpreter, it is implicitly contained in Organic Law 8/2000: 'foreigners who are in Spain and registered in the census of the municipality where they have their habitual residence have the right to healthcare under the same conditions as Spaniards.' Therefore, if we are faced with the fact that a foreigner does not speak Spanish, they would not be in the same conditions and, therefore, has a deep need for a cultural mediator. (LexGo Translations, 2019)

This further acknowledges that there is a problem in the healthcare system in regard to language barriers with foreigners. It is something that has been studied and researched before, and seems to be a common topic of research today. The main issue is finding a solution. There are, however, exceptions to the common problem that is the offering of the service of the interpreter.

Hospitals across Spain offer the service of an interpreter, and do so in a visible manner. According to a tourist website in Andalucia, *andalucia.com*, in early 2007, "the Andalucia Regional Health services began to offer a special interpreter service via mobile telephone. The service works by providing administrative staff and doctors with mobile telephones that connect them with a call center staffed by interpreters." The website proceeds to explain that English is available 24 hours a day and that the service is offered in a total of 32 languages. The website provides a list of each province and the name of the hospital or hospitals in which the service is offered. There are 13 hospitals listed and two communities with "Heath Centers throughout the district" (2020). Although phone interpreting may not be the first choice for many patients, as it may come with a stigma of lack of understanding or as a 'quick-fix' method, it is a positive way to introduce the service of an interpreter in the healthcare system and to the patients who need the language assistance in their medical visit.

The autonomous community of Madrid, which as previously mentioned has many foreign residents, offers the service of an interpreter in their public system according to the government website, *comunidad.madrid*. On this website, under the personalized services section found in the health section of the services and information page, a *Teletraducción* [English: Tele-translation] heading can be found. The website, when translated, states: "The Madrid Health Service has a free language mediation and interpretation service in the care centers of the Public Health System of the Community of Madrid" (2016). To further define and explain the tele-translation service, the website, when translated, states:

> Since July 2009, all hospitals, primary care and specialized care emergency services, rural care services, mental health services, and mobile units of the medical emergency service of Madrid—SUMMA 112 belonging to the Public Health System of the Community of Madrid, have the Service of Mediation and Interpretation of Languages through mobile phones. The operation is very simple. The healthcare professional only has to make one call to establish communication with the call center, where a team of professional interpreters carry out the tele-translation of the conversation between the professional and the patient, in real time. The service has meant an important improvement in the quality of healthcare provided to foreign citizens residing in the Community of Madrid, contributing to the elimination of linguistic and cultural barriers. The service allows translation in more than 50 languages, 24 hours a day, 365 days a year. (Comunidad de Madrid, 2016)

This website serves as one of the clearest sources for the offered service. It also connects to a link titled, *Cartel de Teletraducción en centros sanitarios* [English: Teletranslation poster in health centers], which displays the image represented in Table 7 below.

Table 7. Tele-translation poster in health centers (Comunidad de Madrid: 2016).

The image is eye-catching and calls attention with the variety of languages. 'Telephone translation service. Request the service' may not be the most reassuring translation, but it at leasts provides assurance to the patient to know that they are able to enter into the office and ask for the telephone service displayed on the bulletin in the health center, or the service the patient found online when researching their future appointment options. This publication as a whole is incredibly important as it offers the non-native speaking foreigner the option of comfort that comes with the ability to communicate in their native tongue. However, the issue at hand for the service itself, and the ground that the FITISPos continues to cover, is that the service is communicated as a translation service, instead of what it truly is—interpretation. This is a bit of a hindrance as it further displays the lack of awareness of the profession as it cannot differentiate between the two separate services. To be clear, translation is the written form of the service and interpretation is spoken. This setback seems small, however, when looking at the bigger picture of the lack of awareness, and what seems to be a common mistake among those who have never

studied the profession or the differences, it further buries the importance of the acknowledgement of the profession. Although it may be incorrectly written, the fact of the matter is, the Community of Madrid is displaying the service and showing their intention of accommodating foreign patients.

The Community of Madrid as a whole is acknowledging the communication barrier, and this is also shown in individual hospitals and hospital chains. The non-profit organization, *Salud Entre Culturas* [English: Health Across Cultures], was "...integrated by doctors from the Infectious Diseases Service of the Ramón y Caja University Hospital in Madrid…" and defines itself as, "...a multidisciplinary team that develops projects in the field of health promotion with native and immigrant populations all over Spain" (Salud entre Culturas, 2020). *Salud Entre Culturas* has an Intercultural Mediation program in which they, "...aim to enhance communication and the relationship between health professionals and immigrants, through the use of health as a tool for social integration" (Salud entre Culturas, 2020). The program strives towards the following objectives:

> To offer a service of quality, cultural, and linguistic relevance with a positive impact on society. To train a group of immigrants and health professionals in cultural competency and cultural diversity management. To inform immigrants residing in the Community of Madrid about the correct use of the Spanish health system. To train students in translation and interpretation skills in public services. (Salud entre Culturas, 2020)

Not only does the non-profit organization seek to educate immigrants, health professionals, and interpreters alike, it also advertises and provides the service of an interpreter. Their program, titled, The Service of Linguistic Interpretation and Intercultural Mediation (SIMI) in the Medical Practice, first began in 2006. The program claims to be, "...an innovative activity in the Community of Madrid, as the Ramón y Cajal University Hospital is the first hospital to have an intercultural and interlinguistic mediation service with interpreters and mediators who are professionals and specialists in the health field." They continue, "the need for this service is undeniable according to the Report of the Population of Foreign Origin in the Community of Madrid [...]. This means that the three main groups of immigrants are people whose native language is not Spanish" (Salud entre Culturas, 2020). The service is offered at no cost and is easy for patients to request. The patient must request the service 48 hours in advance via a Google Slides document, an email, or by calling the number offered on the website. This non-profit organization also offers internships to the students studying the Master in Intercultural Communication, Translation and Interpreting in the Public Services at the University of Alcalá in order to further prepare and educate the future public service interpreters. The Community of Madrid is taking progressive steps to better the services of interpreters in healthcare settings. *HM Hospitales* is a private hospital group with services in Madrid, Galicia, Castile and León, Castilla-La Mancha, and Cataluña. The hospital group has gone to great lengths for over 25 years to ensure the best service possible to their patients, including their international ones, making them an international benchmark: "...our patients receive a 27/7 fully international, personalized, and comprehensive service. Our international staff, speaking over 6 languages, will accompany the patient continuously, respecting their opinions and culture" (HMHospitales, 2020). HM Hospitales describe themselves as "patient oriented" and guarantee that the patient feels safe and confident in their appointments due to the international staff. *HM Hospitales* offer interpreters on-site and the hospital group is thorough in treatment plans with their patients who do not speak Spanish as a native language. The service of an interpreter is gaining more acknowledgment,

albeit much slower than would be preferred amongst professionals in the field, as well as patients who often struggle in healthcare appointments and have no idea there is a solution. The current situation of public service interpreters in Spain, especially in healthcare, is not ideal. According to *La Red de Intérpretes y Traductores de la Administración Pública (RITAP)* [English: The Public Administration Interpreters and Translators Network], as of 2012, there were estimated to be only around 100 interpreters in hospitals and health centers throughout Spain. RITAP believes, when translated, that:

> The reality is that today, despite the fact that various universities and entities of different types offer specialized training, the public health system does not have a stable structure of professionals, nor rational criteria on the requirements for access to the profession or the functions to be performed. (RITAP, 2012)

There are many professionals who are dedicating their time to further train and raise awareness of the service of interpreters in public service institutions. Their efforts have not gone without notice, and henceforth, significant steps are being taken to better the services in both the aspect of training and providing the service.

The United States and Spain alike have a long way to go in regard to their laws and clarity on healthcare interpretation as a provided service. The United States is ahead of Spain when it comes to accessibility of the service, but the process is progressing in both countries. The research completed for this study is research that has been previously studied and will continue to be studied for years to come. This section serves as an overview of public service interpreting and its evolution as a profession, while simultaneously proving the lack of awareness of the field as a profession, as well as an available service. The background of the service as a profession and as an accessible service provides the foundation for the analysis of why foreigners are not using the service when living abroad. While the origin of interpretation has been studied multiple times throughout Spain and the United States, it is important to review where the service of interpretation came from in order to further study why it is not being utilized fully in Spain. Interpreters are well-trained, and the service is a public service, therefore, we question how the language barrier can be broken in the healthcare network. This study will now serve as an analysis of the disconnect between the available service and the use of the offered service among foreigners. It will attempt to understand why the use of an interpreter in the healthcare setting is not as fully utilized as one might think given the high population of non-native Spanish speaking foreigners. In order to continue to break barriers, foreigners who need help communicating, interpreters themselves, and groups, such as FITISPos, are important voices in the community and in the definition of communication as a whole.

6. Metodología

La historia de los intérpretes, las leyes que rodean el servicio y la conciencia del mismo tanto en los Estados Unidos como en España es una prueba sólida de lo importante que es para los extranjeros que viven en el extranjero o para las personas que residen en un país cuyo idioma es diferente de su lengua materna. Según la Asociación Internacional de Intérpretes Médicos, "en los primeros siete meses de este año [2020], se han realizado cerca de 2.400 consultas médicas en la provincia de Málaga a través del servicio de interpretación telefónica para no hispanohablantes del programa Salud Responde del Servicio Andaluz de Salud", afirmando además que "los centros de salud ofrecen interpretación en 62 idiomas, pero el 90 por ciento de la demanda es de inglés" (Navaza, 2020). El inglés es el principal idioma solicitado, y aunque Málaga es considerada un destino turístico, especialmente para los habitantes del Reino Unido, es evidente que el inglés puede ser considerado una alta prioridad en toda España. Si estas cifras tan elevadas se dan sólo en la provincia de Málaga, la cantidad de intérpretes necesarios en todo el país podría ser abrumadora tanto para los médicos como para los intérpretes. Para entender cómo se sienten los extranjeros al ir al médico, con o sin intérprete, es imperativo ver hasta dónde ha llegado el sistema y la profesión y cómo sigue avanzando, a la vez que se intenta comprender y analizar sus actuales defectos. Es evidente que el crecimiento del servicio de un intérprete se debe a la necesidad de una persona, ya sea por teléfono o en persona, de romper la barrera de la comunicación que se produce por el aumento de los individuos con LEP en los Estados Unidos, así como por el alto número de extranjeros que residen en España. Sin embargo, el sistema en sí mismo, aunque está aumentando en conciencia y eficiencia, todavía no se está utilizando al máximo. Este estudio se centra en el uso de intérpretes en España, ya que investigadora reside en España como extranjero. Para poder desarrollar un estudio sobre el conocimiento y el uso de los intérpretes en España específicamente, se tuvo que recopilar información sobre la experiencia de los participantes en el campo de la medicina en un idioma distinto de su lengua materna. La investigadora utilizó métodos de investigación cuantitativos para comprender por qué los extranjeros no utilizaban el servicio de un intérprete en sus citas médicas. Esto se hizo mediante una encuesta de veintisiete preguntas administrada a extranjeros familiarizados con el sistema de salud en España. La encuesta estaba compuesta por preguntas de opción múltiple, casilla de verificación, escala lineal, y preguntas de respuesta corta. Se envió a varios grupos de extranjeros, que actualmente viven o han vivido en el extranjero, específicamente a aquellos que han vivido en España, a través de plataformas de medios sociales como Facebook y Whatsapp. La encuesta estaba dirigida a extranjeros que entienden y están familiarizados con la estructura médica -por ejemplo, sabiendo que existe un sistema público y otro privado- y que han visitado a un médico mientras vivían en el país o lo visitaban.

Para aumentar la exactitud de la cuestión relativa a la barrera del idioma en las visitas al médico o a un hospital, sólo se seleccionaron los participantes que no hablan español como lengua materna. La encuesta se realizó sólo en inglés, y sólo se encuestó a los participantes que hablan inglés como lengua materna o a nivel de maestría. La mayoría de los participantes proceden de países cuyo idioma principal es el inglés, lo que significa que lo más probable es que el inglés sea el idioma materno del participante, y los datos muestran además que el país más presente en las respuestas a la encuesta es los Estados Unidos. En la introducción de la encuesta

se incluyó una breve explicación de la intención de la investigadora: "El propósito de esta encuesta es entender por qué los extranjeros no utilizan el servicio de un intérprete médico, especialmente en España. En esta investigación estudiaré las barreras del idioma, el conocimiento del servicio, y cómo se sienten los pacientes en sus citas médicas". La investigadora también declaró que cuanta más información pudiera ofrecer el participante, mejor sería para ayudarle a comprender mejor las diversas experiencias y el razonamiento que subyace a las respuestas cortas de cada individuo.

Para iniciar la investigación, se solicitaron preguntas para generar información básica de antecedentes sobre los participantes, como la edad, el sexo, el país de origen y el tiempo pasado en el extranjero. También se pidió a cada participante que indicara cualquier otro idioma que hablara aparte del inglés y el español. Se consideró que se trataba de información valiosa para comprender mejor si el participante era capaz de defenderse en varios idiomas y, por lo tanto, podría considerar que no necesitaba ayuda para acudir a las citas médicas en español. La primera pregunta fue un relleno en el formato en blanco preguntando por la edad del participante. Esto era importante para que la investigadora se hiciera una idea del tipo de extranjeros que participaban en la encuesta. Los extranjeros más jóvenes tienen más probabilidades de tener menos experiencia en el extranjero que los mayores, que tienen más experiencia de vida en general y también pueden haber pasado más tiempo viajando o viviendo en el extranjero. Estos son supuestos amplios y la edad no está directamente relacionada con la experiencia, sin embargo fue la introducción al rango de participantes. La segunda pregunta fue una pregunta de estilo de selección que preguntaba por el género del participante. Para ser inclusivo en cuanto al género, la investigación dejó las opciones: masculino; femenino, identidad propia; prefiero no responder. La investigadora eligió estas opciones para evitar cualquier nivel de segregación de género o causar cualquier tipo de incomodidad al pedir a los participantes que aclaren su género. El género, sin embargo, fue importante para la investigación para comprender mejor a los participantes y el tipo de citas médicas a las que pueden asistir. Para continuar con la recopilación de información de fondo, la investigadora procedió con la pregunta: "¿De dónde eres?" La investigadora incluyó esta pregunta como una forma de informarse sobre el probable idioma nativo de la participante, comprender sus antecedentes culturales y ver si proviene de un país de la Unión Europea con asistencia sanitaria pública o está acostumbrada al sistema que se ofrece en los Estados Unidos, ya que éste es uno de los dos sistemas en los que la investigadora centró su estudio. A continuación, la investigadora preguntó a los participantes: "¿Cuánto tiempo llevan viviendo en el extranjero o cuánto tiempo vivieron en el extranjero?" Esta pregunta se diseñó para analizar el tiempo de permanencia en el país, lo que podría dar una base para conclusiones más sólidas, como la experiencia con el idioma, la experiencia de estar con el médico en el extranjero y la experiencia de vida en general. A continuación, la investigadora pensó que era importante comenzar a hacer preguntas sobre el idioma y la capacidad lingüística. La primera pregunta relacionada con el idioma fue una pregunta en blanco que preguntaba a los participantes sobre los idiomas que hablan aparte del inglés y el español. Como los participantes son todos nativos o con un nivel de dominio del inglés, y viven o han vivido en España, la investigadora eligió excluir esos dos idiomas de la respuesta opcional. La investigación preguntaría más tarde acerca de los niveles de habla española, y en este momento sólo estaba interesada en que los participantes pudieran hablar otros idiomas. Esto era importante para la investigadora porque la investigación dice que una vez que se hablan dos idiomas, es más fácil introducir un tercero o un cuarto. Para esta encuesta, la investigadora quería ver si había idiomas similares al español entre los participantes para analizar más a fondo si los

participantes estaban sufriendo una barrera lingüística o si el problema con el servicio de un intérprete podría encontrarse en otro lugar. Inmediatamente después de la pregunta sobre los otros idiomas, la investigadora pidió a los participantes que explicaran una situación en la que hubieran tenido que utilizar un idioma no nativo para comunicarse cuando viajaban.la investigadora preguntó a los participantes sobre el uso de un idioma no nativo como medio de comunicación en otro país, por ejemplo, hablar español cuando se está en Italia para que se entienda lo mejor posible. Esto era importante para escuchar las diversas experiencias del uso de un idioma no nativo como forma de la única opción de comunicación.

To continue the questions about languages, this question was then followed by a request for the participants' level of Spanish. Asking participants to rank their level of Spanish gives solid evidence in how confident they feel about their language abilities. There are official rankings for languages, which were used as a guide for participants in the question. According to the Council of Europe, language proficiency is organized by the Common European Framework of Reference for Languages (CEFR) into six levels: A1, A2, B1, B2, C1, and C2—A1 being described as Basic User and C2 as Mastery. The participants were given the option to state their level and if they were certified or not certified in their respective level. The researcher broke down the options to certified and non-certified of each level: Certified A1; Certified A2; Certified B1; Certified B2; Certified C1; Certified C2. The researcher chose to leave out the descriptions of the levels in this part of the answers because if the participant is certified, they have taken an exam and should know what each level means. The options continued with: Non-certified A1—Beginner; Non-certified A2—Elementary; Non-certified B1—Intermediate; Non-certified B2—Advanced; Non-certified C1—Proficiency; Non-certified C2—Mastery; and Native in both English and Spanish (CEFR, 2020). The CEFR language descriptions were offered for those participants who are not certified in the language. They were given the option to make an educated guess on their language skills based on the descriptions given. The researcher also included the option to choose "Native in both English and Spanish" as there is the possibility that a participant was born in a native English speaking country; however, grew up speaking both English and Spanish at home and/or in school. The participants were given the option to write in their own answers as well, and a few responses included the amount of time spent in the country and the amount of time spent studying, or perfecting, the language. The researcher found it important to differentiate between participants who were certified in a level versus how the participant chose to rank themselves, in the case that they are not certified, in order to understand their decision for or against utilizing the service of an interpreter. It is also important to note that although someone may have a high level of a language, they may not be able to utilize it when the additional pressure of nerves of something such as a medical appointment is presented to them. This concluded the language questions as well as the collection of general background information. The researcher decided to begin to ask the participants about their experiences abroad and ask hypothetical questions involving medical situations.

Once the general background information was collected, the questions were written in an even more open-ended manner. Each question included the response option 'other' with space to fill in additional comments or thoughts. Some of the data shows multiple 'other' option responses written in, while some questions had no further comments or ideas added. This part of the survey also included six questions that were not required to answer in order to submit the survey as not every participant would have an experience upon which to comment for those questions. The first hypothetical question of the more open-ended section was: "You are in a foreign country that has

a different language than your native tongue: If you have to go to the doctor, what would you most likely do?" The answer options were: Just go and see what happens. I've lived abroad and have experience; If I am traveling, try to avoid going at all costs and wait until I am back in the country I live; Bring a friend who speaks the language; Contact the hospital/doctor's office to request options for interpretation; Call a private interpretation service provider; and, Other. The response options were built around different options that the researcher believed she would do in that situation during her first few years of living abroad. The researcher intended to provide an array of options that included doing nothing to solve a problem, to making sure there is someone there to be helpful. The idea of bringing a friend who speaks the language was included as it seems to be the most familiar, trusted, and safe option for travelers with language barriers. Next, the participants were asked about medical services they have received. "If you've had a medical intervention in a foreign country, would it have been a better experience had you had an interpreter?" The options provided were: Yes; No; Indifferent; N/A; and, Other. Participants were required to answer this question, which is why the 'not applicable' option was provided. The researcher found this important because it introduced the idea of having an interpreter for a medical appointment to the participants. It would allow them to think about their past medical interventions and decide if they would have felt more comfortable if they had someone there to break the language barrier and advocate for them as a patient. The option for 'no' was for if they believed their intervention went smoothly and they did not need outside assistance, and the option to choose 'other' was there in case they wanted to defend their response or give further information as to why they chose the option they chose. The next question was an option selection style question. Participants were asked if they avoided going to the doctor because of the language barrier. The options available were: Yes; No; I try not to go unless it is an emergency; and, Other. Participants were given the 'other' option in the case they wanted to answer something more thorough than simply yes, no, or only in an emergency. This question was designed for the researcher to see honest answers about participant's tendency to avoid the doctor to further analyze if the language barrier is an issue for foreigners or not. To continue on the idea of the language barrier, the researcher found it important to ask the participants if they have visited a doctor in a language other than their native tongue. This question was to discover if native English speaking patients were only visiting English speaking doctors while abroad or if they were seeing healthcare professionals in a language other than their native tongue. There are doctors throughout Spain who speak English, and the researcher thought it was important to factor in the possibility that a participant may not need an interpreter as they are visiting an English speaking doctor. A list of English speaking healthcare providers can be found on the website linked to the, English Speaking Healthcare Association (ESHA), a non-profit Spanish association (ESHA, 2018). The options available to answer the question about visiting a doctor in a non-native language were: Yes; No; and Other. The next question was required and was a long answer style question. It assumed that the participant had visited a doctor in a non-native language. The open-answer style allowed for patients to indicate that they had not visited the doctor in another language if that had been the case. The researcher asked, "How did you feel during your appointment? Did you feel comfortable? Did you feel like the doctor was patient and understanding of the language barrier? Please explain." The researcher asked three questions within one long-answer option in order to allow participants to describe their feelings about the appointment. Here, the researcher was intending to analyze if the patient felt a language barrier or if they were comfortable enough to not pay attention to that barrier. The researcher's intentions

were that the participant explain levels of patience shown by their doctor to begin to analyze if the appointment could be a stressor and further deduce that an interpreter may be of use to the patient. The researcher asked questions that allowed the participants to not only explain their level of discomfort or comfort, but also why those feelings were produced—whether it be the natural anxiety of going to the doctor or something more complicated. The researcher left the option to fully explain the production of feelings in order to analyze if patients were feeling uncomfortable because of the reactions from doctors or hospital staff, or uncomfortable with their own language abilities. The researcher strives to discover if patients feel less intelligent, judged, or quickly dismissed when they do not speak Spanish as a native language or at a level that is strong enough to complete a medical consult with confidence, or if they consider comments about how well they speak or how easily they are being understood to be encouraging and are able to continue confidently in the appointment. The researcher's next question was: If you have lived abroad for a long period of time, how has your experience going to the doctor changed? The idea behind this question was to elicit a long answer text response from the participant. The question was designed to give the research insight on if the participants' initial interactions with doctors and healthcare professionals had changed over time due to experience, comfort levels, or strengthening of language abilities. If the participants did feel more comfortable about medical appointments, maybe the conclusion could be drawn that the participant does not need the service of an interpreter as they feel comfortable without one as they become more experienced with time. At this part of the survey, the researcher found it important to review the medical appointments themselves.

Following the gathering of data on language ability, the researcher thought it was important to learn about the types of doctor visited to see if these appointments were varying in type, as in general checkups and specialists, or if they were only appointments made when the patient was ill and had no choice but to see a doctor. The researcher found this to be an important question to analyze as it opened the response window for participants to explain why they were attending doctor appointments after they were asked if they avoid going to the doctor due to a language barrier. The idea behind this pattern and slight repetition of questions was so that patients were able to openly express if they feel or felt a bit of anxiety to go to the doctor at all, or if they were perfectly comfortable visiting a wide variety of specialists. The first question of this type was: "Which type(s) of doctor have you visited while living in Spain (general, ophthalmologist, dermatologist, psychologist, ect.)?" This was a short answer type question so that participants could fill out varying responses. Next, the researcher asked if the doctor spoke the patient's native language. The responses available were: Yes; No; Somewhat; I did not ask; and, Other. This question was to gain insight on participant's behavior in their medical appointments, as in, if the patients ask if their doctor can speak their native tongue or simply assume that the appointment must be held in Spanish. The question that followed was of slight repetition to the previous one, however, it focused more on the idea of what is normal for the patient, instead of a one time occurance: "Do you normally have your entire appointment in a language other than your native one?" The options available were: Yes; No; and, Other. The participants were then asked to rank their level of comfort on a scale of one to five: "On average, do you feel comfortable speaking your non-native language during a medical appointment?" One being very insecure and five being very comfortable. This question was then followed by the same repetitive idea of how comfortable the patient was during the appointment, but written from a negative perspective in order to open the door to more thought out responses—that is, asking the

participants directly if the cause of the level of discomfort or comfort was due to the language or stress about the treatment, instead of asking if they were comfortable and confident in their abilities, which had been previously rated by participants in an earlier question. The researcher wrote the question with the intent to analyze the confidence of the participants in their language and comprehension abilities. This analysis will be made through the question about the level of comfort patients feel with the open-ended response option as to why they feel the way in which they do, and again later in the comments that can be found written down in the 'additional comments' section of the survey. Now that the participants had been asked about their language barrier and levels of discomfort, the researcher opened the questions to the idea of having an interpreter.

At this stage of the survey, the researcher introduces, for the second time, the idea of the service of an interpreter. Here the researcher simply asked the participants if the service of an interpreter was offered, seeking a general yes or no answer with variants such as: "Yes, but I denied it; Yes, and I used one; No, I did not know that was an option; No, the interpreter wasn't available that day; and, Other. The researcher also left the 'other' box open so that participants could explain their own reasoning behind their response, especially if they do not feel that the service of an interpreter is necessary in their particular case, or if the service was not provided as an option to them even if they did request it. The survey continued by questioning if the participants were aware of the option of the service in Spain: "Were you aware that you have the option to have an interpreter in Spain? Yes, and I have used one; Yes, but I have never requested one; No, I had no idea that was an option; No, I don't feel that I need one; and, Other. The intention behind this question was to see if foreigners have an idea about the service, or if they are not aware of it as a service or as a profession. The researcher will later analyze if the participants were similar to residents of the country of Spain as a whole in regard to the lack of awareness of the profession, or if they simply do not find the service necessary in their personal situations. The next question was another scale of one to five scale response in which the researcher asked if the participants thought the service was important to offer to non-native Spanish speakers: Do you think it is important to offer interpreters to non-native speakers? One being not important and five being very important. Once participants were aware of the option and asked about their opinion of the option being offered as a service, they were asked if they have used the service of an interpreter before. The questions following the general ideas of having an interpreter as a service were more specific to those participants who have used the service and the researcher sought to discover more information about the experiences with an interpreter in order to see if the participants saw these experiences as positive or negative. The researcher's intention behind the opinion questions was to analyze if previous experience could be a factor as to why the service is not being used.The first question, which was specific to those who have had an interpreter, was: If you have used an interpreter, what type of service did you receive? The options available being: Telephone; Video call; In-person; N/A. The next question was not a required question for all participants, but written for those who have used the service of an interpreter: Please explain your experience with your interpreter. Here, the researcher wanted to analyze if the participant felt more comfortable in the appointment with the interpreter, felt as though the interpreter was not a necessary service, or if they had any other comments about their individual experience. The next question was another one to five scale response type question: How important would it be for you to have the same interpreter for every medical appointment? The scale was one being not important and five being very important. The intention for analysis behind this question was for

the researcher to be given an indication on if trust and comfort levels of an interpreter were very important. The idea was to see if the participants found it important to have the same person to make them feel safe in their use of the service. The researcher then asked hypothetical questions about the preferred option of an interpreter to further understand the lack of use of the service in Spain and among foreigners. The researcher asked the question: "If you were to have an interpreter, what would you prefer?", and gave the participant the option to check more than one option box with the options: To speak to one on the phone; To speak to one using video call; To have one in the room with you; To have a friend who is fluent in the language, but not a trained interpreter; and, Other. The options were written with the idea to see if the participants would prefer not to have a stranger face-to-face for their medical appointment and would prefer a friend who they trust to assist them. The 'other' option gave the participants a space to explain their answers and would further help the researcher understand the problem at hand when it comes to the service of an interpreter in a medical appointment.

The survey closed with an open-ended question about experiences with medical interpretation as the recipient or as the interpreter: "Any additional comments or experiences you have with medical interpretation as the recipient or as the interpreter?", and a last open-ended question about additional comments on the experience in medical appointments as a foreigner in general: "Any additional comments about your experience as a foreigner at the doctor?". The intention of the final two open-ended questions was to gather an understanding of the experience as a whole in order to draw conclusions on why the service of an interpreter may not be used based on the general responses. The researcher took each of the answers and created visual aids, which will be detailed in the following section, to draw conclusions about why foreigners do not use the service of an interpreter.

The overall feeling of the experience foreigners have when attending appointments or utilizing their healthcare privileges within the medical system is generally positive or negative with responses that show variables based on language barriers, cultural differences, public versus private healthcare, paperwork issues, general nerves, and overall levels of comfort. Participants offered a lot of information about their experiences with doctors or hospitals, and many provided detailed explanations of their appointments and their feelings throughout the process from start to finish. Some participants showed strong feelings that the foreigner themselves should be responsible for their own understanding and should not ask medical staff to adapt to their 'shortcomings', while other participants explained their fear of the doctor in general combined with the lack of patience that they feel is shown among those who work in the medical field. There were a total of 156 survey participants. Not all twenty-seven questions were required, especially the short-answer questions asking about experiences with interpreters. Each question was designed to discover the root of the problem found in why foreigners do not use the service of an interpreter. The questions asked were written with the intention of understanding the disconnect between foreigners and the service itself.

The researcher read through all of the responses and began to analyze the data. The data showed patterns and recurrent themes. Once the researcher gathered the themes, it was possible to draw parallels to a similar study conducted in the United States in 2009. This study, however, was conducted from the reverse viewpoint—instead of surveying foregien patients who use the medical system to understand why the service of an interpreter is not used, it focused its research on resident physicians who do not call for the service of an interpreter when working with LEP individuals. The 2009 study titled, *Getting By: Underuse of Interpreters by Resident Physicians*,

drew conclusions which parallel the conclusions found by the researcher of this study. The researcher compared the responses made by participants living abroad to resident physicians' responses and found the connections to be shockinging similar. Although the studies were conducted eleven years apart and in two very different healthcare systems, the United States and Spain, the issues found with the underuse of the service of an interpreter are still apparent.

As proven earlier in the study, the service of an interpreter as a profession in general is not very well known, which would be a very obvious reason as to why the foreign population does not use the service offered to them. The researcher sought to understand if foreigners were confident enough in their language abilities and therefore, did not want the service or if there was another reason. The survey intended to bring out true, honest reactions from participants in regard to their awareness, general language abilities, and their understanding of the service of an interpreter and how they would like to use the service. The researcher took into account that some people believe their language abilities are strong, and therefore may be too proud or too embarrassed to ask for the service, the idea that participants were genuinely not aware of the service, the idea of being uncomfortable with letting a professional—albeit trained—into the room with them when talking about personal, medical subjects, and the fear of being considered a waste of time to the doctor or to others when the survey was written; mainly as the researcher or her friends have experienced each one of those emotions when it comes to medical appointments outside of their native language. The survey was based on experiences felt by the researcher and written with the honest intention of being able to draw conclusions as to why the service of an interpreter is not used among foreigners in Spain. The researcher knows first-hand, that a Certified C1 level of Spanish does not mean that a person is able to calmly and logically describe what is happening to their body when talking to a doctor, especially in a moment of high stress and/or fear. This feeling led to the purpose of the study, including the intentional writing of the survey to see if the disconnect between foreigners and the service of an interpreter could be analyzed, understood, and eventually, connected. The researcher also found the topic incredibly relevant in general, but now, more than ever, with the 2020 global pandemic brought on by COVID-19. A few of the cases in the United States, as well as Spain, brought forth more light to the need of the service of an interpreter, especially in patients' last moments. The hard-hitting reality of language barriers with a virus as contagious as the coronavirus further motivated the researcher to bring light to the problem of awareness of the service of interpreters. The pieces written about the coronavirus that the researcher read and quoted previously in this study were just a few examples of the struggle patients may have with language barriers and serve as a pressing example of why the service of an interpreter is a profession that must be recognized. This relevant, current pandemic, plus the experiences of the researcher herself, have further pushed this study. Moreover, a few of the participants of this survey were very passionate about the topic and reached out with additional information and comments about the study itself and about their experiences in the healthcare system, some as patients and some as interpreters themselves. The detailed comments written by many of the survey participants, along with the data that has been compiled into charts and graphs, has allowed the researcher to find patterns among participant's individual responses. The patterns have further allowed the researcher to draw data-based conclusions in order to form an opinionated reason behind the answer to the underlying question of this particular study: Why do foreigners in Spain not use the public service of an interpreter for their medical appointments? In the following section, the researcher will display the compiled data and responses to that specific underlying question.

7. Collected Data

In this section, the researcher will display the data collected from the previously explained twenty-seven question survey used to draw conclusions in order to ultimately answer the question: Why do foreigners in Spain not use the public service of an interpreter for their medical appointments? Twenty-one of the twenty-seven questions were marked as required to answer in order to submit the survey, and the other 6 were optional short-answer questions. The survey had 156 participants and the question with the lowest amount of responders had twenty-four short answer responses. In the following sections, the researcher will display the data collected via charts, graphs, tables, and participant quotations.

7.1 Collected Background Information

The first information the researcher will display is the background information data collected from the survey. The first question on the survey was "How old are you?" The researcher thought it was important to gage an age range of the participants in the survey. As shown in the bar chart in Table 8, Age of Survey Participants, the main age range for participants was 25 to 31 years old. This age range covered 51.2 percent of participants. The highest number of combined participants, 15, appeared twice—once for age 27, and again for age 29. There was one 19 year old and eight participants who were in the range of 50 to 64 years old. This large span of age was helpful in regard to understanding the problem in general, and not as a problem of younger generations or older generations struggling with a language barrier or with the confidence to stand up for themselves.

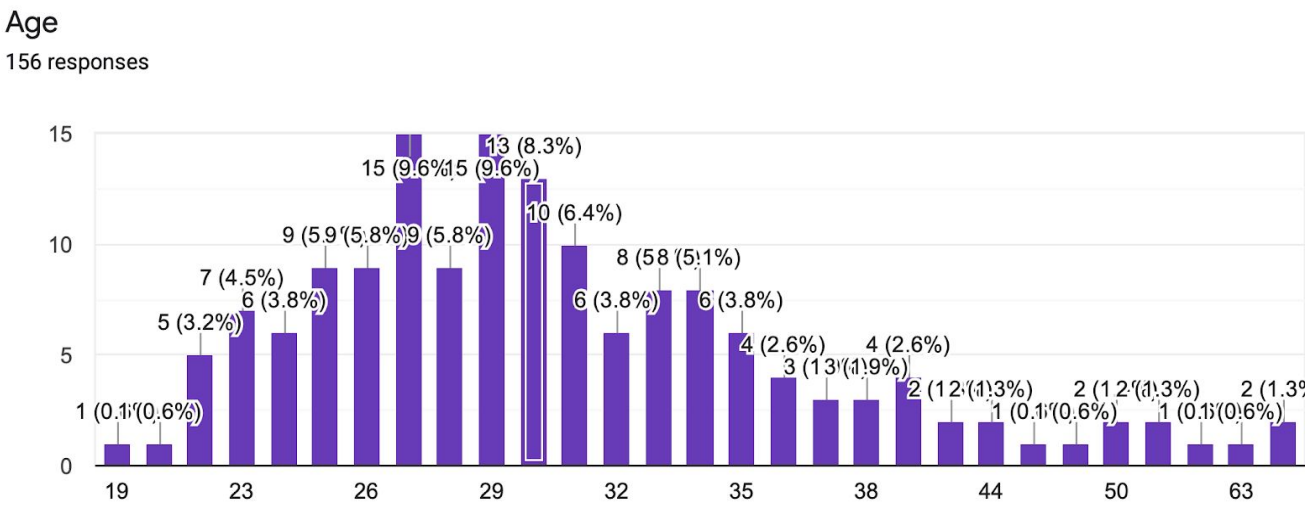

Table 8. Age of Survey Participants (Gates: 2020).

The second question was a selection question labeled, Gender, with the options: Male; Female; Self-identity; and, I prefer not to answer. As shown in Table 9, Gender of Survey Participants, of the 156 participants, 85.3 percent are female and 14.7 percent are male. Although it is not as evenly spread out as the researcher would have liked in order to draw conclusions that were not gender biased, it was important to know if the responders were male or female, especially when analyzing if hospital or doctor visits were general or with specialists, including gynecologists.

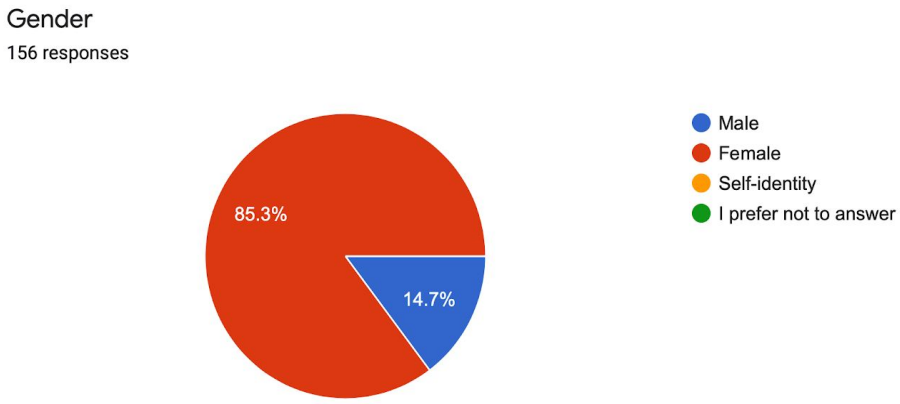

Table 9. Gender of Survey Participants (Gates: 2020).

Following age and gender, the researcher asked the question, "Where are you from?" As seen in Table 10, Origin of Survey Participants, the 156 participants represent eleven different countries, including five countries whose native language is not English. The majority of the participants, 78.2 percent, are from the United States and the next highest percentage, 12.2 percent, are from the United Kingdom. In order to understand the participant's responses when questioning language barriers, for the purpose of this study particularly, it was necessary to find out if their native language is English or if they are using Spanish as their third or fourth language.

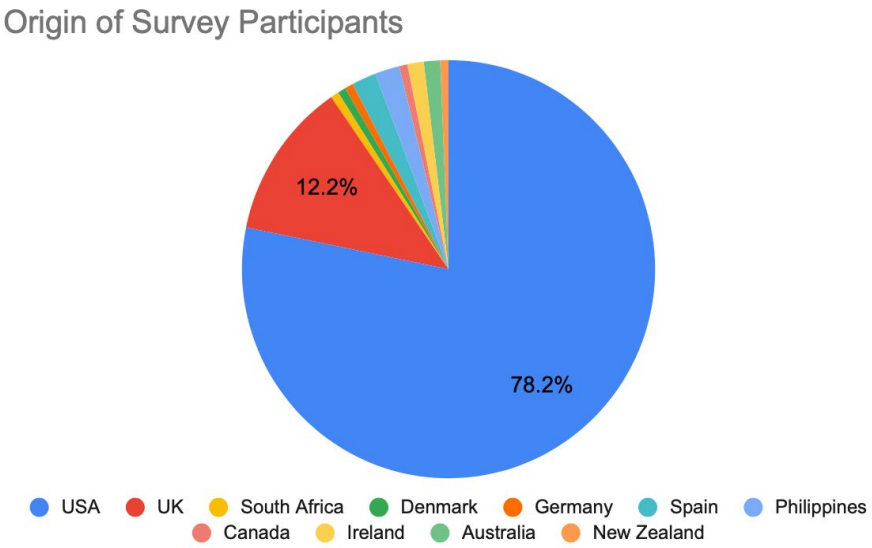

Table 10. Origin of Survey Participants (Gates: 2020)

The next question asked, "How long have you been living abroad or how long did you live abroad?" This question is important to analyze levels of experience living abroad among participants. More time spent living abroad does not necessarily mean a better grasp of the language, as many factors are involved in language learning; however, it does help gage levels of experience in another country and helps to draw conclusions about their responses when discussing medical habits and their experiences in the healthcare sector in Spain. As shown in Table 11 titled, Years Survey Participants Have Spent Abroad, 66 percent of the participants have spent from six months to five years living abroad. The participants who have spent more time living abroad, may now have better experiences when visiting the doctor or may not be as hesitant of making mistakes or not understanding what is being said when expressing themselves in their non-native tongue. This idea will be further analyzed in a later section of this study.

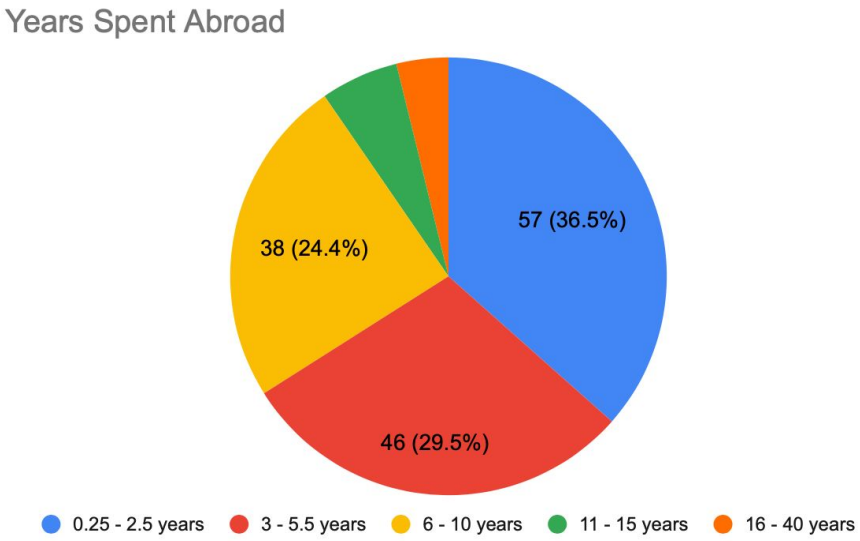

Table 11. Years Survey Participants Have Spent Abroad (Gates: 2020)

7.2 Participant Language and Medical Experience

After the background information was collected, the researcher began to question the participants of the survey about their language experience and abilities. This series of questions is important to the study because it further displays the languages participants are comfortable in speaking, the variety of languages spoken, if they use languages other than their native tongue when traveling, if they are certified in Spanish, if they felt an interpreter would have been beneficial during a medical intervention, if they avoid the doctor due to language barriers, and if they have spoken a non-native language when visiting the doctor. This section of the survey also asks participants about their experiences at the doctor, if their doctor can speak their native language, their general levels of comfort when visiting the doctor, and their ideas on why they feel that way. This section attempts to further understand how the patient views their abilities of the language and if the language barrier is the main problem when attending medical appointments.

The first language question participants were asked was if they speak a language other than English or Spanish. This is important to find out what other languages the participants use for communication and to further analyze the data connected to their country of origin and their native tongue. Table 12, Languages Spoken Other Than English and Spanish, shows a percentage breakdown of the eight other languages spoken among the participants. Sixty percent of the participants stated that they do not speak any language other than English and Spanish. The other 40 percent of the participants speak another language; French being the most common at 12.9 percent, followed by German at 7.1 percent. The researcher decided to ask for languages other than English and Spanish to further grasp an idea of the participants' experience with language in general, not only the languages being studied.

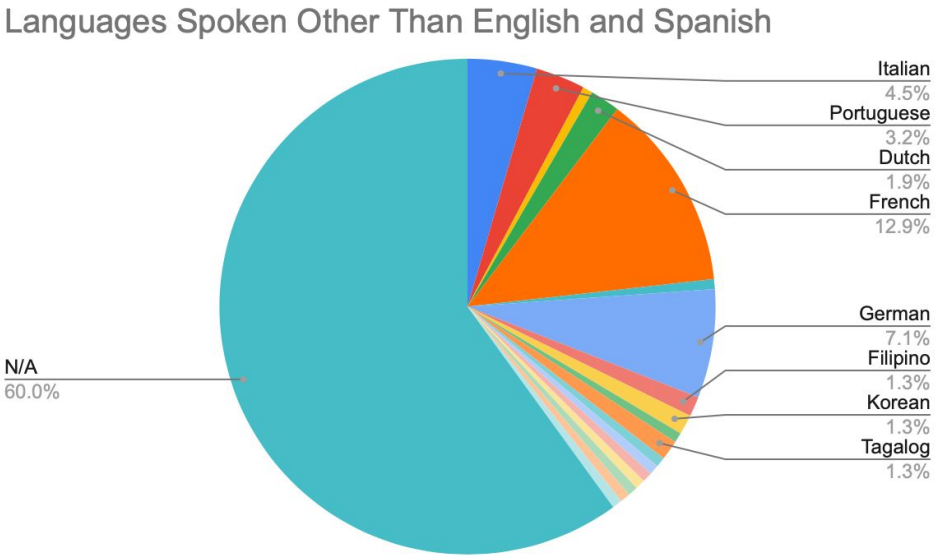

Table 11. Languages Spoken Other Than English and Spanish (Gates: 2020)

Following the question about speaking languages other than English and Spanish, the participants were asked the question, "Have you ever had to rely on a non-native language while traveling (for example Spanish in Italy)? If applicable, explain your experience." Many participants simply wrote 'no', however, some participants shared experiences of the need to rely on a non-native language in order to communicate. The researcher found this question important because communicating in a non-native language when traveling can be considered a similar experience as communicating in a non-native language when residing abroad. This question was not a required question, and there were 132 responses. Sixty-five of the responses included the use of Spanish in a country other than Spain. It was also commonly stated that Spanish was helpful when traveling in Morocco and in Italy and Portugal. Many participants said it was most helpful when buying groceries, finding bus stops, or ordering food at a restaurant. One participant stated to have mixed two languages: "I used to mix English and German in the Netherlands before learning Dutch. They weren't too happy about the German" and another participant said: "Yes, I used my Spanish knowledge to try to guess what the words might be in Italian or to translate signs", and another wrote: "Yes, maybe it was not necessary, but I thought it would be easier to communicate speaking Spanish in Italy and in Portugal. Speaking Spanish in Portugal with natives actually resulted in more misunderstandings because they seemed to rather speak English. I think it may have been somewhat insulting to the Portuguesse natives too, showing that I either did not try to speak their language at all and/or did not think they would speak English well." This variety of responses is helpful when analyzing how the participants believed that their use of a middle-language had an effect not only on themselves, but on the people around them. The third participant's answer brought forth a strong point of being worried about insulting someone in their use of a middle-language. The idea behind this worry will be further analyzed later in the study. To continue the questions about languages, the researcher then asked the participants to rank their level of Spanish. As seen previously in the study, the level of proficiency in a language is organized by the Common European Framework of Reference for Languages (CEFR) and can be organized into six levels: A1, A2, B1, B2, C1, and C2—A1 being described as Basic User and

C2 as Mastery. The participants were asked to rank their level of Spanish according to this scale. The researcher is aware that not all of the participants will have had a reason to obtain a certification or to take a language level exam; therefore, the researcher offered both Certified and Non-certified options of each level. The participants who are certified in their level would select the Certified option for their level, and the other participants would select their level based on the keywords provided by the researcher from the descriptions written by the CEFR: Beginner; Elementary; Intermediate; Advanced; Proficiency; and, Mastery. The researcher also offered the option of Bilingual, which was listed on the survey as: Native in both English and Spanish. The participants who are certified in the language make up 18 percent, not included the 2.6 percent who identify as Bilingual, meaning that 79.4 percent of the participants are not certified and are determining their language ability based on the words provided and/or on the general knowledge of how the scale is organized. As shown in Table 12, Levels of Spanish, the high majority of participants rated their level at the B2—Advanced or C1—Proficiency levels, 23.2 percent and 25.8 percent, respectively. The graph is color-coordinated and the bars labeled with just one letter are the non-certified participants and the bars labeled with a C (e.g. CA1, CB2, CC1) are those who have taken the certification: Certified-C1. Thirty-six participants ranked themselves as a B2 and forty as a C1, which shows they are confident in their levels of Spanish. A shocking 12.3 percent, nineteen participants, ranked themselves at a non-certified C2—Mastery level. This was surprising to the researcher as a C2 is considered to be native-like and is granted after an incredibly thorough examination; therefore the conclusions drawn for these participants would lean towards the service of an interpreter being unnecessary.

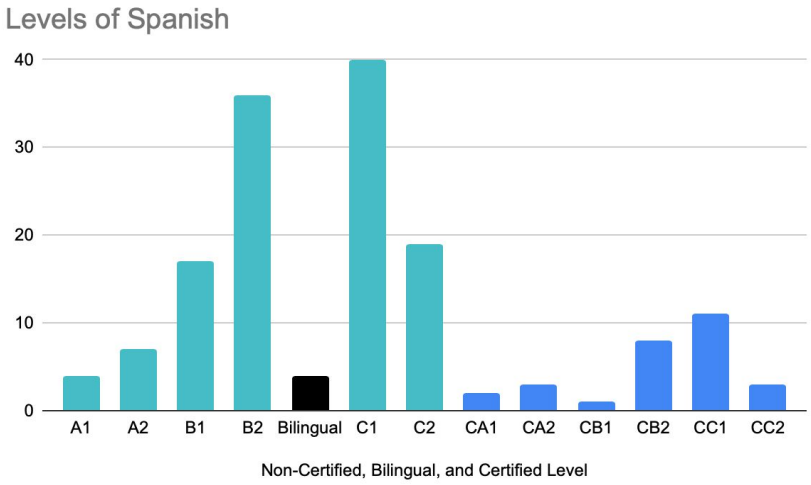

Table 12. Levels of Spanish (Gates: 2020)

After the language of the participants was questioned, they were asked what they would do if they were put in a situation in which they needed to go to the doctor in a different language while traveling. The participants were offered various options, as well as a space to write-in their own idea. The original options were as follows: Just go and see what happens. I've lived abroad and have experience; If I am traveling, try to avoid going at all costs and wait until I am back in the country I live; Bring a friend who speaks the language; Contact the hospital/doctor's office to request options for interpretation; Call a private interpretation service provider; and, Other. The

question was designed as a checkbox format, which means survey participants were able to select more than one option of what they would do in the hypothetical situation. Of the 156 participants, ninety-six of them chose that they would, 'Just go and see what happens'. The next highest response was sixty-three participants who selected the option to 'Bring a friend who speaks the language', followed by forty-five participants who selected, 'If I am traveling, try to avoid going at all costs…'. This left 27 participants who selected that they would 'Call a private interpretation service' and the remaining answers were filled in individually. One participant stated that they would, "Ask if the doctor speaks English or if someone in the office does in order to help with the interpretation." This participant would advocate for themselves when traveling, but may be afraid to do so, or could be unaware of the option, whilst residing in Spain. Another participant listed a website they would use to find an English speaking doctor and a different participant said they reach out in social media groups to find out if there are English speaking doctors available. This question brought forth a lot of responses that showed strong initiative from the participants and various options for finding ways to be understood when a medical appointment is necessary. After participants thought about what they would do if traveling, they were next asked about a medical intervention: "If you've had a medical intervention in a foreign country, would it have been a better experience had you had an interpreter?" The participants were given the options: Yes; No; Indifferent; N/A; and, Other. This question was to further analyze if participants think that the presence of an interpreter would be helpful to the overall smoothness and experience of the medical intervention—and if they believed that it would be, to draw conclusions on this being a factor as to why foreigners do not use the service of an interpreter. As shown in Table 13, Better Medical Intervention with Interpreter?, fifty-four of the 156 participants said they believed it would have been a better experience with an interpreter. Twenty-three participants selected that their answer was not applicable, which leaves room to assume they have never received a medical intervention while abroad. The numbers that are a bit more shocking, however, are the equal values between the responses, *No* and *Indifferent*. This is shocking because if a patient is indifferent about the presence of an interpreter, it could be analyzed to mean that that particular patient does not believe the presence of an interpreter is necessary; however, in that case, it would have made more logical sense for that participant to have chosen 'no' as their answer. In this regard, the researcher must draw conclusions as to why the participants were more drawn to 'indifferent' than 'no'. There were nine participants who filled in their own responses. One participant stated, "It would not have been 'better' in terms of services provided, but it would have been a faster experience". This participant seems to believe the service was great and that they were able to understand, but time would have been saved with the presence of the interpreter; which could be due to the flow of communication when a trained professional is there to facilitate. Another participant selected 'other' because they had an interpreter with them during their medical intervention. One participant stated, "I have made my boyfriend come with me in the past to help", assuming that the boyfriend is not a trained interpreter, but served as a bridge for communication. This idea will be further analyzed in this study as the varying results in this specific question gave the researcher more of an idea of how the participants felt in regard to having an interpreter present for a medical intervention.

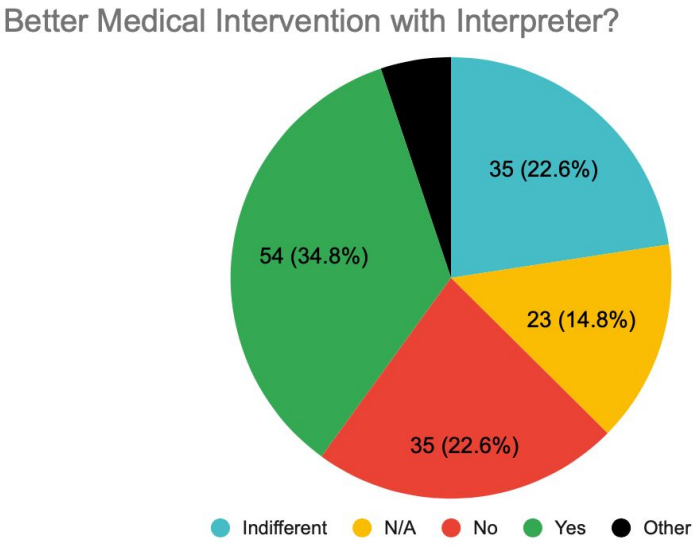

Table 13. Better Medical Intervention with Interpreter? (Gates: 2020)

The next question the researcher asked involving language was if participants avoided going to the doctor due to the language barrier. The options available were: Yes; No; I try not to go unless it is an emergency; and, Other. As seen in Table 14 below, Avoidance due to Language Barrier, 60.6 percent of the participants stated that they do not avoid the doctor due to the language barrier, and 20 percent of participants said they try not to go to the doctor unless it is an emergency. Twenty participants, or 12.9 percent, admitted to avoidance due to the language barrier, and 6.5 percent of the participants wrote in their own answers. The 'other' responses included: "I found an English speaking doctor", and, "Previously, yes, but with experience, no." Other participants wrote, "Not anymore because I am used to it; but my first year abroad I definitely avoided medical stuff", and, "No, but it is certainly a less comfortable experience and I dread having to go." Another participant stated, "I hate going to the doctor regardless of language", and a different participant claimed, "The cultural barrier poses more of an issue for me than the language barrier." The language barrier does not seem to pose as big enough of a threat for many of the participants to stay home instead of going to a doctor, but according to the participants' response, it does leave obvious traces of discomfort in some form or another when it comes to medical appointments.

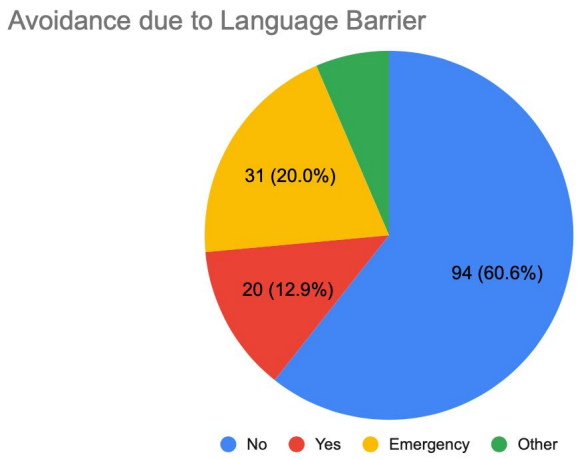

Table 14. Avoidance due to Language Barrier (Gates: 2020)

The next language based question the researcher asked was if the participants have visited the doctor in a language other than their native one. There were two participants who added additional information to their answer, but the overwhelming answer was, *Yes*. It is not a surprise that the majority of the participants answered *yes*, as they are native, or mastery level, English speakers living, or having lived, abroad in Spain. The two participants who added information wrote: "The phlebotomist only spoke Spanish", and, "I have visited doctor's offices where the receptionists and nurses do not speak English, but the doctor I saw did". These two options would most likely be understood as, *Yes* and *No*, respectively. The first participant spoke about a very specific appointment with a specialist, and their answer could be considered as a yes—considering that the particular participant is a native English speaker. The second participant talked about the appointment as a whole, instead of the specific time spent with the doctor who did speak English, which therefore could be considered a *no*, as their appointment with the doctor was in English. As displayed in Table 15, Visited Doctor in Non-native Language, 142 of the 156 participants, displayed as 91.6 percent, answered *yes*, meaning that they have visited the doctor in a language other than their own. Eleven participants said that they have not visited the doctor in a language other than their native one and the previously discussed two participants chose the option 'other' for their particular cases.

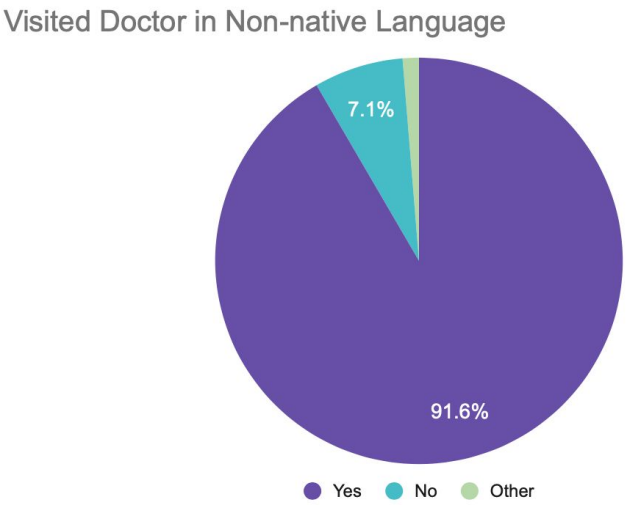

Table 14. Visited Doctor in Non-native Language (Gates: 2020)

The next question the participants asked was a follow-up of the previous question about visiting the doctor in a non-native language. At this stage of the survey, the researcher wanted to give the participants the opportunity to discuss how they felt during the non-native language medical appointment. The question was designed in a long answer format and asked the participants more than one question with specific vocabulary to pull out honest and vulnerable responses from participants: "How did you feel during your appointment? Did you feel comfortable? Did you feel like the doctor was patient and understanding of the language barrier? Please explain. The majority of the participants wrote thoughtful responses, while some only wrote single word answers. These answers were helpful when the researcher was drawing ties between language barriers and general level of comfort to answer the question of why foreigners are not using the service of a medical interpreter. Many participants said they felt comfortable, while many others explained stories in which they felt upset, judged, or scared. One patient spoke about their visit very positively and talked about the difference in visits: "Yes, for certain types of specified visits, I have requested a doctor who spoke English. There was no issue and they were able to explain everything to me in my native language. The visits in which my doctor could not speak English, I did not ask for an interpreter because I felt comfortable in the language and with my understanding of the general check up." This participant talked about their comfort level with the language in appointments that are considered 'routine' and their need for an English speaking doctor for more specific appointments. It could be claimed that the presence of an interpreter would be helpful for this particular participant in future appointments with specialists. Another participant talked about their positive experience: "Yes, the doctor was really great. He explained things slowly to me and used a lot of gestures, which helped a lot. I had brought a vocabulary list with me to help with the words I thought I needed, but the rest was understood in the end." A few participants talked about their levels of discomfort: "No, the doctor was not patient of the language barrier and was very rude. I tried to understand as much as I could in Spanish and he eventually requested the interpreter on staff to come assist (which I was told was supposed to have happened at the beginning of the appointment)", and another patient said, "No, she [the doctor] spoke a bit fast and was a bit impatient." Another gave their honest opinion: "Depends. Sometimes the doctor is respectful and patient, and other times the doctor speaks to me like I am

not very intelligent, or does not believe what I say because they think I am miscommunicating, when I am certain that I am clearly communicating the problem." This type of confusion and misunderstanding could be avoided with the service of an interpreter. It is difficult to read some of the participants' responses when the researcher knows that there is an option for their comfort and for the doctor to be able to properly communicate. Sometimes non-native Spanish speakers can feel that they are being judged or treated poorly, when it could very well just be a cultural difference or a simple misunderstanding due to a communication issue. One participant said, "...I brought a friend due to my lack of vocabulary in medical language and after that, I have been more comfortable going alone…" and another stated, "It definitely depends on the doctor. Some of them are helpful and friendly and make me feel comfortable and listen to me, while others are dismissive and interrupt me and choose not to listen. I have had a range of experiences!" More than one participant talked about bringing a friend or significant other to the appointment, some claiming that the patient was not given the time of day until another native speaker was in the room with them. This type of response is exactly what drives the researcher to try to understand why foreigners are not using the service of an interpreter. It further solidifies that there is a problem that needs to be addressed. The words, *rushed* and *apologetic* came up more than one time among the responses, but so did the words, *patient* and *understanding*. One participant described their experience as *nerve-racking* and talked about how they practiced their sentences in the waiting room and looked up terminology before the appointment, but then went into autopilot when in the office with the doctor and began to guess on the translations of what the doctor was saying. This could lead to a more serious issue if there was a significant problem. Participants expressed that they were more worried and anxiety ridden because of their fears of not understanding or not being understood, and some expressed that they have felt "blown off", judged, or belittled by their doctor or that they have been treated poorly or felt as though they were annoying the staff. Another participant talked about their strong discomfort with their specialist: "When going to the specialist in Spain, I felt uncomfortable, not so much because of the language barrier, but because I felt judged for visiting my doctor for a routine check and requested a few tests be administered", this patient does not struggle with the language barrier, but instead the cultural differences presented to them. Another patient described how they truly struggled with the language barrier, combined with being sick, combined with the doctor getting frustrated quickly made their experience quite traumatizing and their appointment ended with the participant in tears. This could have been avoided with the service of an interpreter to help break the barrier of communication and facilitate the conversation. Many of the participants wrote a form of, "My spanish is good, so there are no problems." The detailed responses offered by the participants in this question helped the researcher gain further insight into the underlying problem with the use of the service of an interpreter. The participants who previously rated their Spanish at a high level, were the same participants who spoke about their high level of comfort when seeing a doctor.

As the researcher had predicted that the response to the previous question would vary based on language levels and time spent abroad—which ultimately leads to more experience—the next question asked was about how the experience of visiting the doctor is different now. The researcher asked, "If you have lived abroad for a long period of time, how has your experience going to the doctor changed?" This question was an optional long-answer style question and received 110 responses. A few responses were brief, such as, "little", "not much", and "I've gotten more comfortable." Other responses were detailed and offered examples of new

experiences compared to earlier ones. One participant wrote, “I’m definitely more confident now than I was years ago, but I still get nervous and try to write down or practice my questions beforehand so that I am ready to ask them during the appointment.” Another patient stated, “It has gotten better as I learn more medical vocabulary and understand how the health systems work.” Some participants talk about how they now have come to expect to be treated differently and being discriminated against, whereas other participants talk about how they finally have found a doctor who speaks English fluently to relieve any language related stress. One patient wrote about how they used to feel as though they were wasting their doctor’s time with each appointment, and now realize it is normal to go to the doctor as a foreigner and that it is okay to speak a bit slower and ask a few more questions. Another response that was difficult to read was a participant’s honest claim: “It seems the better I speak Spanish, the more patient and kind they are to me” and another participant wrote, “I feel like I have gotten used to a more emotionally distant and methodical experience. [...] here, it is more about getting the patient in and out of the office as quickly as possible.” These were not the only responses that talked about the lack of kindness and patience due to language or cultural barriers. It is hard to accept that some participants feel as though they are not understood or not important if they cannot communicate perfectly. This seems to be a misunderstanding that could be resolved easily. Although there were many negative responses, the majority of the responses talk about how the experience has changed for the positive since the participant has become more comfortable in the language and can advocate for themselves. A lot of participants spoke positively about their progression overtime, one stated, “It has gotten better, as has my confidence, which I think is a huge part of being able to advocate for oneself.” The idea of confidence and the ability to advocate for oneself are strong arguments for the positive benefits of the service of an interpreter from the very beginning. One participant said, “It has definitely gotten better over time because I found hospitals that use interpreters and have learned the language a bit more” and another said, “Over time with stronger dominance of the language, I have felt more comfortable going to the doctor.” Many of the participants still say that they bring along their significant other, a family member, or a friend who is fluent in Spanish to help make sure the appointment runs smoothly and that everything is understood clearly. This type of assistance is not recommended because it is usually difficult for friends or family members to deliver news that may not be easy. In the cases of participants being willing to have another person to facilitate the conversation in the room, it is highly recommended for that person to be a trained professional.

The next question the researcher asked was about the type of doctors visited. This was now important as the researcher was curious to further analyze if the experiences spoken about were spread out over general doctors and specialists. This question was an open-ended answer format and all 156 participants answered the question. The answer to this question varied, but every participant wrote down that they have visited at least two types of doctor. The main doctor visited by participants was the general doctor, but many specialists were added. The types of doctors visited included: ENT, allergist, bone specialist, cardiologist, chiropractor, dentist, dermatologist, emergency room surgeon, endocrinologist, gastroenterologist, gynecologist, hormone specialist, neurologist, obstetrician, ophthalmologist, orthopedic surgeon, pediatrician, physical therapist, podiatrist, psychiatrist, psychologist, pulmonary specialist, radiologist, urologist, and vascular specialist. The extensive list of specialists allowed the researcher to confirm that foreigners were using the general doctor as much as they were using specialists, which also confirms that medical attention is being sought out, and although it may be

uncomfortable due to the language barrier, it is still being used. This grants further exploration into the idea of analyzing why these foreigners are willing to be uncomfortable in specialist appointments with such specific vocabulary when there is a positive solution offered to them.

The researcher followed the question of the type of doctor visited by asking participants if the doctor they visited speaks their native language. The response options available were: Yes; No; Somewhat; I did not ask; and, Other. The idea behind, 'I did not ask' was that participants did not feel the need to use English during their appointment and therefore did not ask if the doctor spoke English. Many participants selected 'other' and wrote in options describing specific cases such as, "I sought out an English speaking psychologist, but I use Spanish to communicate with the rest of my doctors", and, "the allergist did, but he was the only one as far as I know. I did not try to speak in English with my other doctor." Most of the 'other' options were similar in listing one doctor that speaks English and the rest that do not. As shown in Table 15, Doctor Speaks Participant's Native Language, fifty-one participants, or 32.9 percent, said *no*. The important part of this particular graph is the, *I did not ask* option which was selected by thirty-four, or 21.0 percent, of the participants. This will be further analyzed later in the study.

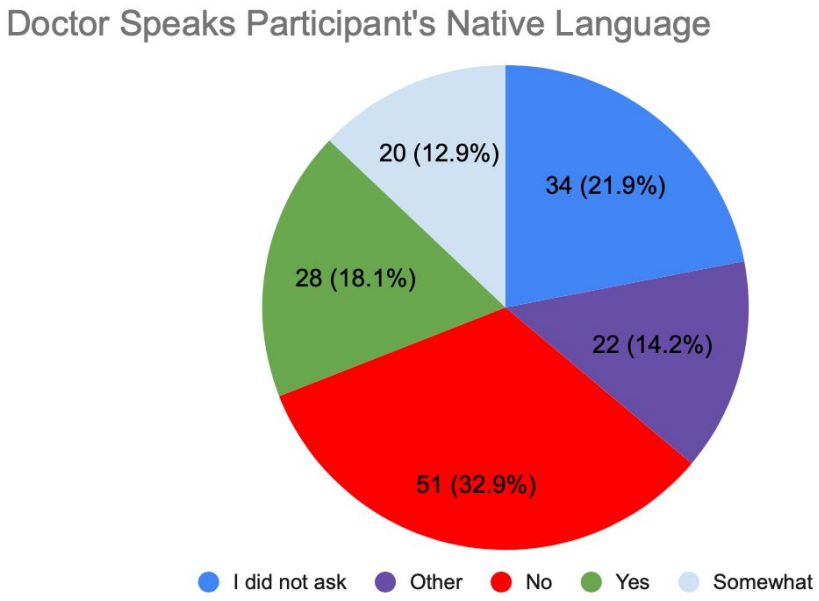

Table 15. Doctor Speaks Participant's Native Language (Gates: 2020)

Once asking about if the doctor speaks the participant's native language, the researcher found it important to know if the participants' medical appointments were usually held in a language other than their native one. The researcher, seeking a simple yes or no answer, asked: "Do you normally have your entire appointment in a language other than your native one?" The options were: Yes; No; and, Other. Table 16, Medical Appointment in Non-native Language, shows that 71.6 percent of the participants have their appointment in a language that is not their native tongue. This left 21.9 percent who said that they have their medical appointments in their native tongue and 6.5 percent who provided additional information in the option labeled 'other'.

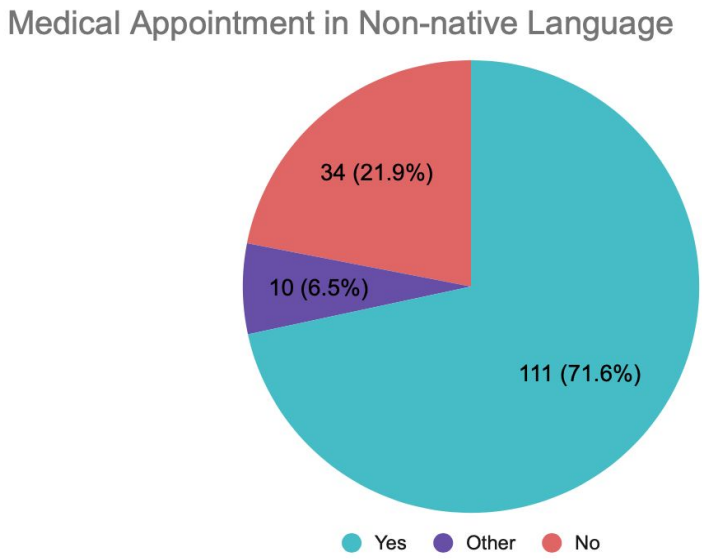

Table 16. Medical Appointment in Non-native Language (Gates: 2020)

The additional information provided in the 'other' section of the response box included information such as, "He [the doctor] tried to explain about the antibiotics in English, but it was easier to understand in Spanish in the end", and, "This depends on whether or not they speak English", and, "It depends on the type of appointment." The two responses that are dependent on if the doctor speaks English and the type of appointment being held give insight as to what the participant is looking for when attending medical appointments. This question in general gave the researcher more of an understanding of how many of the participants are speaking their non-native language during appointments and the ten participants who wrote in 'other' responses helped the researcher determine if this is by choice or by force. The next question continued the language and comfort level questions. The researcher asked participants to rank their level of comfort when speaking their non-native language during a medical appointment from one to five. One being very insecure and five being very comfortable. As displayed in Table 17, Participants' Level of Comfort when Speaking, sixty-two participants, or 40 percent, feel comfortable when speaking in their non-native language. Only eight participants, or 5.2 percent, claim to be very insecure when speaking during a medical appointment. With the visual aid of the table, it can be deduced that 63.2 percent of the participants of the survey are very confident in their speaking abilities, which gives the researcher reason to draw the same conclusion drawn previously—participants do not use the service of an interpreter because they do not find it to be necessary. However, there is still doubt, which will be further analyzed, to this conclusion.

Participants' Level of Comfort when Speaking

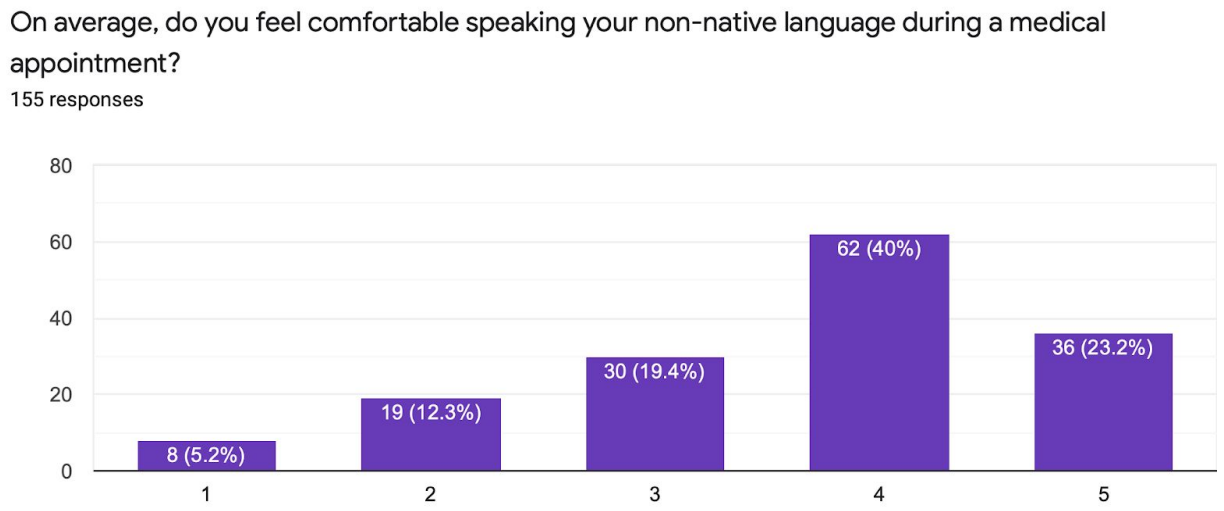

Table 17. Participants' Level of Comfort when Speaking (Gates: 2020)

The final question in the language and medical experience section of the survey was designed to further analyze the levels of discomfort or comfort found when attending medical appointments. In this open-ended question, participants were asked to comment on what they believe to be the cause of their level of comfort or discomfort selected in the previous question. This was an optional question and received 123 responses. Similar to participants' responses in previous open-ended questions, some responses were simple, while other responses were detailed and thorough. Many participants simply wrote the word, language, as their response. Short answers included positive and negative reactions like: language barrier, technical vocabulary, uncertainty, stress about the treatment, not fully understanding explanations, details, cultural differences, expression, anxiety, confidence, medication names, language mastery, and misunderstandings. A few of the participants expressed similar issues to those found in the previous open-ended question. One participant stated, "Feeling comfortable speaking to a doctor in Spanish is something that I have achieved over time. I think a medical interpreter would have been beneficial to me during my first year or two abroad; however, I feel much more comfortable speaking Spanish at appointments and do not really need that service now." This type of comment is helpful for the researcher to begin to understand why the service of an interpreter is not being used—it further drives the idea that the language barrier is the main concern when speaking to a doctor, but once the participant is more comfortable in the language, they seem to lose the level of discomfort. However, it is also important to note that even though someone speaks a language well, that does not mean it is easy to communicate difficult medical terms, or when under stress. A participant commented, "It would stress me out when I was not being taken seriously, so I would stutter and stumble over my Spanish, which did not help the situation." Another participant stated, "Although I can express myself very well in Spanish, medical care is my only exception when it comes to preferring my native language. Mainly as your brain does not work as well when you are not feeling well, the added stress of the lack of ability to express yourself perfectly

is not a solid combination." Participants had similar responses in that the experience as a whole is incredibly stressful, especially with the added communication barrier. Many participants commented on the medical terminology and the ability to accurately express symptoms, as well as the uncertainty of if the doctor they see is going to be patient and try to use words that are not as challenging. Going to the doctor in your own language is stressful enough as it is, without the additional stressor of not being one hundred percent confident in understanding and being understood. The anxiety levels are likely high before the additional stressors are put into place. The researcher empathizes with the participants' fears and concerns, and takes their increased anxiety and stress levels of the doctor into account when analyzing their high levels of Spanish and strong confidence levels as reason to not use the service of an interpreter. Putting the language barriers aside, the researcher next seeks the participants' experience with and opinions on the service of an interpreter in the healthcare system.

7.3 Participant's Experience with and Opinions on the Service of an Interpreter

Now that the participants have answered questions about their language levels and their personal medical experiences, the researcher based the next section of questions on experiences and opinions in regard to the service of an interpreter in a medical setting. The first question the researcher asked was if the participants were offered the service of an interpreter during their medical appointment. The response options available were extended yes and no responses; Yes, but I denied it; Yes, and I used one; No, I did not know that was an option; No, the interpreter wasn't available that day; and, Other. As shown in Table 18, Participant Offered an Interpreter, all 156 participants responded to this question. The large majority, 115 participants, or 74.2 percent, stated that they had not been offered the service and were unaware that this was an option. Only four participants were offered the service of an interpreter and chose to use it, four other participants were offered the service, but chose to deny it, and two participants stated that the interpreter was not available the day of their appointment. Thirty-one participants chose to select the option 'other' and add additional information.

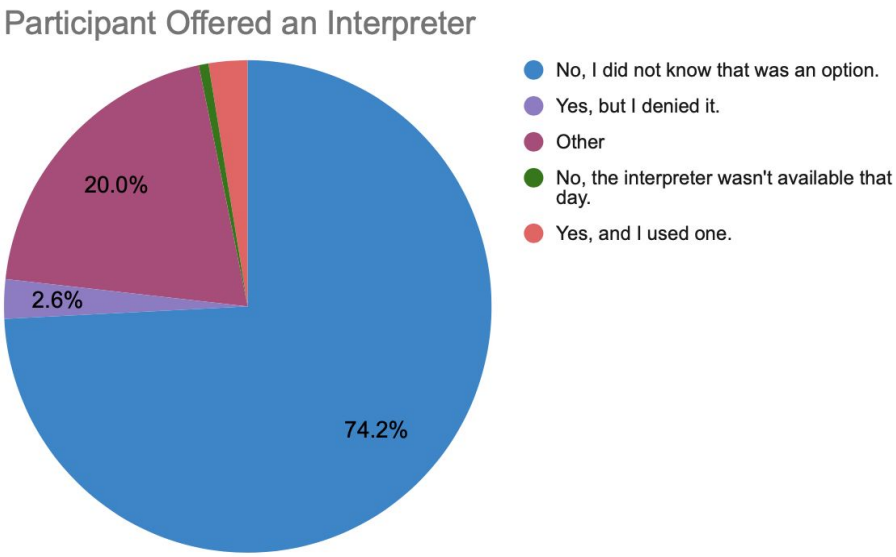

Table 18. Participant Offered an Interpreter (Gates: 2020)

The comments included in the 'other' response box were all similar to: "No, it simply was not offered", "I did not think it was necessary", "No, I knew it was an option, but I have never asked nor has it ever been offered", and "I did once and later realized there was a large fee attached to it. I think when offered ethically, interpreters are a vital service within the healthcare system." The main comment in this response being, "I did not know it was offered, but I do not think it is a necessary service for me." This brings new light to the conclusions that can be drawn to the question of why foreigners are not using the service of an interpreter. If 74.2 percent of the 156 participants of this study have not been offered the service as an option, it can be assumed that many other foreigners, who may need the service more than the sampled participants, are not being offered the service either. To further investigate the level of awareness of the participants, the researcher asked the question, "Were you aware that you have the option to have an interpreter in Spain?" This question was also written as an extended *yes* or *no* response type question. The available options were: Yes, and I have used one; Yes, but I have never requested one; No, I had no idea that was an option; No, I don't feel that I need one; and, Other. In Table 19, the numbers indicate that 112 participants, or 72.3 percent, are not even aware of the option of the service of an interpreter. The closest number following was 17 participants who were aware of the service, but have never requested it.

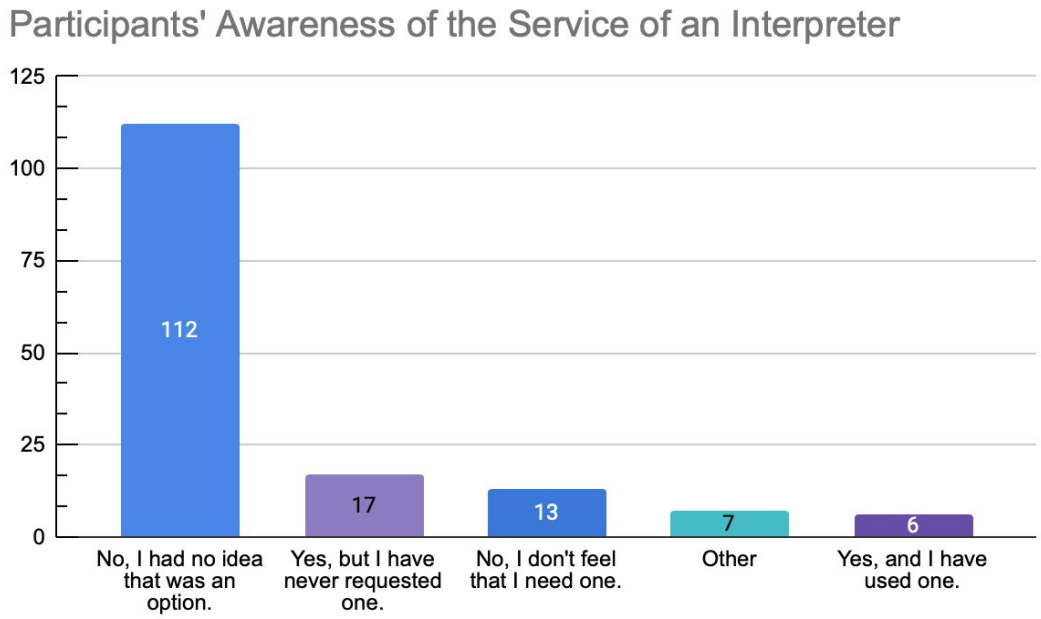

Table 19. Participants' Awareness of the Service of an Interpreter (Gates: 2020)

Thirteen participants responded that they did not know that the option was available, but they also feel that they do not need the service of an interpreter. The researcher chose to include this answer to see if participants know about the option to the service, but choose not to use it because of their level of comfort with the language. Six participants indicated that they have used the service of an interpreter. The seven participants, or 4.5 percent, who selected 'other', wrote in responses such as: "Yes, but no one at the clinic or hospital has ever known how to get those services for me", "Will I have to pay?", and "No, and I really doubt it is an option for me in the small city in which I live." The participant who lives in the small city may not be aware of the telephone interpretation option offered by many facilities throughout Spain, and the participant who is nervous about the fees has not been made aware that there are options for facilities who provide the service free of charge. The participant's comment about no one knowing how to go about getting the service is the unfortunate reality of the lack of awareness of the profession as a whole. The 72.3 percent of participants who do not know about the service as an option can be closely linked to the 74.2 percent of participants who have never been offered the service of an interpreter. As previously mentioned in this study, there are groups whose intentions are to bring awareness to healthcare facilities and to the profession in general, which in turn will raise awareness to the option for foreigners and the ways in which to request the service. The next opinion-based question asked the participants to rate how important they think it is to offer interpreters to non-native speakers, with one being not important and five being very important. As displayed in Table 20, Importance of Offering an Interpreter, the strong majority of participants believed it to be very important.

Importance of Offering the Service of an Interpreter

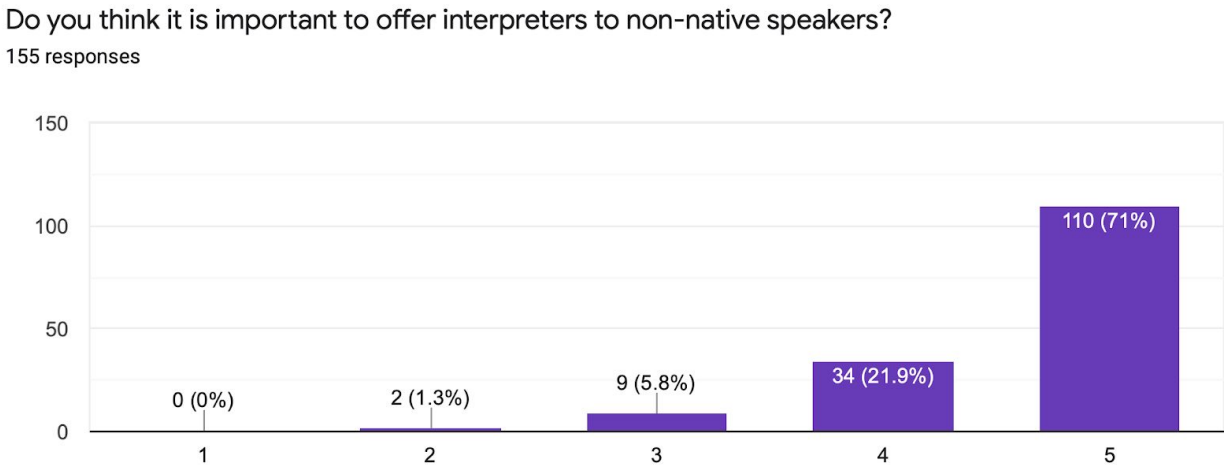

Table 20. Importance of Offering the Service of an Interpreter (Gates: 2020)

Seventy-one percent of the participants selected that it was very important and 21.9 percent selected that it was important. There were two participants who found it not very important—serving as the anomaly compared to the 91.9 percent who selected a strong level of importance. There were nine participants who were indifferent to the importance of the service of an interpreter, which the researcher found, in combination with the two who selected not very important, surprising. Next the researcher asked participants about the type of interpreting service they received if they had an interpreter. The researcher offered the options: Telephone; Video call; In-person; and N/A. In Table 21, Type of Interpreting Service Used (If Applicable), the data shows that of the 156 participants, 148 selected not applicable, and 8 selected in-person. The researcher found these results shocking in that the most readily available service for the service of an interpreter, per previously documented research, is that of a telephone interpreter. However, 94.8 percent of the participants have not used a telephone interpreter, much less any type of interpreting service. Based on the comments previously written by participants and patterns in the results of the data, this strong of a result is likely due to the lack of awareness, but will be further analyzed later in the study.

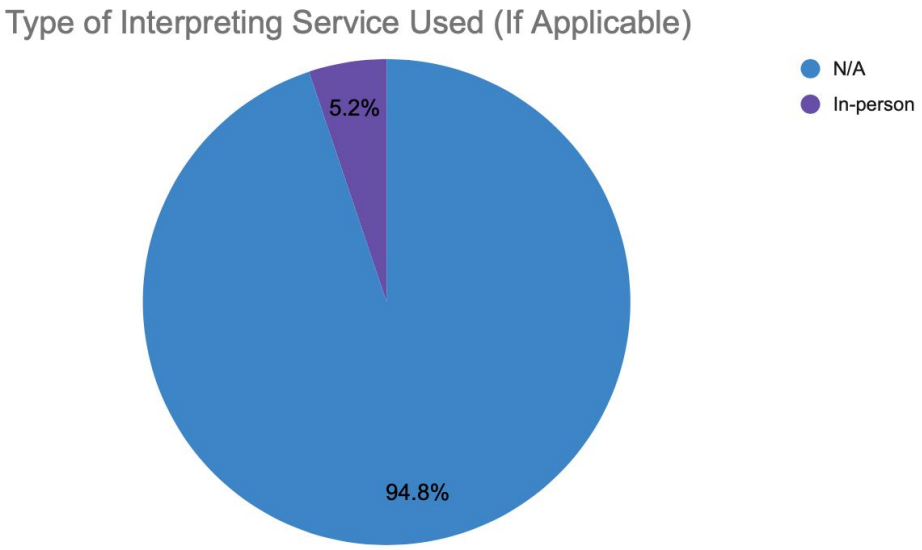

Table 21. Type of Interpreting Service Used (If Applicable) (Gates: 2020)

After asking participants about the type of interpreting service they received, the researcher asked them to explain their experiences with their interpreters. This was an optional, open-ended response question that received twenty-four total responses, with fifteen of those responses being, "Not applicable" or "Never had one". The other nine participants wrote a combination of experiences and thoughts about the service of an interpreter. One participant wrote: "I have never used one or had the service offered, but I do think that it could relieve some stress and worry around going to the doctor when not confident in language abilities." Another said, "Overall unnecessary for me, but I see the value in it for people who do not speak the language." One participant spoke about being provided with the service of an interpreter and laughing with them because it was obvious that the service was not required for that particular appointment, but the participant still felt more comfortable in knowing that everything would be understood thoroughly. Another participant commented, "It was extremely helpful to have an interpreter. I can manage a normal appointment on my own, but when going in for a specific medical procedure, the interpreter very patiently made sure I understood exactly what was happening and that all of my questions were answered. I felt very comfortable having someone else in the room." This is an example of true informed consent. Another participant stated: "Out of the many times I have been to the doctor, I was offered an interpreter only once. It was wonderful to feel like I could communicate effectively with the doctor and could understand everything the doctor asked and explained about my treatment. I wish I could have an interpreter at every appointment. My boyfriend, who speaks English and Spanish fluently, came with me twice—but he does not know medical terms and is not a trained interpreter; therefore, he had to think a lot about the words in Spanish or in English. Even with his help, there was still a lot lost in translation as he isn't trained and does not know anything about the medical field." The, 'I brought my significant other or friend or family member' response is far too common, even in this twenty-seven question survey. As previously documented in this study, it can be risky to bring a third party into appointments and should not be the first option that foreigners turn to when they feel that the language barrier will be too strong. The remainder of the comments about experiences were similar to the idea of

feeling comfortable and safe in the appointment even though it was not in the participants' native tongue. Next, the participants were asked to rate on a scale of one to five how important it would be for them to have the same interpreter for every medical appointment—one being not important and five being very important. As displayed in Table 22, Importance of Having the Same Interpreter, the participants had split opinions. The participants leaned more toward it not being very important to have the same interpreter for every appointment, with 26.5 percent selecting the number one. Forty-one participants, also 26.5 percent, chose number three, which can be assumed as indifferent, and 12.3 percent chose number five, selecting the 'very important' option. These evenly distributed opinions cannot draw the conclusion that participants are uncomfortable with varying interpreters and therefore can be eliminated as an option for why foreigners are not using the service of an interpreter.

Importance of Having the Same Interpreter

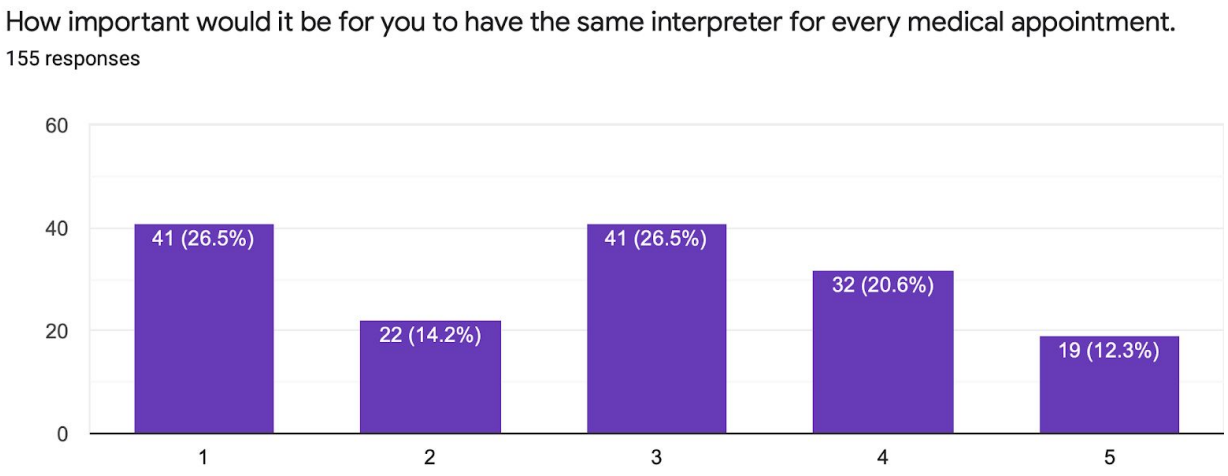

Table 22. Importance of Having the Same Interpreter (Gates: 2020)

The next question the researcher asked participants was a multiple checkbox selection type question. The participants were asked about their preferences if given the option of the service of the interpreter. The possibilities were: To speak to one on the phone; To speak to one using video call; To have one in the room with you; To have a friend who is fluent in the language, but not a trained interpreter; and, Other. Participants were given the choice to select more than one option, and many of them did. A few participants wrote in their own answers. As shown in Table 23, Preference of Type of Interpreting Service, 71.6 percent of the participants would prefer to have an interpreter in the room with them. The next highest option selected, at 44.5 percent, was to have a friend who is fluent, but not trained, join the participant in the appointment. The researcher cannot stress enough how many times this option has shown up in the short survey, and how often it happens among foreigners living abroad.

Preference of Type of Interpreting Service

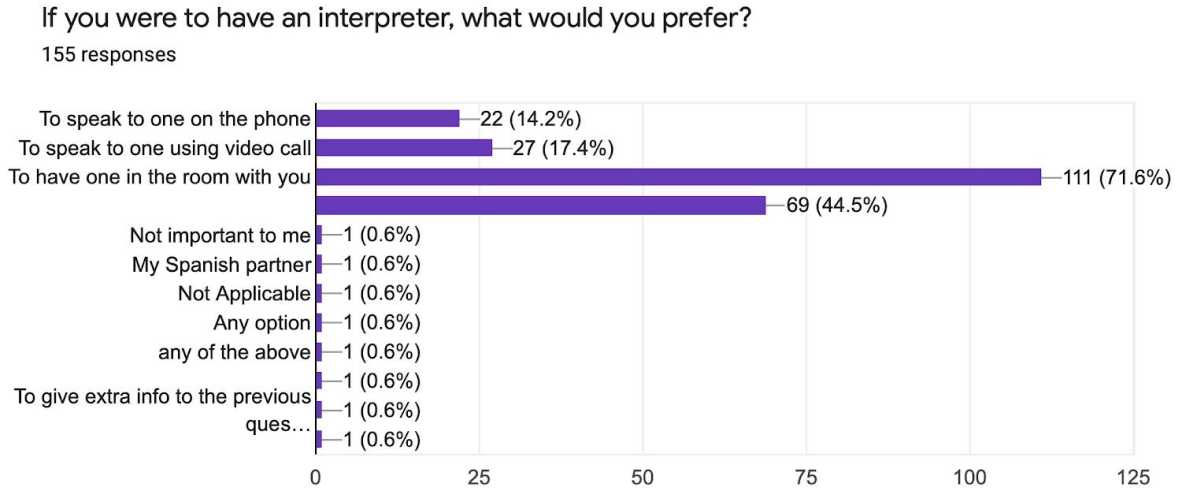

Table 23. Preference of Type of Interpreting Service (Gates: 2020)

The written-in responses included: My Spanish partner; not applicable; any of the listed options—as long as I get to understand, there is no problem; and, to give extra information to the question about continuity, to have the same interpreter in the room for more serious illness related appointments. Based on this data, the conclusion that the participants are open to any type of interpreting service if they feel it will help them understand and break the communication barrier can be drawn, especially because the majority of the participants chose multiple options in response to this question.

At this part of the survey, the researcher wanted to give the participants a space to add any additional comments about their experience with or as interpreters. The researcher did so by way of an open-ended, optional question: Any additional comments or experiences you have with medical interpretation as the recipient or as the interpreter? Thirty-four participants responded to this question, ten of whom wrote only *N/A* or *no*. The other participants wrote thoughtful reflections. One participant blamed their own insecurities for their discomfort when attending medical appointments as their doctor spoke slowly and was very patient, while another stated: "I think medical interpretation is absolutely necessary, but in my experience, the bigger issue is the lack for training for medical experts regarding the treatment of non-native Spanish speakers." Another participant took the additional space to make an assumption based on hearsay: "I have heard that the interpreters are not always fluent in English and have difficulty translating the English phrases or things to English." However, another participant was very positive in their comment: "Interpreters are important. Medical care is the one time you need to fully understand everything that's happening to you. People should have the option to have someone help them understand what is going on and what they are signing!" Participants also elaborated on their mixed ideas of bringing a friend along: "I brought a Spanish friend with me to an appointment. I obviously trusted her, so I felt comfortable with having her in the room and hearing all my medical information. I doubt I would feel as comfortable with a stranger, even if they were a trained interpreter." Whereas another participant disagrees: "I do not think having a friend be an interpreter would be very good, especially if there is the option for a professional, because

medical issues can be very personal and people might not want their friends to know about these private matters." The fear of trust found in the first participant goes back to the lack of awareness of the service of an interpreter as a profession. People who receive the service of an interpreter should be made aware that interpreters follow a strict code of ethics and are trained to keep patient confidentiality, equally as strictly as the doctor. One participant reflected: "In the United States I have worked in refugee resettlement, and often would accompany families to their appointments as an advocate in order to make sure they are offered proper interpretation services. Having also worked in medical settings and in public health, it is absolutely imperative for patients to have quality interpretation in order for them to reach projected health outcomes. Without it, patients are often confused or uncomfortable and stop showing up to their appointments, or they come regularly but do not get the same results that their counterparts do that speak the same language as their healthcare provider." This reflection strikes on a very important point that was discussed earlier in the study—receiving the same results as those who speak the native language as their healthcare provider. This is the same idea that, according to the previously cited European Law, foreigners residing in Spain must be granted access to public services on the same footing as native residents. In order to truly be on the same level, the foreigner, in this case the patient, must be fully understood and understand fully. One interesting response came from a friend serving as an interpreter: "I have been the interpreter and the doctors in Spain are not usually patient enough for me to explain what is being communicated to the patient. I have to wait until we leave the office and find I have to speak totally for the patient." This lack of patience could be due to the fact that the doctor is frustrated that there is not a trained professional facilitating the appointment, or it could be a genuine misunderstanding among all parties involved. The rest of the short answer responses are similar in thoughts. Mainly, the importance of feeling calm and understood in a medical appointment, emphasis on how training is necessary to translate/interpret the medical terminology, comments on patience or lack thereof when communicating with the doctor, and the desire to know the options offered upon arrival to the health center. The final question the researcher included was an open space of participants to add any additional thoughts or comments on their experience as a foreigner at the doctor. The participants included many thoughtful comments, pieces of advice, and stories of their experiences. "I hate going to the doctor in general, even in my own country. Although, not being able to express myself as fully as I can in my own language adds an extra layer of frustration. And I do feel that in Spain, doctors are less patient, mainly because the time they allocate to each appointment is so short." Doctors being less patient is a recurring theme in the final comments written-in by the participants. One participant empathises with participants who do not speak the language, "Had I been in a country where I did not understand the language, I would certainly want an interpreter", and another participant warns, "If you have private insurance, be aware that just because the insurance website *says* they speak your language, does not mean they actually do." A participant explains their entire appointment in full detail, including the confusion of the appointment location, which waiting room to wait in, and the trouble with paperwork. Another participant comments: "I have a Spanish friend who was at a clinic when a doctor was seeing a patient who could not speak Spanish. The doctor came out to the waiting room and asked her to help interpret for the traveler who could not communicate what his problem was, or understand the doctor's advice. My friend told this story as though it were a funny anecdote—I however, feel torn because the traveler was obviously helped, but at the same time it was unprofessional and an invasion of the patient's privacy." Examples such as this one further prove that the system of the

service of an interpreter is broken on both ends. It is the lack of awareness, lack of training of both hospital staff, and general disrespect to the profession itself. It is heartbreaking to know that a doctor would be willing to breach privacy in such a way, when they could find the tools to communicate in other manners. The final comment received was: “If there were an interpreter available, I would feel less anxious about going to the doctor”, and this could not embody the point of this study better. The researcher’s intention is to figure out why foreigners are not using the service of an interpreter when visiting the doctor because of the anxiety, nervousness, and general fear that many foreigners must feel when they have to try to explain difficult concepts in a language different than their native tongue. The data collected brought insight for the researcher to be able to draw conclusions based on the small study sample surveyed, but the researcher knows that these conclusions will not solve the underlying issue—the service of an interpreter as a profession is not as well acknowledged as it should be, especially with the amount of foreigners abroad.

8. Data Analysis

Now that all of the data has been displayed and discussed, the researcher will analyze the findings based on patterns, surprising discoveries, numerical data collected, and comments made by the participants of the quantitative research survey. The intention of the survey was to answer questions about why the participants are not using the service of an interpreter when they go to the doctor in their non-native language. As previously mentioned, 156 native or mastery level English speakers participated in the twenty-seven question survey. The participants were given the opportunity to add additional comments or their own ideas to twenty of the twenty-seven questions. This option was granted to further understand why participants were responding the way in which they were responding. The graphs and data collected in the previous section were completed by the researcher once the survey response window was closed. The response window was open from July 13, 2020 until July 20, 2020. This left one week for participants to complete the survey. It is important to note that the survey about medical attention as a foreigner was released during the global pandemic caused by the coronavirus—no participants wrote about the pandemic or medical attention for the virus, so the data is not skewed due to the pandemic. When analyzing the data, the researcher found recurrent themes that emerged among multiple participant responses to more than one question. The conclusions drawn about these recurrent themes will first be ideas the researcher believes could be possibilities, and later will be ideas from a study conducted on resident physicians and their use of the service of an interpreter from the viewpoint of the doctor.

The first recurrent theme was the participants' strong level of confidence when it came to rating their levels of Spanish. There was an overwhelming number of participants who are not officially certified in the language, who rated themselves as a Proficiency level. Almost eighty percent of the participants described their language ability as a C1. As previously discussed in this study, a C1 is the second highest level of language qualification according to the Common European Framework of Reference for Languages (CEFR). In order to become certified in a language, it is necessary to take a specific examination. These examinations are particular and test your examination taking skills, as well as your language skills. It is very possible that a participant can comprehend and speak Spanish at a C1 level, but may not be capable of passing the examination due to lack of listening or writing skills. The researcher noted that just above twelve percent of the participants, which seemed shockingly high knowing the difficulty of the certification examination, rated themselves as having a C2 or mastery level of the Spanish language. This level of language would be reason enough for a participant not to feel the need to use the service of an interpreter and can therefore be considered as one of the reasons as to why the service is not being used. Many participants do not feel that the service is necessary as they are in the C1 or C2 level of spoken Spanish. The high levels of Spanish spoken were also mentioned by participants in later questions, along with the participants claiming to have no problem with the language barrier, but instead having a problem for a different reason, like cultural differences. A few participants claimed that they are able to "get by" with the Spanish they speak. Many comments were positive about their levels of comfort in the appointments including: "No real language barrier, I consider myself fluent at this point" and "I feel comfortable communicating in my non-natvie language." However, there were a few comments

that came with an excuse: “my language skills are good enough to explain everything, but I am unfamiliar with the system and feel rushed.” The researcher questioned if participants are too proud to admit that maybe a visit to the doctor is a different type of setting when it comes to speaking a non-native language even if they consider their language skills to be ‘good enough’. To further analyze this idea, the researcher studied the answers participants gave about their time spent abroad in relation to how their appointments at the doctor have changed. At this stage, participants began to explain that it was easier now that they ‘feel as though they have mastered the language’. Or that their first year it ‘would have been a problem, but now they speak Spanish fluently and it is not an issue’. These strong levels of confidence continue to negate the need of an interpreter to assist with the language barrier. However, the participants slowly begin to break down their displayed levels of confidence when they begin to discuss specific vocabulary, appointments with specialists, automatic judgements from the doctor because it is obvious that Spanish is not their native tongue, or they answered that they have found an English speaking doctor and the language barrier no longer exists. These factors play a role in the deeper rooted problem of visiting a doctor—it can be equally as stressful in a native language as a non-native language. The researcher analyzed why the participants who claimed to not feel the pressure of a language barrier would later describe the doctor as a stressor in general and eventually claim that the service of an interpreter would be a helpful option in very specific cases, such as when seeing a specialist or receiving surgery. The stress levels of seeing a doctor are heightened when the brain is slow reacting due to being sick. This can be described as the idea of ‘brain fog’. According to health reporter, Adriana Barton, “Reaction time and manual dexterity involved in everyday tasks, such as driving, ‘are likely to be imparied when you have a cold’...” (Barton, 2017). Barton continues:

> In a 2012 study published in Brain, Behavior, and Immunity, Smith recruited 198 healthy men and women to do baseline cognitive tests. Within a few months, one-third came back to the lab with head colds, while the rest served as healthy controls in a second round of tests. Compared with healthy participants and their own previous scores, those with colds took more time to learn new things, perform verbal reasoning tasks (a test of working memory) and retrieve information from their general knowledge banks. The lower scores were unrelated to the severity of their symptoms, their moods or how many hours they'd slept, the study found. (Barton, 2017)

This study was conducted using its participants’ native language—once the stress of a non-native language, difficult medical terminology, and fast-paced appointments are added to the ‘brain fog’ caused by being sick, it is understandable that medical appointments for foreigners would not go as smoothly as those for native speakers. ‘Brain fog’ may only be an effect that is tested and studied when people have colds, but it may also be something to study when it comes to non-native languages under pressure. A person may speak a non-language very well, but may not be able to utilize it to its full effect when they are nervous or could potentially feel judged. The researcher found it surprising that there were only one or two additional comments about the nerves or sickness affecting the participants’ ability to think and communicate clearly. One participant discussed her high level of Spanish and then said, “Mainly as your brain does not work as well when you are not feeling well, the added stress of the lack of ability to express yourself perfectly is not a solid combination.” The researcher was expecting to read a lot more comments along these lines to further analyze the way in which participants use their language ability to justify not needing the service of an interpreter. As participants continued to write comments such

as, ‘I do not need an interpreter’ and ‘my Spanish is good enough’, the researcher began to think about ego and pride as factors as to why foreigners are not using the service of an interpreter. If the participant speaks a high level of Spanish, and can hold a conversation and function on a day-to-day basis, why would it be necessary to have an interpreter in an appointment with a doctor? The non-native Spanish speaker could frankly be too embarrassed to ask for the service of an interpreter based on the expectations of being a high level speaker. One participant commented on how they were denied the service of an interpreter because their level was adequate enough to be understood—the participant noted that they are still upset about this denial today. Overall, the majority of participants claimed to be confident enough in the language to get by during their medical appointment. There were some participants who did not show this same confidence, but not enough to create a solid argument that the language barrier is the main issue this small study group had when visiting the doctor. This recurrent theme allowed the researcher to place confidence in language skills as one of the reasons that foreigners do not use the service of an interpreter when visiting the doctor.

The next recurrent theme was found in comments on the participants’ hesitancy to make mistakes. This theme could further tie into the idea of the participants’ egos and the possible feeling of embarrassment they may have if they need to ask for the service of an interpreter, especially if their level of Spanish spoken is high. There are many causes for hesitation due to fear of making mistakes. One is the fear of failure. As human beings, we are naturally afraid of failing, especially in front of others. The more non-natvie language speakers think about their possible mistakes and their fear of failure, the more they stutter and stumble over words and phrases that are usually considered to be simple in their vocabulary. Multiple participants wrote-in answers that had similar themes of fear of not being understood due to grammar errors, nervousness about the terminology, fear of not describing the symptoms they are feeling accurately, and fear of judgement based on their Spanish in general. The researcher looked for trends that would break the reasoning for these patterns; for example, the amount of time spent abroad or languages spoken other than English and Spanish. Sometimes with more experience, these hesitancies disappear because non-native language speakers learn that one of the most important parts of communication is getting the point across successfully. Also, if a speaker speaks more than two languages, they may worry less about their small mistakes. There was not enough evidence to break the patterns of the complexity found in hesitancy when speaking a non-native language. The researcher was unable to draw a solid conclusion about how this may directly affect the participants’ choice to not use the service of an interpreter from this recurrent theme, as there were only short explanations of the participants’ feelings in regard to the topic.

A third recurrent theme was found in the absence of a question directed to the medical professional. The majority of participants stated that they have never asked a doctor or specialist if they speak English. In one of the survey questions, participants were asked if their doctor spoke English, with one of the response options being: I did not ask. The researcher added this option to see if participants were attempting to navigate their appointments in their non-native language, or if they were comfortable enough to ask the doctor if they spoke English to avoid miscommunication. A few participants said that they did not ask because it was not necessary for them to speak in English, while others said that they simply did not ask. If participants are not asking their doctor if they speak English, they are most likely not going to ask if there is an option for the service of an interpreter. The researcher analyzed the reasoning behind why a participant would not ask if their doctor spoke English: 1. The participant has a strong level of Spanish and is

confident enough in their vocabulary, speaking skills, and level of understanding. This option would seem to be the most likely one, as many of the participants ranked themselves as high level speakers. For these participants, it is easier to enter the appointment and conduct it entirely in Spanish, asking questions if they feel they do not understand. 2. The participant does not have a high level of Spanish, but does not want to be a burden to the doctor and will 'get by'. This option comes with speakers who have a general knowledge base and are able to understand the majority of what is going on. This option comes from participant comments such as, "the doctor is not very patient" or "I feel rushed when I am asking comprehension questions." 3. The participant did not ask because they had a friend or significant other with them to help them understand, so it was not necessary to ask. This is the least likely of the three options for this particular case because the question was open to 'other' responses leaving room for the participant to explain themselves. However, this is a likely case in general because many participants in the small study sample talked about bringing their significant others, friends, or family members to their appointments. The lack of initiative shown by participants to attempt to speak in their native language when at the doctor provides a new option as to why foreigners do not use the service of an interpreter—they simply do not take the initiative to ask.

A very prevalent theme the researcher discovered is the participants' habit of bringing a friend or significant other to the appointment to serve as a mediator. The participants stated that this brought them an additional level of comfort because it was someone they were close to and trusted, and they were at ease because they had a second pair of ears to help them understand. This convenient service from friends, significant others, and family members is excellent at surface level. Why wouldn't a non-native speaker want to bring their native speaking loved one to their appointment with them? This option seems to be easy, stress free, reliable, and safe. However, it is not necessarily safe. Sometimes it can be the opposite. In an interview with CBC Radio, show host Dr. Brian Goldman, spoke with Young Joe, a certified medical interpreter, about the dangers of family members stepping in as interpreters. In the program titled, Why Family Members Should Never Interpret at Medical Appointments, Joe states that she would refuse to interpret for her own mother, "It would be really hard for me to be impartial and neutral. I will have this protective bias for my mom. And I may think that I'm helping, but maybe I am not" (Goldman, 2017). Joe later tells Goldman a story about a woman whose husband served as her interpreter and did not want to admit when he was confused about the names of the medications and their dosis. He then gave the name of the wrong medication, putting his wife's life at risk. Although this is an extreme case, it does not stand alone. Sometimes when children are asked to advocate for their parents, they are too sensitive and choose words that may lessen the diagnosis. The idea of the struggle for neutrality is likely present among the survey participants' loved ones who are trying to be helpful, but are also emotionally invested in the case. The presence of a loved one might be comforting to the participant, but it might make the doctor feel uncomfortable in knowing that there is not a trained professional. The researcher analyzed the reasoning behind why participants were choosing to have their loved ones interpet on their behalf, and was able to draw a conclusion. The combination of the previously discussed stress of the language and cultural barrier, the 'brain fog', and general fear and anxiety of the doctor in any language are all factors that lead to the participant seeking out some type of comfort or normality. If the participant feels most comfortable with their loved one, and their loved one is able to speak both languages and be helpful, it is the option that feels the most 'at home' for the participant. This reasoning could be justified as one of the reasons in which foreigners do not use

the service of an interpreter. If the foreigner does not have a loved one who can assist them in this type of appointment, why then are they not utilizing the service? This leads to the next recurrent theme found in the study. The idea that an interpreter is a stranger and will make the appointment more uncomfortable. While allowing a stranger into something as personal as a medical appointment may be frightening, is that the reason why foreigners are not using interpreters? This type of thought is valid for those who are unaware of the code of ethics or the role of the interpreter as a profession. It is understandable that the foreigner would prefer to have the comfort of a loved one, but it is also important that they understand that the service of an interpreter is not an intrusion of privacy or a risk of a breach of confidentiality as interpreters are trained under a very strict code of ethics. The lack of understanding of the role of the interpreter as a professional gives the researcher believes that foreigners are not using the service of an interpreter due to a fear of what is unknown or against the norm.

The main recurrent theme found in the study was the complete lack of awareness of the service of an interpreter combined with the lack of awareness of the ways in which to go about requesting an interpreter and how the appointment works when using an interpreter. One concern raised by participants was that if they requested the service of an interpreter, it could be rude or insulting to their doctor, if the doctor does indeed speak English. If the service of the interpreter is requested and the doctor speaks what they believe to be a high level of English, maybe there will be a feeling of animosity from the very beginning. Many participants are concerned about the patience levels of the doctors and time allotted for their appointment, that they questioned the time constraint of using the service of an interpreter. Another common concern was the amount of money necessary to pay for this service. The researcher found that the majority of the participants of the study answered that they had no idea that they had the right to the service of an interpreter when visiting the doctor. Many of the survey participants reacted strongly when given the option to discuss their experiences at the doctor, especially those participants who were not aware of the option of the service of an interpreter. The main conclusion drawn by the quantitative research is that foreigners are not using the service of an interpreter because they are simply not aware that the service exists, and if they are aware of the service, due to experience living abroad and within the healthcare system, they no longer feel that they need it as they feel their language level is good enough.

In order to draw ties and reinforce the conclusions made, the researcher investigated similar studies. In a 2009 study for the Journal of General Internal Medicine titled, *Getting By: Underuse of Interpreters by Resident Physicians*, researchers conduct in-depth interviews with resident physicians to discover the underlying reasons as to why the service of an interpreter is significantly underused. The study was conducted in, "two urban teaching hospitals with excellent interpreter services." The study states, "Research suggests that physicians underuse interpreters despite evidence of benefits and even when services are readily available. The reasons underlying the underuse of interpreters are poorly understood" (Diamond et al., 2009). The conclusions drawn in the 2009 study from the point of view of the residents were not much different from the conclusions drawn from the point of view of the non-native speaking patient:

> Although previous research has identified time constraints and lack of availability of interpreters as reasons for their underuse, our data suggest that the reasons are far more complex. Residents at the study institutions with interpreters readily available found it easier to "get by" without an interpreter, despite misgivings about negative implications for quality of care. Findings suggest that increasing interpreter use will require

> interventions targeted at both individual physicians and the practice environment. (Diamond et al., 2009)

Both studies discuss the issue of time constraints, gravity of the situation, using family members as interpreters, and the idea of the level of language being 'good enough' or simply being able to 'get by'. The resident physicians in the United States study described the phenomenon of undersing professional interpreters as 'Getting By': "...included communicating through gestures, using limited second language skills, and relying on histories obtained by other physicians. All of the resident physicians recalled instances of their own non-use of interpreters" (Diamond et al., 2009). The most shocking part of the study conducted in 2009 on resident physicians, is that their responses are incredibly similar to those of the participants of this study, who are the patients insead of the physicians. One resident physician said, "I know that when people are very pushed for time, they may or may not call an interpreter. They may just 'get by' on the few words they know in different languages for like 'pain' and 'take a deep breath' and just fumble through" (Diamond et al., 2009). Another researcher commented, "The time constraints and hassle factor...we're always doing the calculation of like: How high yield is this going to be? [...] Are we going to be able to really advance care here by getting a translator?" (Diamond et al., 2009). A different resident physician commented on using a patient's family member to serve as the interpreter:

> A lot of times, it wasn't an intentional 'I am going to use this [family member] as a translator,' but more, 'This person speaks Spanish and wow, this person that is with them is bilingual, we'll use them as a translator,' it was never a conscious decision, 'I am going to use them over this person,' but, 'wow, this is convenient, let me do this,' until, like I said, I realized it was a bad idea. (Diamond et al., 2009)

There are many parallels that can be drawn between the two studies, which is fascinating as they are taken from opposite sides of the involved participants, that is, the doctors and the patients. Not only are the two studies opposite in the participants, but also in the dominant language. However, the message of both studies is the same. As put by one of the resident physicians:

> I think that a lot of us try to get by without using interpreters...Overall, we do not use interpreters as much as we should... I think that [attendings or residents] maybe even just emphasizing that we should use interpreters on a daily basis might be [helpful]...maybe making it a standard. (Diamond et al., 2009)

The main idea behind the studies is the underlying issue of the underuse of the service of an interpreter. The analyzed data in this study allowed the researcher to draw conclusions that lined up to the conclusions drawn from a completely different study that was conducted in an entirely different quantitative researcher manner. The researcher stands firm in the idea that, per the data collected, the main reasons foreigners are not using the service of an interpreter is that they are not aware of the system or that they are afraid to inconvenience the doctor or hospital staff in any way. The patterns of language such as stressful, time constraints, rushed, impatient, and good enough are strong indications of the work that needs to be done on both sides of the equation. The recurrent themes of the lack of awareness, participants not advocating for themselves or asking if their doctor speaks English, fear of making a language mistake, making a loved one interpret, and strong confidence in language abilities are all factors that prove that the foreigners are not using medical interpreters for various reasons.

9. Conclusiones

En esta sección, la investigadora discutirá los posibles errores del estudio, las limitaciones del estudio, las propuestas de futuros y las conclusiones finales extraídas.

9.1 Margen de error

Antes de extraer conclusiones definitivas, es importante señalar los posibles errores del estudio. Los participantes de este estudio fueron seleccionados a ciegas. El enlace al documento del estudio se colocó en grupos de medios sociales y se difundió a varios grupos a través de Whatsapp. Las instrucciones de la encuesta indican claramente que el inglés debía ser el idioma nativo de los participantes o que el participante debía utilizarlo a nivel de maestría. Esto dejó margen para el error ya que no era una encuesta cerrada y dos participantes nativos de habla hispana completaron la encuesta, sesgando ligeramente los resultados. También es difícil calibrar lo que los participantes consideran un nivel de dominio del inglés, por lo que hay un error en el sentido de que no todos los participantes eran nativos de habla inglesa. Este error no fue perjudicial para los resultados, ya que la investigadora trataba de comprender por qué los extranjeros no utilizan el servicio de un intérprete, y no sólo los extranjeros de un país donde el inglés es el idioma nativo. Este pequeño error podría haberse evitado si la investigadora hubiera pedido al participante que calificara primero su nivel de inglés y si utilizara el inglés a diario.

El siguiente error fue la ubicación del participante. La investigadora no le pidió al participante que identificara dónde vivía o vivía en España. Esto constituye un problema porque los participantes de Madrid pueden ser muy conscientes de su derecho a pedir el servicio de un intérprete, mientras que un participante que vive en un pequeño pueblo puede no tener idea de que la profesión existe en el país, y mucho menos en su pequeño pueblo.Un participante comentó, “Yo no creo que la opción del servicio de un intérprete se ofrezca en mi pequeño pueblo. El acceso a la atención médica ya es limitado, más aún en lo que respecta al idioma.” Es importante conocer la zona de residencia de los encuestados para poder analizar plenamente si existen diferencias en el conocimiento del servicio de un intérprete, desigualdad entre las personas que viven en la residencia y barreras lingüísticas distintas del español y el inglés. Es posible que una pequeña aldea esté tan avanzada como una gran ciudad, pero que dependa totalmente de la ciudad y de su industrialización. Este error podría haberse evitado fácilmente pidiendo al participante que indicará la comunidad autónoma en la que visitó al médico. También habría sido útil para la investigadora saber cuánto tiempo había pasado si el participante ya no vivía en España. El amplio estudio de la muestra dejó espacio para variables que podrían no haber estado presentes si la investigadora hubiera limitado la encuesta a los participantes que sólo vivían en Madrid.

Otro margen de error es el de los participantes que no responden a ciertas preguntas. Sólo hubo cuatro preguntas que no requirieron respuesta, pero el nivel de respuesta de esas cuatro preguntas disminuyó considerablemente. En esta caída significativa, la investigadora tenía menos datos para analizar y se trataba de datos basados en experiencias mayormente negativas o de

fuerte impacto. Estas experiencias negativas en el médico giraban los datos hacia un sentimiento negativo general sobre el sistema de salud de España. Por otro lado, los participantes que respondieron en exceso también dejaron un margen de error. La investigadora asignó un espacio "otro" en cada una de las preguntas para permitir más retroalimentación, pero esto causó más trabajo para la investigadora al analizar y crear los gráficos porque muchas de las respuestas eran similares, pero tenían un cambio tan leve que no encajaban en la misma categoría. La investigadora también observó que cuando los participantes escribían sus propias respuestas en la sección "otro", a veces eran respuestas defensivas o respuestas que justifican el fuerte dominio del idioma por parte de los participantes o reiteraban su creencia de que no necesitaban un intérprete. Esta respuesta de estilo abierto funcionó para algunas preguntas, pero no para otras. La investigadora tomó nota de las preguntas que podrían haberse eliminado o que no necesitaban una opción adicional para las respuestas por escrito.

Para continuar con las preguntas que podrían haber sido eliminadas o cambiadas, la investigadora notó que algunas de las preguntas fueron escritas con intenciones de cebo. La investigadora buscaba una respuesta específica y la incluyó en las opciones para captar la atención de los participantes. La investigadora pretendía demostrar que el servicio de un intérprete es un servicio que no recibe suficiente reconocimiento y, por lo tanto, incluyó opciones de respuesta tales como: "No, no tenía idea de que la opción existía" y "No sabía que podía solicitar el ayudo de un intérprete". La pregunta que preguntaba a los participantes si alguna vez habían utilizado un intérprete en Madrid debería haber sido un formato de respuesta en blanco para que pudieran llegar a su propia conclusión de que nunca habían sabido que era una opción para ellos.

La siguiente sección que dejó margen para el error fue el error en la muestra de participantes recogida. La primera preocupación, como se mencionó anteriormente, fue el hecho de que no todos los integrantes del grupo de la muestra hablaban inglés como lengua materna. Esto sirvió para confundir un poco cuando se preguntó a los participantes si utilizaban un "idioma intermedio" cuando viajaban para visitar un país de habla no nativa, por ejemplo, hablando español en Polonia. Algunos participantes escribieron que hablaban inglés en Portugal y era imposible distinguir si ese participante no entendía el concepto de 'idioma intermedio' o si ese participante en particular no era hablante nativo de inglés, lo que significaba que el inglés sería su 'idioma intermedio'. Afortunadamente, esta cuestión no era importante para el análisis de por qué los extranjeros no utilizan el servicio de un intérprete cuando van al médico, sino que estaba allí como un intento de servir como un poco más de conocimiento de fondo sobre cuán cómodos se sentían los participantes en el uso de idiomas no nativos. Es probable que la investigadora se asegurará de que los participantes dejen claro si eran hablantes nativos para el futuro análisis de los datos. El siguiente problema con el grupo de muestra fue su ubicación. El hecho de que los participantes no vivan todos en la misma ciudad o en el mismo centro de salud es un margen de error, ya que el tamaño de la muestra es demasiado grande. Los datos proporcionados habrían sido más precisos si la investigadora hubiera escogido una o dos comunidades autónomas. Una agrupación más pequeña también habría dejado espacio para un análisis más detallado de las respuestas basadas en la propia comunidad. Otro margen de error importante es la diferencia entre la asistencia sanitaria pública y privada entre los participantes. Aunque el servicio se presta en ambas, es importante saber si los participantes están asegurados pública o privadamente. Es un poco sabido que el sistema público es un poco más apresurado y a veces puede provocar la impaciencia del médico. Otro margen de error es el diferente nivel de español, y los niveles en los que los participantes se colocan. Como no había una forma específica de determinar si un

participante tenía un alto nivel de habla y comprensión en este estudio en particular, hay margen de error en el análisis porque cada participante puede verse a sí mismo de manera diferente cuando se trata de hablar. Estos errores en la sección de la muestra pueden haber causado que los datos estén un poco sesgados en el momento del análisis.

El último margen de error posible fue la tendencia de la investigadora a asumir relaciones. Por ejemplo, si el participante afirmaba que tenía un nivel alto de español, la investigadora tendía a establecer una conexión que significaba que el mismo participante se sentiría cómodo en una cita médica. Esto no siempre es así y podría haber dado lugar a conclusiones circunstanciales y no basadas en pruebas.

9.2 Limitaciones del estudio

El estudio tenía ciertas limitaciones. A la investigadora le hubiera gustado administrar un mini-test para medir el nivel de comprensión de los participantes y el español hablado. Esto sería analizar completamente el nivel de español para entender el nivel que cada participante se calificó a sí mismo. A la investigadora también le hubiera gustado entrevistar a algunos médicos para entender su opinión sobre el servicio de un intérprete, su experiencia con pacientes de habla no nativa y si saben cómo solicitar un intérprete si lo consideran necesario en una futura consulta. Este proceso de entrevistas fue imposible con la pandemia mundial que se produjo durante el tiempo de la investigación. Otra limitación del estudio fue la falta de conocimiento del intérprete por parte de los participantes y su inexperiencia con el servicio de un intérprete. Los resultados habrían sido más convincentes si los participantes hubieran utilizado el servicio de un intérprete y hubieran podido valorar la experiencia de manera positiva o negativa.

9.3 Las propuestas de futuro

La investigadora aprendió el concepto de microagresión durante su estudio teórico. Las microagresiones pueden definirse muy ampliamente como cualquier comportamiento, verbal, no verbal o sutil, que desempoderar a las minorías. El profesor de psicología, Kevin Nadal, habló con el reportero y productor de la NPR, Andrew Limbong, sobre las microagresiones y su importancia y desafortunada presencia. En su entrevista con Limbong, Nadal afirma: "Las microagresiones se definen como las interacciones o comportamientos cotidianos, sutiles, intencionales y a menudo no intencionales, que comunican algún tipo de sesgo hacia grupos históricamente marginados". Nadal discute que a veces las personas que están cometiendo microagresiones pueden no ser conscientes de que lo están haciendo, lo que diferencia las microagresiones de la discriminación abierta. Nadal continúa con el ejemplo: "Alguien que comente lo bien que habla inglés un asiático americano, lo que supone que el asiático americano no nació aquí, es un ejemplo de microagresión" (Limbong, 2020). Aunque la idea de una microagresión se mantiene más

firmemente en los Estados Unidos como una forma de racismo, también es aplicable aquí cuando se discrimina a la minoría en una cita médica entre un médico de habla hispana y su paciente no nativo de habla hispana. Un participante en el estudio declaró: En mi experiencia hay un elemento cultural importante y los pacientes pueden sentirse muy desvalidos por varias razones. Sería de gran ayuda que los médicos tuvieran la formación necesaria para pronunciar y elegir las palabras de manera que los extranjeros pudieran entenderlas más fácilmente. He sido testigo de esto en el Reino Unido cuando el personal médico utiliza muchos verbos con frases que sé que los extranjeros pueden encontrar difíciles de entender. Además, a veces ayudaba a dar a los pacientes un resumen escrito accesible. Los intérpretes son un recurso muy caro y no se ofrecen cuando se necesitan y se podrían poner otros recursos para complementarlos. Los pacientes no deberían tener que pedir al personal médico que adapte la comunicación para ellos, debería ser más integrada porque no todos los pacientes saben cuáles son sus necesidades lingüísticas y terminan asumiendo que luchar por entender es normal.
El participante se sintió impotente por una variedad de microagresiones. Entonces se pregunta: "¿Es con malicia o con privilegio que los médicos dicen a los no nativos que hablan español, 'muy bien', en lugar de reconocer inmediatamente que la pregunta y esta interacción podrían afectar negativamente a la cita o hacer que el paciente se sienta inferior en lugar de confiado? ¿O es simplemente un comentario hecho de pasada en un intento de hacer que el paciente se sienta más cómodo? Lamentablemente, es cierto que la persona que realiza la microagresión puede no entender el daño que está causando y que puede estar desgastando al receptor de la reacción, sugiriendo además que tal vez no pertenezca a la sociedad en la que intenta prosperar. Aunque el médico o el personal médico pueden ser sinceros en sus comentarios para animar al paciente a que se esté desenvolviendo bien en su nivel de comunicación, el comentario puede simplemente provocar que el paciente se sienta aún más inseguro, ya que obviamente se señala que está intentando buscar ayuda en un idioma que habla "muy bien". La investigadora encontró el concepto de microagresión muy interesante, pero demasiado amplio para este estudio en particular. A la investigadora le gustaría incluir este concepto en un futuro estudio para sacar conclusiones más profundas sobre cómo se sienten los pacientes durante sus citas.

9.3 Conclusiones finales

Para sacar conclusiones finales, la investigadora tuvo que reflexionar sobre el "por qué" de la pregunta. La última pregunta planteada es: ¿Por qué los extranjeros residentes en España no solicitan el servicio de un intérprete? Esto podría ser por muchas razones personales, o podría ser una respuesta tan simple como: "No necesito uno". Después de discutir los errores y limitaciones del estudio, la investigadora revisó de nuevo los datos analizados. La verdad es que no hay una sola respuesta o razón correcta. De las 156 respuestas recogidas a través del estudio cuantitativo, cada respuesta parecía tener una historia diferente que contar. Sin embargo, a efectos de generalización, los temas comunes y los patrones repetitivos encontrados dentro de las respuestas dejaron espacio para que la investigadora formará una opinión educada basada en los datos recopilados. La investigadora llegó a la conclusión de que hay cuatro razones principales por las que los extranjeros no utilizan el servicio de un intérprete: El idioma, los seres queridos, el médico y no estar informado. La primera razón: el idioma. Esta conclusión se sacó muy pronto en

el proceso de investigación. Los participantes se clasificaron a sí mismos como con una alta capacidad para hablar el idioma y luego los patrones de sus niveles de confianza se mostraron a lo largo del resto de las preguntas de la encuesta. Los participantes de la encuesta creen que son lo suficientemente fuertes en el idioma español como para ir con confianza a una consulta con el médico y salir con una comprensión de lo que el médico les dijo. La investigadora encontró más fácil distinguir entre los participantes que tenían altos niveles de español y un poco más de experiencia en su estancia en el extranjero, y los que tenían menos confianza en sus habilidades lingüísticas. Aunque esta conclusión también puede ser un poco sesgada, ya que la investigadora tiene un alto nivel de español, ha sido entrenada en interpretación médica y todavía parece perder todas las habilidades lingüísticas cuando visita al médico para discutir cuestiones de salud personal. El efecto de la "niebla cerebral" se establece fuertemente con el estrés añadido del médico y la debilidad que se siente cuando se está enferma. Cuando la investigadora observó previamente que una persona puede tener un alto nivel de español, pero puede ponerse nerviosa y tropezar con las palabras, estaba hablando por experiencia. Aunque acudir al médico en un idioma no nativo puede resultar estresante, los participantes parecían sentirse cómodos al hacerlo, lo que consolidaba aún más el hecho de que no necesitaban el servicio. Esta conclusión también se puede sacar de las estadísticas anteriormente citadas de personas que estudian español: 21.882.448 estudiantes estudian español como lengua extranjera. Se puede suponer que algunos de los estudiantes que estudian español como lengua extranjera están entre los que eligieron vivir en España. La fuerte estadística, combinada con las respuestas de los participantes en la encuesta, confirma una de las razones por las que los extranjeros no utilizan el servicio de un intérprete: no lo encuentran necesario.

La siguiente razón: Los seres queridos. Esta conclusión, aunque no es preferible para los participantes, también se sacó al principio de las respuestas de la encuesta debido a la fuerte repetición. La respuesta al "por qué" en este caso es que los participantes se sienten lo suficientemente seguros con sus seres queridos como para no ver la necesidad de un intérprete. Varios estudios afirman que esta no es una opción que deba ser admitida ni por el paciente ni por el proveedor de atención médica, parece ser la solución más fácil, y a los humanos les encantan las soluciones rápidas. El participante siente mucho menos estrés cuando va al médico con su ser querido que puede abogar por él. Esta capa extra de comodidad es también algo que la investigadora llegó a amar y utilizar. En ciertas citas con el médico, es relajante saber que su ser querido está ahí como el segundo par de orejas y le ofrecerá cualquier aclaración necesaria sin impacientarse o apurarse por el tiempo. Las respuestas de los participantes incluyeron el temor a una violación de la privacidad, el estrés de sentirse expulsado de la consulta, la incomodidad de permitir que un extraño escuche información muy personal, y la presión de tener que explicar la historia clínica anterior para fines de contexto.

La tercera razón: el doctor. Esta conclusión se extrajo más tarde en la investigación después de que los participantes explicaran en formato de preguntas cortas sus comentarios adicionales sobre el sistema médico en España. Muchos participantes respondieron "no aplicable" a muchas de las opciones y más tarde explicaron por qué: encontraron y siguen viendo a un médico de habla inglesa. Esta es una razón lógica para no utilizar el servicio de un intérprete, ya que puede despejar la mayoría de los factores estresantes de la barrera del idioma y puede ayudar a que el participante se sienta cómodo. Si el médico habla inglés, sería innecesario solicitar el servicio de un intérprete, e incluso podría resultar en un insulto al nivel del idioma del médico. Esta conclusión puede relacionarse con la citada investigación de los sitios web que enumeran los

médicos de habla inglesa en diferentes comunidades autónomas de España. Encontrar un médico de habla inglesa en España es una posibilidad; sin embargo, conseguir una consulta no es una garantía.

La cuarta conclusión, y la que la investigadora encuentra más significativa: no estar informado. Esta es la conclusión más importante, ya que ha sido examinada a lo largo de todo este estudio. La falta de conocimiento del servicio de un intérprete, así como de la propia profesión, es un tema subyacente de este estudio. Parece ser una batalla constante para grupos como FITISPos y para las universidades que intentan ayudar a formar intérpretes para los servicios públicos. El estudio demostró además este punto, ya que los participantes no tenían idea de que el servicio existía, y mucho menos que era una opción que podían solicitar. La cantidad de respuestas que incluían, "No tenía idea de que era una opción" eran desgarradoras. Es difícil ser un paciente sin nadie que te ayude a entender, y peor aún cuando estás asustado. Este alto nivel de estrés en los extranjeros es un estímulo más para que la gente continúe difundiendo el servicio de un intérprete y de la profesión.

La conclusión final que la investigadora quiere sacar es que no hay suficientes personas que conozcan su derecho a solicitar el servicio de un intérprete. La pregunta original presentada fue: ¿Por qué los residentes extranjeros no utilizan el servicio de un intérprete cuando van al médico en España? La investigadora se sorprendió por la cantidad de personas que afirmaron que la barrera del idioma no era un problema para ellos. Para ella, esa era la razón principal por la que sentía la necesidad de concientizar sobre el servicio de un intérprete. Seguramente a los extranjeros les aterroriza ir al médico en un segundo idioma y querrían sentirse seguros en la cita, ¿no? Para la investigadora, la única manera de que esto fuera posible era con el servicio de un intérprete. La intención de la investigadora detrás del estudio era ayudar a concienciar sobre el servicio. Es increíblemente importante que se entienda, especialmente cuando se trata de la atención médica. La investigadora quería entender lo que realmente era la desconexión en el sistema. ¿Era la barrera del idioma? ¿Fue debido a la complicación general de tratar de organizar el servicio de un interruptor, tanto que es más fácil de "pasar"? ¿Se debió al hecho de que los extranjeros podían traer a alguien que los defendiera, ofreciendo la comodidad añadida del "hogar"? La investigadora no se sorprendió en absoluto al descubrir que el principal problema era la falta de conocimiento de la profesión después de haber completado toda la investigación, que repetidamente lo afirma como un problema. La situación de la falta de conciencia hace que la investigadora se moleste en que los profesionales de la salud pueden no estar abogando lo suficiente por sus pacientes extranjeros, y los extranjeros no están abogando lo suficiente por sí mismos. El servicio necesita algún tipo de cambio para llamar la atención sobre la profesión y la disponibilidad del servicio. Este servicio debería incluirse en el paquete de bienvenida del seguro médico que se ofrece a los profesores de inglés nativos a su llegada, debería ser una opción cuando se hace una cita previa médica en línea, para que el médico pueda preparar los pocos minutos extra necesarios para facilitar el servicio de un intérprete, debería hablarse de él en los grupos de medios sociales y debería estar expuesto en todos los centros de salud. La investigadora espera que los participantes empiecen ahora a abogar por sí mismos y por sus pares, ahora que conocen la opción del servicio. Es importante seguir hablando de ello para que sea más popular y más demandado, para que a su vez, sea necesario continuar los programas de formación y seguir ayudando a los extranjeros que están nerviosos de hacer algo tan serio como ir al médico en un idioma no nativo.

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