



Cultural Interpreter in healthcare - Literature Review

Kaltum Aden Abdi, Abdinasir Ali Hassan & Veronica Oppong Sarfo

2020 Laurea



Laurea University of Applied Sciences

Cultural Interpreter in healthcare - Literature Review

Kaltum Aden Abdi, Abdinasir Ali
Hassan & Veronica Oppong Sarfo
Degree Programme in Nursing
Bachelor's Thesis
May 2020

Kaltum Aden Abdi, Abdinasir Ali Hassan & Veronica Oponng Sarfo

Cultural Interpreter in healthcare - Literature Review

Year	2020	Number of pages	43
------	------	-----------------	----

The purpose of the thesis was to describe roles of cultural interpreter in healthcare provision in Finland with the aim of providing an evidence-based knowledge on the role of cultural interpreters in healthcare professional for Peijas hospital in Vantaa, Finland.

The research question was what are the roles of cultural interpreter in healthcare? Literature review method was found to be most appropriate and relevant to the study as it allowed for integrating findings and perspectives from many empirical findings to address the research question. The thesis collect data from seven articles as presented by various scholars for literature review after which inductive content analysis was used for data analysis. The findings from this study revealed four main roles of the cultural interpreter in health care provision. These are intermediary, improving interventions, sharing vital information, and ensuring availability of correct information.

The authors recommend that, Peijas hospital in Vantaa, and other hospitals in Finland should acquire professional and specialized cultural interpreter possessing high competence and skill in different language, communities and medical terminologies. Further research could be done on the effect of cultural interpreter on access to healthcare services.

Keywords: Culture, Interpreter, Cultural Interpreter, Healthcare profession

Kaltum Aden Abdi, Abdinasir Ali Hassan, Veronica Oppong Sarfo

Kulttuuritulkki terveydenhuollossa - Kirjallisuuskatsaus

Vuosi

2020

Sivumäärä

43

Opinnäytetyön tarkoituksena oli kuvata kulttuuritulkkien roolia ja merkitystä terveydenhuollon huolenpidosta Suomessa. Tavoitteena oli tarjota tietoon perustuvaa tutkimusta kulttuuritulkkien roolista, terveydenhuollossa Vantaan Peijaksen sairaalassa.

Tutkimuskysymyksenä oli mitkä ovat kulttuuritulkkien roolit terveydenhuollossa? Kirjallisuuskatsausmenetelmän todettiin olevan sopivin ja tarkoituksenmukaisin tapa tutkimuksessa, koska se mahdollisti useiden löytöjen, havaintojen ja näkökulmien yhdistämisen tutkimuskysymyksen käsittelemiseksi. Opinnäytetyössä kerättiin tietoja seitsemästä artikkelista, jotka eri tutkijat ovat esittäneet kirjallisuuskatsauksena, minkä jälkeen kvalitatiivista sisältöanalyysiä käytettiin tietojen analysointiin. Tämän tutkimuksen tulokset paljastivat kulttuuritulkin neljä pääroolia terveydenhuollon tarjoamisessa. Ne olivat välittäjiä, parantavat välitystä, jakavat tärkeitä tietoa ja varmistavat oikeiden tietojen saatavuutta.

Kirjailijat suosittelivat, että Vantaan Peijaksen sairaalan ja muiden Suomen sairaaloiden tulisi hankkia ammattitaitoinen ja erikoistunut kulttuuritulkki, jolla on korkea pätevyys ja taito eri kielillä, yhteisöissä ja lääketieteellisissä termeissä. Lisäkysymyksiä voitaisiin tehdä kulttuuritulkkien vaikutuksesta terveystalvelujen saatavuuteen.

Contents

1	Introduction & background.....	6
2	Theoretical framework	7
2.1	Culture.....	8
2.2	Interpreter	10
2.3	Cultural interpreter/Cultural mediator	11
2.4	Cultural difference.....	12
2.5	Culture and healthcare services	13
2.6	Challenges facing multicultural interpretation in health services	15
3	Purpose, Aim & Research Question	17
4	Methodology.....	17
4.1	Literature review.....	17
4.2	Data retrieval	17
4.3	Data analysis.....	19
5	Findings	20
5.1	Intermediary	20
5.1.1	Advocacy.....	20
5.1.2	Care provider.....	21
5.1.3	Negotiating between the interacting parties.....	22
5.2	Improving interventions	22
5.2.1	Integration.....	22
5.2.2	Encouragement	23
5.2.3	Agent	23
5.3	Sharing vital information.....	24
5.3.1	Cultural informant.....	24
5.3.2	Formulations	25
5.4	Ensuring availability of correct information.....	26
5.4.1	Facilitation and promoting.....	26
5.4.2	Contextualization.....	26
5.4.3	Providing report	27
6	Discussions	27
6.1	Limitation	29
6.2	Ethical consideration & trustworthiness	29
7	Conclusion & further research recommendations	30
8	References	32
	Appendix I: Articles	38
	Appendix II: Data analysis	41

1 Introduction & background

In the last few years, immigration to Finland has increased and that has created a change in how professionals in different industries have had to prepare for the change (Heino et al. 2014). As of 2018, there were 402,600 foreigners residing in Finland, which corresponds to 7.3% of the population (Finland Interior Ministry 2019). This need for adaptation has been the clearest in the health care sector where it has not unfortunately been able to keep pace with the change. Moving to a different country can be a very traumatic experience for the immigrant and learning about the new country's culture and language only adds to that challenge which many times slows the process of integration to the new culture. This increase in immigration has also created a need for healthcare professionals to equip themselves with enough talent and knowledge on how to deal with patients from different cultural backgrounds. (Heino et al 2014.)

It is an undeniable fact that, in Finland, there could be difficulties and challenges when a native healthcare professional is taking care of a patient with immigrant background. These problems could arise fundamentally because of the cultural barrier/language barrier between the healthcare professional and the patient. Many times, the patient is not aware about the basic rights he or she is eligible for in healthcare and about the different healthcare services available for them.

One important prerequisite for holistic healthcare is the capacity for clear communication between the individuals who are involved in healthcare, for example patients, healthcare professionals and family members. Misunderstandings due to different cultural behavior or barriers to communication have been described as difficulties in the exchange of information between healthcare staff and patients (Hultsjö & Hjelm 2005). Healthcare professionals face a greater challenge when patients do not speak the same language as theirs and communication is conducted through an interpreter (Leininger & McFarland 2006, Giger & Davidhizar 2008). A sense of powerlessness might arise when individuals, healthcare professionals and family members give too little attention to the use of interpreters and its influence on communication, culture and healthcare (Sri-vastava 2007). This increases the risk of misdiagnosis (Hampers et al. 1999.) which can lead to inappropriate treatment. (Rhodes & Nocon, 2003).

In Finland, the native healthcare professionals are facing difficulties and challenges when providing care of patient with different cultural backgrounds such as immigrant (Finland Interior Ministry, 2019). In an effort to mitigate cultural differences issues in health sector, Finland is recruiting culturally competent nurse who would enhance reduction of health disparities. However, it is not clear the role of cultural interpreters in Finland's health care (World

Health Organization 2008). It is based on this evidence that this thesis focused on assessing the role of cultural interpreters in healthcare provision in Finland. The overall aim was to produce evidence-based knowledge to Peijas hospital in Vantaa, Finland.

2 Theoretical framework

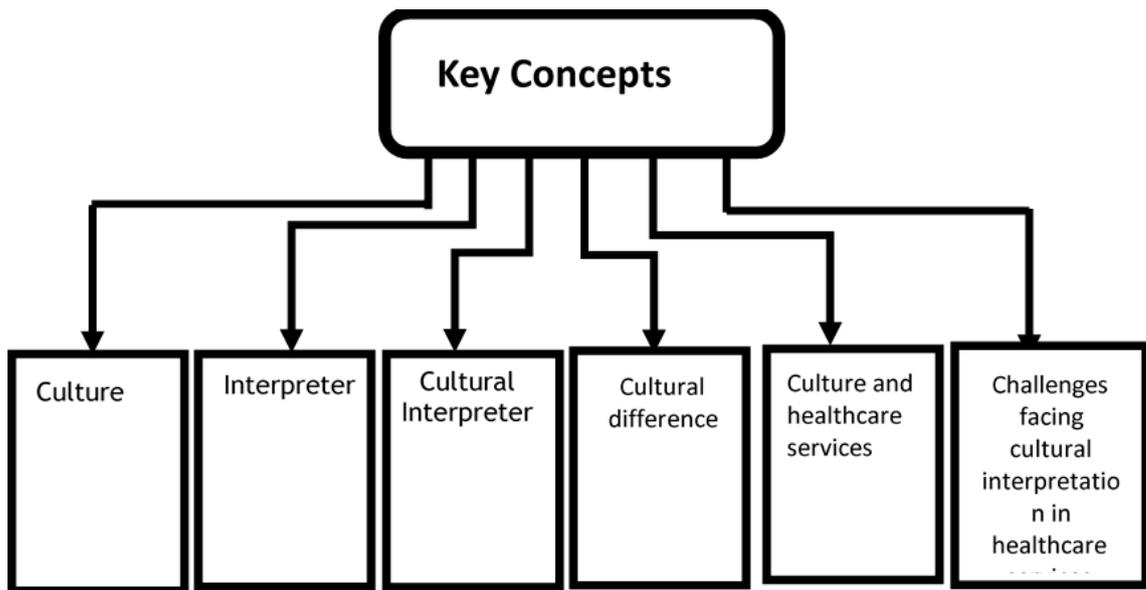
In healthcare profession, understanding meaning and nuance of one culture and being able to express them in another language are crucial skills. Often, this process requires understanding the culture behind each language. Therefore, cultural interpreters are essentially becoming an important asset in multicultural health interactions, to both the health service provider and the foreign patient. Accordingly, focusing on cultural interpreters and their impact on access to health services in a multicultural environment is important for gaining profound understanding on role of cultural interpreters (Benjamin, Swartz, Hering & Chiliza 2016).

Communication with immigrant and refugee families can be seriously impaired if a health care provider is unaware of or insensitive to the role of culture in formal interactions. Miscommunication and misunderstanding can increase the risk of medical errors, inappropriate treatments and emergency room visits. These interpreters are required for providing clear communication between the immigrant's patients and healthcare providers, whenever cultural communication barrier exist between two parties in a multicultural environment (Karwacka 2014).

Thus, cultural interpreters play a crucial role by facilitating verbal and nonverbal communication and 'mediating' concepts and cultural practices as needed by ensuring the quality of health service through ensuring that foreign patients receive correct, accurate and adequate medical treatment at the respective health facilities. Accordingly, this study revisited empirical literature to establish the concept that are appropriate for explaining the role of cultural interpreters.

Key concepts

The key concepts chosen for this study are captured in figure 1 below. These include culture, interpreter, cultural interpreter/Cultural mediator, cultural difference, culture and healthcare services and challenges facing cultural interpretation in health services. Cultural interpreter and cultural mediator will be used interchangeable in the thesis.



2.1 Culture

Culture is characterized by the sharing of its values, beliefs, norms and practices by people belonging to the same culture (Abdelhamid, Pedersen, D., Rønso, H. & Kirmayer 2010). Culture guides the thinking, decision making, being and existence of its members. Definitions of culture have varied over time and across disciplines, but they have always sought to understand how culture arises and develops, how cultures differ from each other, and what culture means to its members. According to cultural anthropology, history and social relationships shape people's thinking, values, attitudes and ways of working and develop culture, that is, the lifestyle of a group of people. Cultural diversity is not just about a person's ethnic background or outwardly recognizable qualities, but about the many subcultures to which each of us belongs and through which our cultural identity is constructed. (Abdelhamid et al 2010).

Culture has come to mean that whole complex of meanings, values and beliefs that determine how we do things and how we structure our ways of thinking. Culture encompasses shared ways of achieving meaning in people's lives which consists of the ways of life that people create as they participate in a group or society. Culture thus includes ethnicity (that is, the cultural heritage of a group of people) along with such things as the different meanings different groups attach to social undertakings. Culture is probably one of the most important environmental variables to consider in global business. It is very often hidden from view and can be easily overlooked. Similarly, the need to overcome cultural myopia is paramount in global interactions today. (Abdelhamid et al 2010).

The primary challenge to the multiculturalism of Finnish nursing care is the growing number of immigrant patient whose social reality may include refugees and immigrants. But also, the relocation of nurses from one country to another and the placement of immigrant nurses in

the Finnish workforce are major challenges for today's health sector. (Abdelhamid et al 2010).

Good multicultural nursing care is provided no matter what culture the patients and employees represent. Multicultural nursing emphasizes the relevance, coverage and accuracy of the assessment of the patient's needs. It is important for the caregiver to position themselves and see their situation holistically, as the caregiver and the patient may have completely different meanings and concepts. If the patient and the caregiver do not have a common language of communication, the caregiver should use an interpreter to assess cultural needs. (Abdelhamid et al 2010).

According to Registered nursing .org., nurses and other health care providers have the professional responsibility to be sensitive to their clients cultural backgrounds. This is because culture is so integral and intrinsic to who the client is a unique individual. Culture can greatly affect client health, as well as their reactions to treatments and care. Nurses have been shown the importance of considering the cultural aspects of human need to develop culturally congruent care and the fact that care given to individuals must be specific and appropriate for each culture. The nurse must be able to attend to the human beings in their totality respecting the cultural diversities when carrying out activities of planning and management in health. (Campelo *et al.*2018).

Cultural Nursing also refers to the capacity of health care providers and health organizations to understand and respond effectively to the cultural needs brought by the patient. The ability to understand cultural differences is one of the main ingredients in ending health inequalities, since health services that respect and respond to the beliefs, practices and cultural needs of several patients can bring positive results for individual or collective health. (Campelo *et al.*2018).

In Finnish society, the multicultural nature of care is most often understood in situations where the care represents the majority population and the patient belongs to a minority of cultures. The multicultural relationship can also be reversed. In situations where the patients are Finnish and the care worker represents another minority culture, the basic ethical principles of meeting two cultures are present. (Abdelhamid et al 2010). Cultural competence which refers to an ability to interact effectively with people of different cultures, comprises of awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures (Abdelhamid et al 2010).

2.2 Interpreter

According to Karwacka 2014, interpreter is a person whose work is translating a foreign language orally, as in a conversation between people speaking different languages and can interpret the conversation orally to both.

The limitation of proficiency in the language used in an encounter and lack of adequate competency in a discipline where a consumer is challenged in accessing desired information creates the need for an interpreter (Blay *et al* 2018). Notably, people having any form of diversity should receive an interpreter who has language competence and/or who can interpret personal issues (Hadziabdic & Hjelm 2014). Such an interpreter should be capable of maintaining confidentiality as he/she interprets accurately. The variety of roles adopted by the interpreter is influenced by qualifications, experience in that field, familiarity and the atmosphere experienced during the encounter (Gómez & Pinazo 2018).

Interpreters are important for assisting in obtaining information and providing access to interpretation service to foreigners without knowledge of the host country or regions. Although there exist differences between areas on employment of interpreters, interaction needs interpreters to ensure the correct information is available to the respective consumer (Lundin, Hadziabdic & Hjelm 2018). An interpreter is usually procured either informally or guided by formal guidelines and regulatory framework of the environment. It is appropriate that an interpreter should be linguistically competent possessing high professional attitude and educational qualifications. It is therefore important to design clear formal guidelines for guiding employment of services from an interpreter (Handtke, Schilgen, Mosko 2019).

According to Simon and Stoian (2017), Interpreter is required in the social context, language modality context, working modes context, and discourse type context. In the language modality, the interpreter helps in interpreting spoken language and sign/visual language. Spoken language interpreting is the simplest form of interpreting and is the conversion of a message from one spoken language into another spoken language. Sign/visual language interpreting is used in interpreting for the deaf and is the conveyance of a spoken message in a language into the sign language of the language in which the speech is delivered (Pöchhacker 2016.)

Pöchhacker (2016), indicates that interpreting can be direct or over the phone/remote interpreting. In direct interpreting, the interpreter sits/stands next to the speaker and interprets his/her speech into another language while in the over the phone/remote interpreting: the interpreter using an appropriate technology relays the message from the source into the target language during using teleconferencing or videoconferencing or telephone and the like. In simultaneous interpreting, the interpreter conveys a message from a source language into a target language almost simultaneously. The interpreter may use whispered interpreting to translate the speaker's words into the ear of the listener booth

interpreting with interpreter sitting in a booth and receive the speaker's message through a headset and translates it to the listener on the microphone and sight interpreting where a text written in a language is translated orally/read into another language (Sofer 2013). The fourth context is discourse, which can be monologue interpreting and dialogue interpreting. In monologue interpreting, the speech is delivered by a speaker without further interaction with any other person taking place (such as in international conferences, press releases, declarations). In dialogue interpreting (liaison/ad-hoc interpreting), they occur when two or more persons converse, and the interpreter interprets the dialogue.

2.3 Cultural interpreter/Cultural mediator

Cultural interpreter which is otherwise referred to cultural mediator in healthcare sector, is an individual who shares the same cultural background as the patient, with an understanding of the language and culture of the target family, proficient in oral and written languages concerned to maintain confidentiality, accepted by the parties involved and skilled in interpersonal relations (Karwacka, 2014).

Cultural interpreters are playing key roles in ensuring that foreign patients receive correct, accurate and adequate medical treatment at the respective health facilities. They are among the most essential resources when providing health service in a multicultural encounter since they provide clear communication between the healthcare provider and the patient when there exists cultural communication barrier between two parties, that prevents sharing vital information (Karwacka 2014). A cultural interpreter in healthcare encounters is required to possess excellent communication qualities and skills (Hadziabdic & Hjelm 2014).

According to Hadziabdic and Hjelm (2014), the cultural interpreter as spokesperson should have proper understanding of medical terminologies and ability to interpret medical information correctly, also be knowledgeable in the dialect of both parties and can translate clearly. Importantly, qualities of a cultural interpreters should also cover gender and religion as well as political views, to assure appropriate communication. Hadziabdic & Hjelm, further indicate that healthcare facilities and to a large extent healthcare policy maker, need to develop cultural interpretation strategies for personalized healthcare which satisfy the person's preferences and improvement healthcare service quality as well as the quality of the interpretation.

There are most common modes of interpreting available for use by cultural interpreters. These include face to face interpretation, telephone interpretation and video remote interpreting (VRI). Face to face interpretation being for most preferred mode of interpretation in healthcare allows observation and verbal discussion of both participants with the verbal discussion passing through the interpreter. Telephone interpretation is desirable when both participants are easily accessible and this allow participants to be more anonymous when talking

about sensitive matters and/or having physical examinations, especially with a professional interpreter of the opposite sex (Hadziabdic & Hjelm 2014).

2.4 Cultural difference

The growth of cultural diversity in the world and characterization of it as a global village has made cultural competence in the healthcare system a basic requirement for provision of high-quality healthcare by the health care givers. Cultural competence calls for healthcare workers to understand the value that diversity brings to the care they give and help them manage the dynamics of difference thus helping them to adapt to diversity whenever they are in the different nursing departments. (Gustafson 2005). Cultural diversity of patients may vary and with it comes with a challenge that requires proper nursing competence and ethics for them to deal with it, as it influences the end results of the care they provide and the quality of care given. Diversity in health care is necessary for nurses and other healthcare givers as it helps maintain mutual respects and foster growth and development among fellow workers. It gives the nurses the competence to make informed decisions when dealing in a multidisciplinary environment that may be culturally diverse, hence ensuring proper high-quality care is given to the patients.

Healthcare service providers are obviously expecting cultural differences in healthcare utilization among immigrants from developing countries due to the strong impact of culture on health. Immigrants culture poses a challenge in seeking help. In order to understand cultural underpinnings of health and the utilization of health services among the patients, it is essential to note that decisions relating to healthcare use are bound by a cultural context. The use of formal healthcare, however, is constrained by cultural differences in illness and help-seeking behaviour. Immigrants may have higher morbidity due to differences in disease prevalence at the place of origin, the psychological and physical stress of moving, and the adaptation to new social and physical environments. (Ejike, 2017.)

Immigrants face cultural differences barriers in accessing healthcare and improved health status owing to the health workforce generally having low awareness of issues specific to immigrants. An adequate understanding of these “hurdles to health” is a prerequisite for health providers and service managers if they are to tailor healthcare and services appropriately. The main hurdle is cultural difference which cuts across the existence of diverse beliefs related to health, wellness and illness influence health seeking behaviour’s including attitudes to preventive and curative care, attitudes to providers, and expectations of the healthcare system. Hence, a lack of healthcare providers from culturally and linguistically diverse groups further limits the incorporation of cultural understandings into available healthcare. (Murray & Skull, 2005.)

Due to cultural differences, immigrants experience more cultural and linguistic barriers related to accessing healthcare services in the foreign countries. Consequently, immigrants receive culturally inappropriate care or experience multiple barriers to care. Moreover, the consequent utilization of healthcare services also is limited due to differences in cultural perceptions of illness, health seeking behaviour and inaccessibility to services. Therefore, a need emerges to understand the way foreign culture influences the utilization of healthcare services in order to improve service delivery, affordability, accessibility and life outcomes that include morbidity and mortality rates. (Fenta, Hyman & Noh, 2007). Therefore, policymakers are required to formulate programs and services that are more culturally acceptable, appropriate, and accessible. Policies related to immigrants should take into consideration the barriers to accessing healthcare services that various immigrant groups experience.

There is the need for more knowledge in a variety of capacities to improve professionals understanding and appreciation of cultural differences to reduce the chance of misinterpretations and reduce anxieties about working with cultural differences. The health service providers should ensure services are culturally-adept, through providing interpreters and a diverse workforce. However, there is a need for training and knowledge to enhance the cultural competence of the service. While cultural differences impact on the ways in which service users interact with them, care-coordinators also reflect on the ways this impacted on how they interacted with service users. (Afshar zadegan, 2016).

2.5 Culture and healthcare services

Patient specific cultural difficulties and barriers are largely complicated by differences in languages (language barriers), attitudes, literacy barriers, lack of awareness, differences in cultural beliefs and values (cultural norms), and entitlement issues. These disparities are reduced by promoting competence of culture among healthcare facilities through designing and implementing policies that accurately provide appropriate interventions (Handtke *et al*, 2019.) Healthcare facilities are therefore making provisions for accommodating cultural differences for ensuring patients understanding through unpacking medical terminology and related concepts as well as sensitive topics (including private body parts) and encouraging use of culturally appropriate terms. This facilitated by enhancing better communication through employment of interpreting practice among healthcare facilities. Policy makers within the healthcare facilities are encouraged to engage the services of an external interpreter and/or provide for interpreter education programs to its health staff. (Kardakis, 2018).

Cultural beliefs matter in healthcare use where immigrants in the host country requires a negotiation of the cultural knowledge about disease and prevention with which they arrived, the predominant popular cultural knowledge and knowledge promoted by healthcare providers (Chavez, McMullin, Mishra, & Hubbell, 2001). These competing and overlapping issues also

promote specific help seeking behaviour is, such as the need to access preventive medical services. Although acquiring knowledge similar to physicians knowledge about health promotion and disease prevention will increase the well-being of any population, an overemphasis on the role of culture (cultural explanation) is vital for understanding politically sensitive issues such as the utilization of medical services (Chavez *et al.*, 2001).

Although culture is complex and multifaceted, healthcare providers are increasingly recognizing its importance and influence on health behaviours (Simon, 2006). Culture often serves as the lens through which life is viewed and lived. Cultural beliefs, ideas and thoughts derived from one's culture are important considerations to health behaviour at the individual, family, social network, and system levels. Therefore, healthcare providers need to be able to communicate and understand co-workers coming from culturally diverse backgrounds. Effective communication within healthcare teams is influenced by two factors: the use of clear, standardized protocols and relationships between team members and the ability of medical teams to effectively and clearly communicate and exchange ideas with each other. These form the foundation for provision of high-quality services to their clients, rendering culturally competent health care the fundamental skill for all healthcare providers. All healthcare providers should have knowledge on cultural backgrounds of working environment for effective service delivery and should have cross-cultural leadership ability to make policies more especially in a multicultural working environment (Mulu, Savi & Zhen, 2016).

Knowledge and skills on multiculturalism are quite appreciated everywhere in the world for effectiveness of quality service delivery. In most of the countries nursing education encompasses comprehensive lessons on multiculturalism nursing ranging from nurse client relationship to co-worker's relations. On the other hand, the global migration of nurses and other health professional witnessed in different parts of the world has speeded the diversification of transcultural nursing thus nurse are able to offer cultural friendly nursing. Culturally competent care is based on the principles of social justice and human rights (Douglasm *et al.* 2014.)

There are also systemic barriers that may interfere with professionals attempts to practice in a culturally competent manner. These important areas to improve the cultural-appropriateness are conduct culturally-appropriate assessments to improve understanding of cultural phenomena, enhancing their skills in engaging with cultural differences (for example feeling more confident in asking questions and actively making use of cultural knowledge within their work), and ensuring service practices are in line with the beliefs and values of service users for example ensuring family are consistently involved, if family is regarded important within the service user's culture. It is further vital to support service users to reach goals that are in line with their beliefs and values, rather than the service's beliefs and values; engage service users by using concepts that are in line with their cultural understanding of the world,

improve communication with service users, and attend to cultural and religious needs. (Afsharzagdegan 2016.)

The art of communication is the basis of service delivery in health care environment. Basically, a health worker shall use cultural competence in verbal and nonverbal communication skills to identify client's values, beliefs, practices, perceptions and unique health care need (Judy, Anton & Isabel, 2016). Since most European countries are recruiting a great number of health workers from other countries, there is an equally great need to evaluate workers multicultural knowledge and professional skills. Provision of multicultural health services is a facet of social justice. Social justice within the health care services context, is grounded in the belief that every individual is entitled to fair and equal opportunities for health care. Promoting culturally competent health care within social justice framework protects the dignity of all people. (Judy, Anton. & Isabel, 2016).

Finland in seeking to address multiculturalism issues as well as cultural differences in its health sector, has recently recruited a great number of immigrant nurses. Culturally competent care contributes to reduction of health disparities through patient empowerment, integration of cultural beliefs into patient care and expanded access for the vulnerable groups to health care services (World Health Organization, 2008).

2.6 Challenges facing multicultural interpretation in health services

Patients from different geographical regions such as immigrants and tourists, are facing numerous challenges in their access to quality health care services due to multicultural encounters. The most pronounced challenges include the Medical terminology, market disorder and hindrance by presence of interpreter. Interpretation is constrained by the jargon used in medicine and medical terminology. These jargons, which are usually derived from foreign languages word (such as Latin), are mostly difficult to translate in the language of the immigrant patient. This is high demand for the cultural interpreter working in the multicultural healthcare environment who might not understand the source language of the medical terminologies. One word (medical terminology) in the source language may mean many concepts in the destination language (Shannon, Quiroga and Trimble, 2016). Another challenge according to Shannon *et al.* (2016) is misrepresentation of medical terminology translated where despite the cultural interpreter understanding the source message, may misrepresents this during conveyance, these challenges cut across all patients, the deaf, dumb and normal.

Thagichu (2014), indicates that market disorder is challenge facing cultural interpretation in healthcare profession, where the health policy makers and regulatory bodies find it difficult to control and regulate the cultural interpreters. Cultural interpreters are recruited by private interpreting agencies, who are operating in a highly competitive market. Since the market is highly saturated with recruiters, most non-specialist agencies would tend charge low

rates. Consequently, tenders are won by the agencies charging lower price compromising price with quality. Thus, market disorder is highly compromising the quality of medical cultural interpreting in healthcare profession, due to unregulated manner of choosing the agencies.

There is also the challenge of inadequate provision of appropriate resources such good working conditions and adequate remuneration, for attracting and motivating suitable and qualified cultural interpreters. Thus, there is no proper working conditions for the cultural interpreters which is coupled with low salaries and payment highly motivating the existing and prospective interpreters in health care settings. owing to this very few people are ready to equip themselves with necessary training and acquaintance with cultural interpretations, highly starving the field (Thagichu, 2014.)

Another challenge facing cultural interpretation among immigrant patients is lack of comfortability by the presence of interpreter during healthcare encounter, which highly complicate the encounter and instead becomes and hindrance. Patients feel uncertain on the ability of interpreters to literally translate their health problems. Further, these patients feel uncomfortable about openly talking about their personal health issues and sensitive topics (such as bodily concerns and relations) in the presence of a cultural interpreter. In most immigrant communities, it is a taboo to openly talk about bodily concerns in front of other people. Also, other people feel ashamed of saying some things in the presence of a cultural interpreter. For example, in the case of Muslim migrants, talking about the body is absolutely forbidden for them, that it is religiously wrong. It was shown in the literature by Hadziabdic and Hjelm (2014) that there might be limited communication due to the cultural interpreter having the wrong language or wrong dialect. Also, patients are suspicious of interpreters with inadequate translation skills and those who do not have assured confidentiality. (Hadziabdic & Hjelm, 2014.)

According to Hadziabdic and Hjelm (2014) another challenge facing immigrants is the length of time taken to interpret, making the work of the interpreter difficult as the interpreter provided the information two times. During the exercise, the patients have to express themselves to the interpreters before starting to give real issues and at times, it is difficult for the interpreter to exactly explain to the healthcare provider the way the patients feels. This would mean that interpreter may not give the exact information to the healthcare provider (Hadziabdic & Hjelm, 2014.) instance where they are difficult in getting professional interpreter, the patients are compelled to use their family members, friend or bilingual healthcare staff for interpretation. At times, on noticing that the patient knew some local language, healthcare staff may desist from using interpreter after that, overestimating language skills of the patients (Hadziabdic & Hjelm, 2014). When family members of friends act as interpreters in healthcare service delivery, they may be challenged by lack of awareness of the dual

role issues presented in the exercise and again they may not have understanding medical settings and therefore might decline to take other medical assignments (Youdelman, 2013).

3 Purpose, Aim & Research Question

The purpose of this research is to describe the role of cultural interpreter in health care. The overall aim is to produce evidence-based knowledge on the role of cultural interpreter in healthcare to Peijas hospital in Vantaa, Finland.

Research Question:

- What roles do cultural interpreters play in healthcare?

4 Methodology

4.1 Literature review

Hart (1998) defined literature review as a selective collection of available literature which include information, data and evidence written from a specific perspective, to fulfil the aims and views regarding the topic chosen.

Aveyard 2010 also confirm that, the use of literature review as a research method enables the author to review and explore published literature on the research topic and incorporate their findings in a gradual manner. Accordingly, literature review was adopted by the researchers during this study. This is because, after a rigorous study of the various methods, literature review method was found to be most appropriate and relevant to our study as it allowed for integrating findings and perspectives from many empirical findings to address the research question on which the researchers answered. The data used in this paper came from specific reliable sites which are PubMed, Laurea Finna, ProQuest Central, CIHNAL, Finna & EBSCOhost. Qualitative content analysis is commonly used research technique for interpreting qualitative data (Elo.et all 2014).

4.2 Data retrieval

Based on the objectives, empirical literature was analysed to come up with appropriate findings Based on the research questions, guiding inclusion and exclusion criteria was constructed to help collect the appropriate data (text) that was analysed to answer the research question. Using the inclusion and exclusion criteria, quality articles and the desired data were obtained and that influence that the reliability and validity of the study.

Table 2: Inclusion & exclusion criteria

Inclusion Criteria	Exclusion Criteria
Articles, journals and books reporting the cultural interpreter in the healthcare set up.	Articles, journals and books that do not report cultural interpreters in the healthcare
Relevant published materials that can be accessed free of charge.	Relevant published materials that can not be accessed free of charge.
Publication year 2010-2020	Publication year before 2010
Materials that answers the research question; What roles do cultural interpreters play in healthcare?	Materials that are not relating to the research questions, objectives or topic.
Article and journals written in English and Finnish	Materials written in any other language that is not English or Finnish

The data was retrieved according to the set data retrieval criteria that is set below and it was from; PubMed, ProQuest Central, CIHNAL, ELSEVIER. The data bases are reliable sources of information for use on this study and are rich in both books, reports, journals, academic research articles and are known search engines for quality materials for this study. These data bases were also accessible and free for students as provided by the Laurea University for applied sciences.

During the data retrieval, the researchers used key words such as culture, Kulttuuritulkkkaus, cultural interpreter, cultural mediator, cultural broker, immigrants, cultural mediator ,health care, hoitotyö, cultural difference but these key word were used interchangeably and in combination to ensure the best results are attained from the data bases or linked up to form a short sentence to provide more direct link to the available materials related to the topic of the study. The database table below the researchers in information retrieval phase.

Table 2: Final data

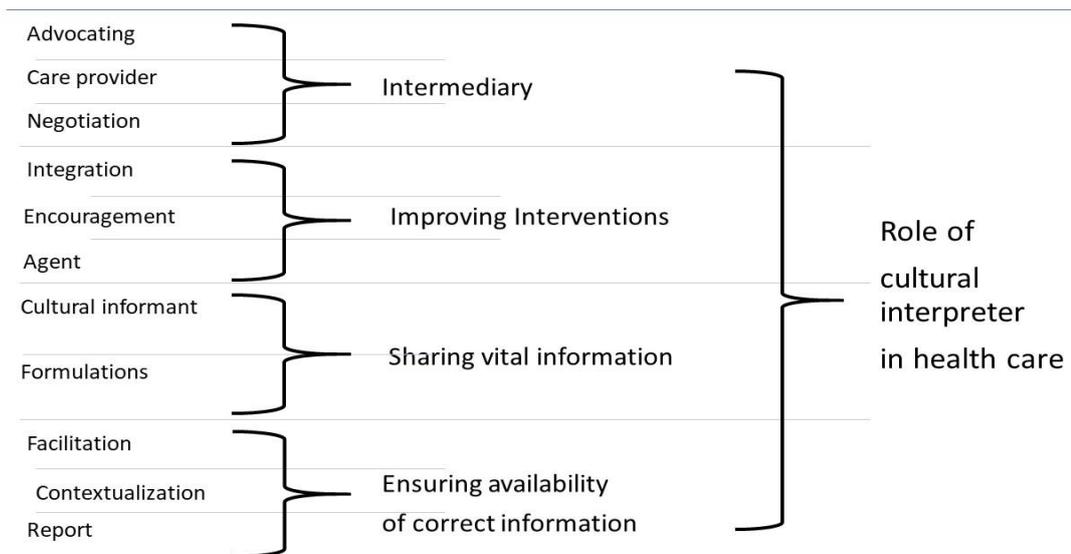
DATABASE	SEARCH	LIMITS	RESULTS	ACCEPTED AB- TRACT	ACCEPTED
PubMed	"cultural interpreter OR "cultural mediator " OR	2010-2020 RESEARCH english	74	7	0

	cultural broker "AND "health care"				
CINAHL(Ebsco)	"cultural inter- preter OR "cultural mediator " OR cul- tural broker "AND "health care"	2010-2020 Academic Jour- nals	22	5	0
PROQUEST	"cultural interpret- erOR "cultural me- diator " OR cultural broker "AND "health care"	2010-2020 Scholarly journals	443	70	7
ELSEVIER	"cultural inter- preter OR "cultural mediator " OR cul- tural broker "AND "health care"	2010-2020 Research articles	595	24	0

4.3 Data analysis

The study used qualitative content analysis to analyse the seven (7) articles that reported on the role of cultural interpreter in the healthcare set up. In this analysis, the authors established four concepts within these articles which showed relevance to role of cultural interpreter and these concepts were then regarded as the key categories for this thesis. When using theme as the unit of coding, the authors primarily looked for the texts of relevance to role of cultural interpreter in health care profession. The authors took note of these categories and entered the categories in Table in Appendix II. Within each category, the authors identified subcategories which contained sub roles of the main role of cultural interpreter as captured in figure 2. These subcategories were analysed and discussed to explain the role of cultural interpreter in healthcare environment. Thus, the authors identified the data, prepared the data, developed categories and a subcategories, analysed the data, reported the findings, discussed the findings using empirical literature and draw conclusions based on the discussion of the results (Patton, 002)

Figure 1: Coding Framework



5 Findings

This section provides findings of the results captured in appendix II. The findings, drawn from articles reviewed, explain the role of cultural interpreter in health care environment. Empirical evidence from these articles indicate the main roles of cultural interpreter in health care as being an intermediary, improving interventions, sharing vital information, ensuring availability of correct information

5.1 Intermediary

The results obtained shows a major roles the cultural interpreter in health care environments as that of being an intermediary between people of different multicultural orientations (in this case, between a foreign patient and the healthcare officer from the host country). The intermediary role of the cultural interpreter cuts across advocating for the immigrant patients and protecting the vulnerable, being as a care provider or negotiating between the interacting parties during multicultural encounters. (All Africa Global Media, 2017.)

5.1.1 Advocacy

The cultural interpreter is the first person of contact for people entering into a new region or country. He also meets new arrivals from different cultural areas or background into the health facility. (All Africa Global Media, 2017). The role of the cultural interpreter is meeting such people and helping them access/receive first aid healthcare attention and any other associated medical attention. The cultural interpreter, therefore, stands in the gap every time immigrants from a native country/region are entering the host country/regions for the first

time. During such encounters, the cultural interpreter explains the needs of immigrants as well as their cultural beliefs and values to the healthcare provider. Due to the importance of the services he provides, there is the need for the cultural interpreter's service on a 24/7 (24 hours a day, seven days a week) basis at the reception point of a healthcare provision centre.

As an advocate, a cultural interpreter champions the rights of the patient from the foreign land in the host region/country (Farini, 2013). This is where the cultural interpreter insists on making sure that the voice of the foreign patient in medical encounters is very relevant. Thus, a cultural interpreter advocates for patient's active participation during medical encounters. At the same time, cultural interpreter encourages patients to portray their self-expression without fear and as well as voice their concerns, needs and requests. This helps to promote active involvement of the patient in the intercultural healthcare interaction.

Another task in the advocacy role of the cultural interpreter is to protect the rights of vulnerable groups such as unaccompanied children and pregnant mothers (Sperber, 2018). The cultural interpreter ensures that vulnerable people, who may not be able to voice their concerns or even explain themselves, get comprehensive response from the healthcare provider and medical field officers at the right time.

5.1.2 Care provider

Another intermediary role of the cultural interpreter is the provision of care services for foreign patients, especially immigrants (AllAfrica Global Media, 2017). As a care provider, the cultural interpreter assists health staff with the administration of first aid to foreign patients as well as immigrants arriving at the host country for the first time. Cultural interpreter as well ensures that the health provider is oriented towards the recognition of the immigrants (Arias-Murcia & López-Díaz, 2013).

The role of cultural interpreter as a care provider extends to enlightening the immigrants on the accessibility and availability of healthcare service (AllAfrica Global Media, 2017). During the enlightening process, the cultural interpreter explains to foreigners on their right on health issues and to the immigrants, he educates them on their right to obtain health services equal to that of the citizens of the country. It is the role of the cultural interpreter to advise foreign patients and immigrants on health services and rights available citizens of the host country. and the requirement that they should be aware of in the new country. At the same time, the cultural interpreter explains to the foreign patient, the cultural differences that exist in the host country he needs to be aware of. Moreover, the cultural interpreter supports health officers in profiling unaccompanied children so as to gather every necessary information regarding these children (Sperber, 2018). Cultural

interpreters help obtain details on the child's origin, experiences, and personal risks they may be exposed to during their stay in the host country.

5.1.3 Negotiating between the interacting parties

As an intermediary, a cultural interpreter plays the role of negotiating between the patient and the healthcare provider in a multicultural encounter (AllAfrica Global Media, 2017). The cultural interpreter as a negotiator intervenes in order to propose solutions to any potential conflicts among immigrants at the time of accessing health service so as to provide for an environment that allows adherence to treatment. As a negotiator, cultural interpreter resolves conflicts arising from people or groups from diverse cultural backgrounds accessing healthcare services. That is, as a negotiator, a cultural interpreter mediates conflicts arising from cultural differences in a health care encounter. He intervenes when misunderstandings occur so as to give information on cultural differences, and translates written information (Van de Geuchte & Van Vaerenbergh, 2017). More importantly, a cultural interpreter encourages enhancement of cultural competence in professional healthcare services.

5.2 Improving interventions

The other major role of cultural interpreter in healthcare encounter was found to be improving interventions where the cultural interpreter takes the position of go-between. The main activities of the cultural interpreter in improving interventions rotates around; integration (bridging), encouragement, and being an agent (Farini, 2013).

5.2.1 Integration

In healthcare encounters, one of the major roles of the cultural interpreter is integration or bridging between the foreign patient and the health service provider (AllAfrica Global Media, 2017). A cultural interpreter acts as go-between during healthcare encounter linking between patients and healthcare professionals. The cultural interpreter helps foreign patients integrate to the new region/country and he facilitates migrant's integration when accessing crucial healthcare services. Thus, cultural interpreter plays the role of promoting integration policies (Farini, 2013). During integration, cultural interpreter explains to patients the important issues and communication style in the host country and likewise explains to the doctors the cultural differences that may arise (Sperber, 2018).

The bridging role of a cultural interpreter during healthcare encounters takes a significant portion of the cultural interpreter's job. A cultural interpreter bridges the gap between the foreign patients/immigrants and/or refugees to the healthcare professionals and vice versa (AllAfrica Global Media, 2017). Thus, the cultural interpreter provides a vital link between foreign patients/ immigrants and healthcare professionals, which helps

overcome multicultural barriers and promotes equity in providing services (Arias-Murcia & López-Díaz, 2013). The cultural interpreter facilitates visual communication and, in the event, promotes multicultural citizenship in multinational societies (Farini, 2013). Thus, a cultural interpreter bridges cultural differences for the sake of improving patient healthcare provider relationships while seeking to reduce ethnic disparities (Roman *et al.*, 2013). This bridging exercise encourages host communities and countries to get involve in creating and implementing healthcare policies for all.

During integration, the cultural interpreter deciphers linguistic and cultural code, and transfers such information to the healthcare professionals (Sperber, 2018). Since there may exist different approaches to medicine and health treatment, these linguistic and cultural codes provide a vital link between the foreign patients and healthcare professionals. A cultural interpreter also bridges the language gap between the foreign patient and the healthcare service provider (Van de Geuchte & Van Vaerenbergh, 2017).

5.2.2 Encouragement

During integration, the cultural interpreter also encourages foreign patients during healthcare encounters so as to ensure higher customer satisfaction by the patient and this significantly minimises professional frustration in a multicultural interaction (Arias-Murcia & López-Díaz, 2013). In times of sympathetic moment such as a foreign patient being seriously sick, the cultural interpreter assists in arranging for spiritual care for people with terminal disease involving relatives. He mediates the beliefs and practices related to spirituality, thus avoiding conflicts during the care process. At the same time, the cultural interpreter is actively involved in encouraging patients to actively participate by engaging interactional practices (Farini, 2013). A cultural interpreter encourages families to be gentle by adding phrases (Gutierrez et al., 2018) like *“it’s no problem and “don’t worry” after interpreting clinicians’ statements that are difficult to understand. In such a case, they change clinicians’ statements to be more reassuring. For example, interpreting “It doesn’t matter” as “It’s okay, don’t worry”*. A Cultural interpreter also gives concrete tips to patients for supporting the patient emotionally (Van de Geuchte & Van Vaerenbergh, 2017).

5.2.3 Agent

As an agent, the cultural interpreter performs the roles of checking conversations and statements for comprehensions ensures endearment and make statements more culturally sensitive (Gutierrez *et al.* 2018). When checking conversations and statements for comprehensions, a cultural interpreter interjects during clinicians’ explanations of hospital reports.

During this time, the cultural interpreter confirms whether there are any questions and whether the information has been understood just as presented.

The cultural interpreter plays the role of endearment, by making clinicians language and genomic information more familiar and informal (Gutierrez et al. 2018). For instance, the clinical officer might use pronouns such as he/she for child's name and in turn the cultural interpreter interprets such pronouncements using baby girl/baby boy little girl/ little to refer to the child as a show of affection. The cultural interpreter also mediates between beliefs and practices associated to the immigrant mothers post-partum period, offering culturally adapted visits (Arias-Murcia & López-Díaz, 2013).

Another role of the cultural interpreter was found to be making statements from the clinical officer more culturally sensitive, less direct, more polite and appealing to the patient (Gutierrez *et al.*, 2018). Interpreters make the statements more polite by adding the appeasing word such as "please" and as well seek to convey politeness. The cultural interpreter further simplifies words to adapt clinicians' statements in a way that may give the patient more urgency. Intervening during the encounter ensures real-time changes to clinicians' language, ultimately making language more accessible and culturally sensitive.

5.3 Sharing vital information

An important role of cultural interpreter in health care encounter was found to be sharing vital information between the patients and the healthcare providers. In this respect, the cultural interpreter acts as the cultural informant, gatekeeper and a formulations.

5.3.1 Cultural informant

The most significant role of a cultural interpreter when sharing vital information is playing the part of a cultural informant (AllAfrica Global Media, 2017). As a cultural informant, a cultural interpreter informs patients about the correct approaches to the use of medicine and health treatment with respect to their culture. This is premised on the fact that there are different approaches as well as issues to medicine and healthcare delivery in different parts of the world and in different cultures.

The cultural interpreter being a cultural informant provides understanding of the meanings and cultural patterns of the patients explaining these to the healthcare professional or clinical officer in a manner that they would understand well medical terms (Arias-Murcia & López-Díaz, 2013). The cultural interpreter also plans a healthcare encounter that is sensitive to the user's culture and clarifies meanings while at the same time modifying communication

patterns. At the same time, the cultural interpreter explains cultural issues of the medical system to the foreign patients.

Since the cultural interpreter plays the role of a cultural informant, he/she should always find a common view on participants (Farini, 2013). The cultural interpreter should show and orient to different relevant values, forms of contribution and expectations about the results of communication. Notably, difference in the medical system are a recipe for concern in treatments which concern expectations about both healthcare professionals' competent performances and patient's motivation to adapt to the healthcare professionals' suggestions. So, a cultural interpreter ensures that people belonging to different cultural orientations enjoy mutual communication and interaction. This kind of interaction should take place in institutional contexts.

A cultural informant provides information regarding health beliefs, appropriate methods of communicating in the context of that cultures (the way communities communicate) and interaction's problematic aspects when medical system interacts with the patient (Roman *et al.*, 2013). In this case, the cultural interpreter points out to the doctor when problems occur during encounter and whenever the doctor makes any comments to ask the patient if the patient has understood (Van de Geuchte & Van Vaerenbergh 2017). As the cultural interpreter also helps the patient when filling medical forms, he/she informs the health facilities to understand things that are not spoken by the immigrants, like fears, beliefs, and thoughts that are part of one's culture (AllAfrica Global Media, 2017; Farini, 2013). In some instances, the cultural interpreter is involved in emergency services to help immigrants who speak other languages to be treated improving mental health services (Arias-Murcia & López-Díaz (2013).

As a cultural informer, a cultural interpreter explains to the immigrants about health services accessibility and its availability. Normally, the foreign patients usually find it really hard to discover hospital healthcare professionals who are able to speak their languages (Sperber, 2018). This is resolved by the cultural interpreter informing the foreign patient and helping the foreign patients access the health services (Van de Geuchte & Van Vaerenbergh 2017).

5.3.2 Formulations

Another subcategory of sharing vital information was found to be formulations where the cultural interpreter brings to the fore the patient's emotions (Farini 2013). The cultural interpreter formulates the patient's emotions that have remained implicit up to that moment and making the emotions a topic for communication and a concern for the doctor through affective formulations.

A cultural interpreter as well pre-filters messages from the patient before translating them. The cultural interpreter selects only the important statement and ignores statements that are unhelpful to the issue under discussion. The objective of the gatekeeper is smooth flow of information in intercultural communications and medical evaluations. This filtering (gatekeeping) promotes active participation of the people involved in the interaction (the patient and the healthcare officer) and a clear understanding of the issues being discussed during the healthcare encounter.

5.4 Ensuring availability of correct information

The results show that ensuring availability of correct information was a key role of cultural interpreter in health care encounter. The subcategories in ensuring availability of correct information were found to be facilitation and promoting, contextualization and providing report.

5.4.1 Facilitation and promoting

The cultural interpreter's role of ensuring availability of correct information includes facilitating to ensure that immigrant women are guaranteed treatment equal to that offered to host country women (Farini 2013). The cultural interpreter seeks to promote and sustain social-health services that are attentive to cultural differences. Further, the cultural interpreter facilitates by giving voice to patient's emotions, which occasionally manifest itself in implicit discursive initiatives. The cultural interpreter also facilitates communication and understanding between people belonging to different cultures and eliminating misunderstandings between the migrant and the social agent mostly caused by different cultural codes and values. In facilitation, the cultural interpreter, allows every party to be actively involved in the interactions to the point of enabling each party access to the other party's cultural imagination.

A cultural interpreter facilitates access to the healthcare system so as to adequately respond to cultural health status differences (Roman *et al.*, 2013). This facilitation ensures that patients have the ability to properly utilise the healthcare system. In facilitation, a cultural interpreter acts as a liaison between the foreign patient and the healthcare provider (Sperber, 2018). A cultural interpreter also enhances the healthcare professional's cultural competence in promoting the profession (Arias-Murcia & López-Díaz 2013).

5.4.2 Contextualization

Another role of cultural interpreter is contextualization, where the cultural interpreter acts as a channel in a multicultural encounter between the parties (Farin 2013). In contextualization, the cultural interpreter uses short conversational markers which include the feedback

tokens, continuers and echoing manifesting attentiveness as well as involvement. Cultural interpreter also interprets emotions, doubts and concerns to improve emotional rapport between foreign patients and healthcare provider. During the contextualization role, the cultural interpreter translates genomic terminology for patients and their families to mirror the medical language to the patient in a manner the patient understands and as well inserts phrases during interpretation that clarifies the statements from clinicians (Gutierrez et al. 2018). Thus, the cultural interpreter simplifies complex genomic terminologies.

5.4.3 Providing report

A cultural interpreter plays the role of reporting to the patient and notifying the patient. The cultural interpreter adapts the translation or notify the healthcare professionals, discusses differences or problems in a briefing or feedback moment, and provides a briefing and feedback moment with the healthcare provider (Van de Geuchte & Van Vaerenbergh 2017).

6 Discussions

The purpose of this thesis was to describe the role of cultural interpreter in health care. The results from our findings revealed four main important roles of cultural interpreter in health care provision and these results are based on the 7 articles analyzed by the authors. From the results of the findings, it was evident that, a cultural interpreter is a very vital resource in a multicultural healthcare encounter. The main role of a cultural interpreter is mediating between a foreign patient receiving healthcare service under cultural diversity interaction, thus, there is cultural difference between the patient and the health care professional. These articles have similarly indicated that a cultural interpreter intervenes between the two parties (foreign patient and healthcare professional) as an intermediary to improve the interventions between the patient and the healthcare professional. The cultural interpreter interacts during the encounter to ensure that vital information is shared correctly and accurately and as well ensures that all the necessary information is exactly relayed to the respective destination (consumers) in its original form and meaning.

Accordingly, effective communication is prerequisite for meeting the patient's aspirations and helping the healthcare professional to deliver the appropriate health service efficiently. Therefore, cultural interpreter effectively bridges the gap between the patient and the healthcare professional successfully eliminating any foreseeable communication barrier and associated issues of concern in the healthcare delivery process. This means that a cultural interpreter is a person possessing sufficiently adequate knowledge on cultural backgrounds of the patients (possessing cultural competence) and the healthcare concerns to effectively ensure actual exchange of ideas with each other; patient and the healthcare

professional as posited by Gómez & Pinazo 2018 ; Mulu, Savi & Zhen ; 2016, Fenta, Hyman & Noh 2007. The cultural interpreter also advocates for the voice and rights of the foreign patients so as to protect the rights of the vulnerable patients and as well enlightens the foreign patients on various health related issues in a foreign region (promotes the social justice and human rights). As he/she advocate for patients' rights, a cultural interpreter further negotiates for the patients to access quality health services in totality in multicultural encounters (Abdelhamid et al. 2010; Douglas *et al.* 2014, Shannon *et al.* 2016). Therefore, a cultural interpreter must be the first contact person to welcome new patients accessing the healthcare for the first time so as to help them receive appropriate attention.

As earlier mentioned, a cultural interpreter helps in improving Intervention between patient and the healthcare professional in multicultural encounter, which characterized by facilitation of patient's integration into culturally different environment and linking them despite cultural differences. This aids in overcoming the foremost hurdle due to diverse health beliefs (Murray & Skull, 2005). Cultural interpreters improve the cultural appropriateness by actively making use of cultural knowledge and ensuring that service practices are in line with the beliefs and values of patients as well as improving communication (Afsharzagdegan 2016.) Some of the activities performed during improvement of the intervention include deciphering linguistic and cultural code, transferring information correctly, overcoming cultural communication barrier, encouraging the patients and mediate the beliefs and practices related to spirituality of the patient (Campelo et al. 2018 & Karwacka 2014), importantly, a cultural interpreter translates genomic term (medical terminology) correctly, endearment (Shannon *et al.* 2016; Hadziabdic & Hjelm 2014 A; rias-Murcia & López-Díaz 2013), and provides information regarding health beliefs in the context of that cultures to the health professionals (Roman et al. 2013; Van de Geuchte & Van Vaerenbergh, 2017).

A cultural interpreter ensures effective sharing vital information between the patient and the healthcare professional by being a cultural informant and pre-filter information (formulations such that the nurse attending to a patient must be able to attend to the patients in their totality, respecting the cultural diversities when carrying out activities in health facility (Campelo et al. 2018 ; Fenta ; Hyman & Noh, 2007). In sharing this vital information, the cultural interpreter explains to the foreign patient's health services (locality, accessibility, availability) and as well provides patients with more information at doctor's request and points it out to the doctor when problems occur with the patient. As a cultural informant, also ensures confidentiality and that the correct information is available to the respective consumer (Lundin, Hadziabdic & Hjelm, 2018). Further, a cultural interpreter pre-filters message and information before passing the same to the patient. this includes evaluating the importance of the patient's contributions before translating them to responsible flow of information and medical evaluations.

Lastly, a cultural interpreter ensures that all information to either parties is accurately received at its intended destination correctly and in totality. Importantly a cultural interpreter makes sure that the health care professional clearly understands things that are not spoken by the immigrants as dictated by their culture such as fears, beliefs, and thoughts. The healthcare professional uses cultural interpreter's competence to identify client's values, beliefs, practices, perceptions, and unique health care need (Judy et al. 2016). In this case, healthcare facilities quality of the interpretation is of great interest (Hadziabdic & Hjelm 2014). Sharing vital knowledge ensures availability of correct information through facilitation to ensure foreign patients guaranteed that proper treatment, contextualization to interpret emotions and improving the emotional rapport between patients and health professional and providing report. This reduces disparities as it promotes competence of culture among healthcare facilities as it accurately provides appropriate interventions (Handtke et al. 2019). Essentially, a cultural interpreter requires to promote the healthcare professional's cultural competence by assisting health care facility to adapt to diversity whenever they are in the different cultural encounters (Gustafson 2005).

6.1 Limitation

The study was limited variously; firstly, most of the articles were from a few countries from Europe. This significantly condensed the generalisation of the study findings because the countries over Europe are facing different challenges. In fact, it is very hard for the findings to be applied in countries from other continents. Secondly, the scope of the study was limited to healthcare in Finland, limiting applicability of the findings to Finland's healthcare. So, it is difficult to apply the study findings in other spheres of cultural interpretations.

6.2 Ethical consideration & trustworthiness

Ethical considerations refer to an accumulation of values and principles that address questions of what is good or bad in human affairs (Markkula Center of Applied Ethnics 2010). In academic or otherwise, it is ultimately very important and necessary to maintain an adhere to the set ethical guidelines and norms whether it is for the academic paper of the publishing work. Moreover, the credibility of the scientific community and the perception of the public to judge and accept new results strongly depends on the authenticity of the results that have been published. It is in this line that the researchers resulted to follow the guidelines of responsible conduct of research set by the Finish Advisory board on Research Integrity as we intended to produce materials that are authentic and accurate. Thus, the ethical considerations and trustworthiness of this thesis was preceded by good ethical conduct, which included precision, avoiding plagiarism, fabrication of data results and maintain honesty throughout the entire process (TENK 2012). The researchers avoided Plagiarism

by paraphrasing and using citations accordingly and the data as well as reference materials were obtained from reliable sources.

One thing which is worth noting is that an information retrieval expert in Laurea, was consulted throughout the study in the information retrieval phase which ensured or increased reliability of the study. The objectivity on this thesis is also assured since it is being carried out by three researchers and this interned increases the validity of the study since the analysis was not based on just one point of view. Even in amidst of COVID 19, we were connected via zoom during the analysis stage, where we discussed the articles thoroughly together and came out with a concrete result. All processes of this literature review, more specifically the data analysis phases were all documented in a detailed manner, to furthermore emphasize the trustworthiness of the overall study. However, despite the attempts made by the researchers to ensure trustworthiness of this piece, there could be still some lapses as this happened to be the first research or thesis using the literature review method.

7 Conclusion & further research recommendations

The purpose of this thesis was to describe roles of cultural interpreter in health care provision in Finland with the aim of providing an evidence-based knowledge on the role of cultural interpreters in healthcare delivery for Peijas hospital in Vantaa, Finland. In order to answer the research question that was to find out the roles of cultural interpreter in healthcare, the literature review method was used to get comprehensive data from previous research. Based on the empirical evidence from the literature review and discussions, the study concludes that the main role played by the cultural interpreter in the health care provision is acting as a mediator between a patient and the health professional interaction when the two have significant cultural differences. Other key roles of the cultural interpreter in the healthcare encounter includes being an intermediary (go-between) who improves Interventions, ensuring that vital information in the encounter is correctly and accurately shared between the patient and the health professional. A cultural interpreter in health care encounter further ensures that information shared is relayed to the respective designation correctly and in totality, without any distortion so as to make sure that the patient receives quality and appropriate healthcare service to the expectations of the patient.

The study made related policy recommendation. The study recommends that Peijas hospital in Vantaa, and other hospitals in Finland should acquire professional and specialised cultural interpreter possessing high competence and skill in different language, communities and medical terminologies.

He/she should possess adequate qualifications, experience in that field, familiarity and the atmosphere experienced during the multicultural healthcare encounter. This cultural interpreter should be an immigrant who navigate the system by themselves, understands the kind of services the patient needs, possess understanding of medical terminology as well as cultural background and context of the patients. The study also recommends that Laurea university of applied of science should start offering undergraduate course for cultural interpretation in Finland.

During literature review, it was established that there is limited information (literature and empirical research) on cultural interpreter in Finland. So other studies should be done on the effect of cultural interpreter on access to healthcare services in Finland.

8 References

Abdel-Hamid, A Pedersen, D., Rønsbo, H. & Kirmayer, L. J. 2010. Endurance Is to Be Shown at the First Blow: Social Representations and Reactions to Traumatic Experiences in the Gaza Strip. *Traumatology*, 16(4) 73-84. Accessed 10.2019.

<https://doi.org/10.1177/1534765610395663>

Afshar zadegan, R. 2016. Exploring issues of cultural difference for professionals working with psychosis (Doctoral Thesis, University of East London. London, England). Accessed. 09.2019.

AllAfrica Global Media. 2017. The New Boom Aid Job - Cultural Mediator. Washington: AllAfrica.com.

Arias-Murcia, SE & López-Díaz, L. 2013. Culture brokerage as a form of caring. *Invest Educ Enferm*, 31(3), 414-420.

Aveyard H. 2014. *Doing a Literature Review in Health and Social Care: A Practical Guide* (3rd ed). McGraw Hill Edu. Open University Press.

Benjamin, E., Swartz. L., Hering, L. & Chiliza, B. 2016. Language barriers in health: lessons from the experiences of trained interpreters working in public sector hospitals in the Western Cape. *SAHR*, 2016, 73-82.

Blay, N., Ioannou, S., Seremetkoska, M., Morris, J., Holters, G. Thomas, V. Et al. 2018. Healthcare interpreter utilization: analysis of health administrative data. *BMC Health Services Research*, 18, 348. Accessed 12.2019.

<https://doi.org/10.1186/s12913-018-3135-5>

Campelo, C. L. de Sousa, S. M. A, Silva, L. D. C., Dias, R. S., Azevedo, P. R. Nunes, F. D. O. et al 2018. Patient safety culture and the cultural nursing care. *J Nurs UFPE online.*, Recife, 12(9), 2500-6. Accessed 01.2020.

<https://doi.org/10.5205/1981-8963-v12i9a235048p2500-2506-2018>

Chavez, L. R., McMullin, J. M., Mishra, S. I., & Hubbell, F. A. 2001. Beliefs matter: Cultural beliefs and the use of cervical cancer-screening tests. *American Anthropologist*, 103(4) 1114-1129.

Coughlan K. 2017. Improving communication between healthcare professionals and patients with limited English proficiency in the general practice setting. *Aust J Prim Health*. 2017;21(1):96-101. Accessed 09.2019.

<https://www.ncbi.nlm.nih.gov/pubmed/18352969>

Creswell, J. W. 2014. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage
Krippendorff K. (1980). *Content Analysis: An Introduction to its Methodology*. New-bury Park: Sage Publications.

Douglas, M., Rosenkoetter, M., Pacquiao, D., Callister, L., Hattar-Pollara, M., Lauderdale, et al. (2014). Guidelines for Implementing Culturally Competent Nursing Care. *J Transl Nurs*, 25, 109-121. Accessed 11.2019.

<http://tcn.sagepub.com.aineistot.lamk.fi/content/25/2/109.full.pdf+html>

Ejike, C. N. 2017. *The influence of culture on the use of healthcare services by refugees in south central Kentucky: a mixed study* (Master's Thesis, Western Kentucky University, Bowling Green, Kentucky).

Elo S., Kääriäinen M., Kanste. Accessed. 10.2019.

<https://journals.sagepub.com/doi/10.1177/2158244014522633>

Elo, S. & Kynga, S. H. 2008. The qualitative content analysis process. *J. Adv Nurs*. Accessed 11.2019.

<https://www.ncbi.nlm.nih.gov/pubmed/18352969>

Farini, F. 2013. *Interpreting and Intercultural Mediation in Italian Healthcare Settings*. ProQuest LLC. Accessed 01.2020.

<https://search.proquest.com/docview/1703413206?accountid=12003>

Fast fact 2002. Cultural Mediators, Translators, and Interpreters. Accessed 09.2019.

https://www.migrationpolicy.org/sites/default/files/language_portal/FF-CLD-Cult-Med402_0.pdf

Fenta, H., Hyman, I., & Noh, S. 2007. Health service utilization by Ethiopian immigrants and refugees in Toronto. *J. Immi Min Heal*, 9(4) 349-357.

Finland Interior Ministry. 2019. *International Migration 2018-2019: - Report for Finland*. Helsinki, Finland: Ministry of the Interior. Accessed 09.2019.

<http://urn.fi/URN:ISBN:978-952-324-303-3>

Galvan, J. L. 2015. *Writing Literature Reviews: A Guide for Students of the Social and Behavioral Sciences* (9th ed.) Abingdon, UK: Routledge.

Giger J. N. & Davidhizar. R. 2008. *Transcultural Nursing Assessment and Intervention* (4th ed.). London: Mosby.

Gómez, P. L. & Pinazo, E. P. 2018. Intercultural communication and interpreter's roles: widening taxonomies for effective interaction within the healthcare context. *Cur Tre in Transl Teachg and Learn*, 5, 236 - 314

Gustafson, D. L. 2005. *Transcultural Nursing Theory from a Critical Cultural Perspective*: *J Adv Nurs Sc*, 28 (1), 2-16. Accessed 10.2019.

<http://web.a.ebscohost.com/aineis-tot.lamk.fi/ehost/pdfviewer/pdfviewer?vid=17&sid=07c83618-851b-4ac3-b7a1-ee10d6977f03%40sessionmgr4005&hid=4214>

Gutierrez, AM, et al. 2018. Agents of empathy: How medical interpreters bridge sociocultural gaps in genomic sequencing disclosures with Spanish-speaking families. *Patient Education and Counseling*, 102(2019) 895-901. Accessed 02.2020.

<https://doi.org/10.1016/j.pec.2018.12.012>.

Hadziabdic, E. & Hjelm, K. 2014. Arabic-speaking migrants experiences of the use of interpreters in healthcare: a qualitative explorative study. *International Journal for Equity in Health*, (13), 49. Accessed 11.2019.

<http://dx.doi.org/10.1186/1475-9276-13-49>.

Hampers L. C., Cha S., Gutglad D. J., Binns H. J. & Krug S. E. 1999. Language barriers and resource utilization in a pediatric emergency department. *Pediatrics*, 103, 1253- 1256.

Handtke O, Schilgen B, Mosko M 2019 Culturally competent healthcare - A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PLoS ONE*, 14(7): e0219971. Accessed 11.2019.

<https://doi.org/10.1371/journal.pone.0219971>

Heino, E., Kärmeniemi, N., & Veistilä, M. 2014. *Kulttuuritulkki Toimintamallin kuvaus*. Accessed 09.2020.

https://helda.helsinki.fi/bitstream/handle/10138/44967/Kulttuuritulkki_toimintamallin_kuvaus.pdf?sequence=1&isAllowed=y

Hultsjö, S. & Hjelm, K. 2005. Immigrants in emergency care: Swedish health care staff's experiences. *International Council of Nurses*, 52, 276-285. Accessed 09.2019.

<https://www.ncbi.nlm.nih.gov/pubmed/16238724>

Internal Displacement Monitoring Centre IDMC, 2017. *Global Report on Internal Displacement (GRID 2017)*

IOM. 2018. *World Immigration report*. Accessed 09.2019.

https://www.iom.int/sites/default/files/country/docs/china/r5_world_migration_report_2018_en.pdf

Judy, C, Anton, I. & Isabel, E. 2016. Language and Communication Issues in Health Care: peri-operative nurses experience of communication in a multicultural operating theatre. *Int J Nurs*, 54, 7-15. Accessed 12.2019.

<http://www.sciencedirect.com/science/article/pii/S0020748914000534>

Kardakis, M. 2018. *Communicating in medical settings Strategies & challenges for effective cross-cultural interpreting* (Doctoral Thesis, The University of Melbourne, Victoria, Australia).

Karwacka W. 2014. *Quality assurance in medical translation*. *J Spzd transl*. 2014, 1(1).

Leininger, M.M. and McFarland, M.R. 2006 *Culture Care Diversity and Universality: A World-wide Nursing Theory* (2nd ed.). Sudbury: Jones and Bartlett.

Lundin, C, Hadziabdic, E & Hjelm, K. 2018. Language interpretation conditions and boundaries in multilingual and multicultural emergency healthcare. *BMC International Health and Human Rights*, 18, 23. Accessed.2.2020.

<https://doi.org/10.1186/s12914-018-0157-3>

Matsumoto, D. 2002. *Culture, Psychology, and Education*. Accessed 12.2019

https://www.researchgate.net/publication/266880537_Culture_Psychology_and_Education

Mayring, P. 2009. *Qualitative Content Analysis* [28 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 1(2). Accessed 01.2020.

<http://www.qualitative-research.net/index.php/fqs/article/view/1089/2385>

Mladovskya, P., Rechelb, B. Ingleby, D. & McKeelb, M. 2012. Responding to diversity: An exploratory study of migrant health policies in Europe. *Health Policy*, 105 (2012) 1- 9

- Mulu, A. W., Savi, V. & Zhen, Z. (2016). Nurse's knowledge of, and skills in, multiculturalism in working environment (Bachelor's Thesis, Lahti University of applied sciences, Lahti, Finland).
- Murdock GP 2007. *The Common Denominator of Culture in the Science of Man in the World Crisis* (Ed). New York, United States: Columbia University Press.
- Murray SB & Skull SA 2005. Hurdles to health: Immigrant and refugee healthcare in Australia. *Australian H. Rev*, 29(1), 25-29.
- Palmquist ME Carley KM & Dale TA 1997. Two applications of automated text analysis: Analyzing literary and non-literary texts. In C. Roberts (Ed.), *Text Analysis for the Social Sciences: Methods for Drawing Statistical Inferences from Texts and Transcripts*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Patton, MQ 2002. *Qualitative Evaluation and Research Methods*, 2nd Ed. Newbury Park: CA, Sage.
- Pöchhacker, F. 2016. *Introducing Interpreting Studies*. London and New York: Routledge.
- Rhodes P. & Nocon A. 2003. A problem of communication? Diabetes care among Bangladeshi people in Bradford. *Health and Social Care in the Community*, 11, 45-54
- Roman, G, Gramma, R, Enache, A, Parvu, A, Moisa, SM, Dumitras, S. & Ioan. B, 2013. The health mediators-qualified interpreters contributing to health care quality among Romanian Roma patients. *Medicine, Health Care and Philosophy*, DOI 10.1007/s11019-013-9467-3
- Salla K. 2009. Do professional interpreters improve clinical Care for Patients with limited English proficiency? A systematic review of the literature. *Health Serv Res*. 42,727-54.
- Shannon, R., Quiroga, J., & Trimble, E. 2016. Medical Interpreting Lecture presented at Portland Community College, Immersion Workshop. Portland, OR, September 15-18.
- Simon, Ş. & Claudia E. Stoian, CE 2017. Developing interpreting skills in undergraduate students. *Proceedings of ICERI2017 Conference 16th-18th November 2017, Seville, Spain*.
- Sofer, M. 2013. *The Global Translator's Handbook*. Plymouth: Taylor Trade Publishing.
- Sperber A. 2018. Mediators help migrants access health services in Italy. *The lancet*, 391(2018),1468-1470. Accessed 01.2020.

<http://www.thelancet.com/>

Srivastava M. 2007. Overview of the advantages and disadvantages of professional and child interpreters for limited English proficiency patients in general health care situations. *J Rad Nurs*, 26 (4), 126-131.

TENK 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Accessed 10.2019.

https://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf.

Thagichu, MW. 2014. Improving the Quality of Medical Interpreting in Norway A qualitative study with perspectives from qualified interpreters (Master Thesis, University of OSLO, Oslo, Norway).

Valvira 2015. Terveysturvallisuus. Accessed 01.2020.

<https://www.valvira.fi/terveydenhuolto>

Van de Geuchte, S & Van Vaerenbergh, L. 2017. Interpreting in Flemish Hospitals: Interpreters View and Healthcare Workers Expectations. *CLINA*, 3(1), 117-144. DOI: Accessed 02.2020.

<https://doi.org/10.14201/clina201731117144>

Vikas VJ. 2011) Explaining the Concept of Cultural Values in Global Business. Ronda Roberts Levine

World Health Organization report 2008. Primary health care. Accessed 09.2019.

http://www.who.int/whr/2008/whr08_en.pdf

Youdelman, M. 2013. The development of certification for healthcare interpreters in the United States. *The Int. J of Trans & Interp Res*, 5(1), 114-126.

Appendix 1 Articles

NAME OF THE ARTICLE	AUTHOR, YEAR, COUNTRY	PURPOSE OF THE STUDY	PARTICIPANTS (n=)	DATA COLLECTION, DATA ANALYSIS	MAIN RESULTS
Agents of empathy: How medical interpreters bridge sociocultural gaps in genomic sequencing disclosures with Spanish-speaking families	Gutierrez, AM, Stathama, EE, Robinsona, JO, Slashinskib, MJ, Scollonc, S, Bergstromc, KL Street, RL Parsons, DW Plonc, SE & McGuire, AL, 2018, Spain	To describe how linguistic tools used by interpreters during return of genomic sequencing results may have impacted communication with Spanish-speaking families, and to discuss the implications for the role of medical interpreters	51	Using thematic review, the study carried out discourse analysis.	The findings show that an Interpreter is bridge the during the encounter patient and the healthcare to overcome multicultural linguistic barriers. Importantly, the medical interpreters; discloses results, is cultural mediators, contextualises, encourages, checking comprehension, endearment, and softening statements.
Culture brokerage as a form of caring	Arias-Murcia, SE & López-Díaz, L. 2013, Colombia	To identify the meanings, uses, and contexts of applying the culture brokerage concept in nursing articles published from 1995 to 2011.	32	This paper. which used systematic review and adopted Content analysis,	It found that culture brokerage helps in the development of the nursing discipline. Culture brokerage helps in resolving conflicts in the health care interaction arising from multicultural differences. Other roles include; bridging, advocating, negotiating mediating and enhancing cultural competence
Interpreting in Flemish Hospitals:	Van de Geuchte, S & Van	Establish how social interpreters and intercultural	163	The data was collected using an open-ended questionnaire which was	The study found that professional interpreters bridge communication gap

Interpreters' View and Healthcare Workers' Expectations	Vaerenbergh, L 2017, Belgium	mediators view their role and tasks as an interpreter in a healthcare setting and whether their self-perception correspond to the stipulations in their respective code of conduct		analysed using quantitative content analysis.	between patient and the doctors. They facilitate healthcare access to foreign patients through interpretation. Intercultural mediators seek to ensure that there is equitable access to quality health. They also clarify misunderstandings by explaining cultural elements as they advocate for.
Interpreting and Intercultural Mediation in Italian Healthcare Settings	Farini, F. 2013, Italy	analyse Intercultural Mediation-promoted communication forms between participants in an interaction	55	Through Interviewing, the researcher collected data which was analysed using Content analysis.	The results show that Intercultural Mediation (IM) is important for facilitation of communication to ensure understanding between people belonging to different cultures and hence eliminating misunderstandings between them. According, the foreign patient is able to access the cultural imagination of the other party. Thus, IM provides a means of ensuring i treatment of the patient. This means that IM bridges intercultural dialogue.
The health mediators-qualified interpreters contributing to health care quality among	Roman, G, Gramma, R, Angela Enache, A, Parvu, A, Moisa, SM, Dumitras, S. &	present empirical evidence of specificities in the practice of healthcare among Romanian Roma	30	Data was collected using focus group interviews and qualitative exploratory descriptive (QED)	Findings yielded results which show that cultural brokers bridge cultural differences thus improving patient- healthcare encounter. they provide

Romanian Roma patients	Ioan. B, 2013. Romania	patients and their caregivers			information regarding beliefs and patient's health.
Mediators help migrants access health services in Italy	Sperber A., 2018, Italy	Establish the need of mediators to migrant's access health services in Italy		This study collected its data through Literature review, which was adopted Content analysis to analyse the data	It produced results which show that Mediators ensure that all children get comprehensive response. The unaccompanied children are profiled so that the healthcare staff could understand their story clearly. It was shown that intercultural mediators are first contact persons. They also explain cultural differences.
The New Boom Aid Job - Cultural Mediator	AllAfrica Global Media, 2017, Italy	Assess the role of Cultural Mediator in the lives of refugees		In this paper, data was collected using Interview guide and analysed using content analysis.	The result shows that cultural mediators importantly are go-betweens (bridge between doctors and patients) who translate for and inform the immigrants as they also advise them of their rights on access to health services. They are cultural informers who explain cultural differences in a foreign land. In fact, they link patients to doctors.

Appendix II: Data analysis

Description	Sub-category	Main Category	Articles contain- ing the category (=n)
<ul style="list-style-type: none"> • first person of contact meeting new arrivals to the host country's health system. • advocating for immigrants' active involvement in the medical encounter • encouraging patients' self-expression, giving voice to their concerns, doubts, needs and requests • protection of vulnerable group to ensure that they get a comprehensive response. 	Advocating	Intermediary	5/7
<ul style="list-style-type: none"> • advising the immigrants on health services available in their new country • explains the cultural differences • assisting medical staff to provide health care services • supports field officers in profiling the vulnerable 	Care provider		
<ul style="list-style-type: none"> • resolve potential conflicts when accessing health service • promotes enhancement of cultural competence in professionalism • intervening when misunderstandings occur due cultural differences 	Negotiation		
<ul style="list-style-type: none"> • facilitating migrants' integration into new society • link between patients and doctors • helps to overcome barriers • Seek to reduce ethnic disparities • facilitates visual communication • bridge the language gap 	Intergration	IMPROVING INTERVENTIONS (GO-BETWEENS)	7/7

<ul style="list-style-type: none"> • ensure higher patient satisfaction and less professional frustration • Provides spiritual care • mediate the beliefs and avoiding conflicts • make clinicians' statements more reassuring • support the patient emotionally 	Encouragement		
<ul style="list-style-type: none"> • Checking comprehension • Endearment by personalizing the genomic information • making clinicians' language more familiar • making statements from clinicians more culturally sensitive 	Agent		
<ul style="list-style-type: none"> • evaluate importance of the patient's contributions before translating • acts as a filter in the information flow 	Cultural informant	SHARING VITAL INFORMATIONS	6/7
<ul style="list-style-type: none"> • brings to the fore the patient's emotions through affective formulations - 	Formulations		
<ul style="list-style-type: none"> • ensures social-health services that are attentive to cultural differences • facilitates give voice to patients' emotions • Facilitating guaranteed treatment equal to that offered to host country citizens • Facilitates communication and understanding • allow access the other party's "cultural imagination • liaisons between the patients and the healthcare • enhances the healthcare professionals' cultural competence 	Facilitation	ENSURING CORRECT INFORMATION	6/7
<ul style="list-style-type: none"> • improve the emotional rapport between patients and doctors • introduce patients' concerns to doctors in affective formulations • clarify clinicians' statements • simplify complex genomic terminology 	Contextualization		
<ul style="list-style-type: none"> • notifying the patient • adapt the translation or notify the doctor • discussing differences or problems • provide a briefing and feedback 	Reporting		

