Chapter 14
Intercultural Communication Challenge: The Interpreter’s Role in Health Care Interpreting

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ABSTRACT
A leader in community interpreting, Australia provides professional interpreting services within its public health system. Healthcare interpreters face various challenges for a variety of reasons, including cultural differences. Existing research on healthcare interpreting focuses on differences between a mainstream culture of healthcare professionals and ethnically diverse cultures of migrant patients. Interpreters are widely regarded as bicultural professionals able to provide cultural information on behalf of patients as necessary or whenever healthcare professionals ask for it. However, research on healthcare interpreting in a globalized era should consider the changing nature of culture. The question of whether the interpreter should be a cultural broker remains controversial. Based on an ethnographic study of healthcare interpreters at a public hospital in Australia, this chapter aims to survey how multiple perspectives on cultural evolution affect healthcare interpreting.

INTRODUCTION
Translation and interpreting studies, especially in community interpreting, have so far regarded the notion of culture as ethnic or racial differences commonly expressed in languages (see Angelelli 2004a, Lee, 2009). However, the conventional assumption that cultural differences align with ethnic diversity, and language would reflect them, can easily limit the study of intercultural communication1 in community interpreting to stereotypical ideas of comparing two mainstream cultures from which the parties come. This dichotomous thinking was the main methodological approach when intercultural communication was explored in interpreting studies in general (Kagawa-Singer & Blackhall, 2001, Kaufert & Putsch 1997, Lee, 2009).

DOI: 10.4018/978-1-5225-2832-6.ch014
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For example, researchers have drawn attention to the cross-linguistic challenges in community interpreting between English-speaking Australian legal professionals and Korean-speaking customers in Australian courts (Lee, 2009), as well as cross-cultural problems and interpreter strategies for working with English-speaking American healthcare professionals and Spanish-speaking patients in American hospitals (Angelelli, 2004a, pp. 48–49). Not many studies have paid meticulous attention to the cultural, ethnic, or linguistic diversity of the medical or legal professionals who use the mainstream language. Also, they merely surmise that all interpreters are migrants who have a shared cultural, ethnic, and linguistic background with the culturally and linguistically diverse (CALD) communities. Most studies have not considered subcultures or individual traits of each participant in any context, and have used generalized definitions of the culture of each ethnic group to broadly delineate cultural differences. However, culture cannot be divided into dichotomous or homogeneous groups.

According to a report published by the Department of Immigration and Citizenship of Australia (2012), the number of estimated resident population who was born overseas is around 6.0 million (p.94); temporary entrants, including visitors, international students, working holiday program visa holders, and temporary business workers, are more than 3.5 million (p.47). Thus, now Australia has a culturally diverse population and is undergoing a social transformation. For example, the mobility of highly skilled personnel is growing, and regional migration flows are becoming more varied. Healthcare professionals are one example of migration trends.

Based on the Australian Social Trends – Doctors and Nurses statistics (Australian Bureau of Statistics, 2013), the number of healthcare professionals who were born overseas and who work in Australia have increased in recent years. In 2011, 56% of general medical practitioners (GPs) and 47% of medical specialists were born overseas, and these two categories of professionals have increased by 46% and 37% respectively since 2001. By comparison, 28% of the total employed population in 2011 was born overseas. One-third (33%) of the nurses in Australia in 2011 were born overseas, compared with 25% in 2001 (Australian Bureau of Statistics, 2013). Thus, healthcare professionals are already culturally diverse, based on their ethnic and linguistic backgrounds, making it unlikely to claim that all healthcare professionals who work in Australia have a white, Anglo-Saxon, and English-speaking background.

As many studies have proved in various contexts (Angelelli, 2004a, Hale, 2007, Kagawa-Singer & Blackhall, 2001, Karlner et al. 2007), effective communication and mutual understanding are essential in building trust between healthcare professionals and patients in healthcare settings. However, this communication can be problematic and break down when the patient and the medical practitioner are unable to communicate effectively due to cross-linguistic or cross-cultural differences. This communication breakdown has been of particular concern in multicultural countries such as America, Canada, and Australia. However, communication breakdown is now becoming a broader and growing apprehension in most countries all over the world, due to the phenomenon of great waves of migration. In a globalized era in which people exchange worldviews, ideas, and other aspects of culture, the notion of culture is becoming increasingly complex, multifaceted, and difficult to define.

The questions of whether interpreters should act as cultural brokers between patients and healthcare professionals (whereby interpreters intervene and actively participate in the communication to explain cross-cultural issues), and the extent to which they should bridge cultural gaps, remain controversial issues among researchers and practitioners (Hale, 2014, p. 7). This chapter aims to provide an overview of how the multiperspective nature of cultural evolution affects healthcare interpreting and the interpreter’s role, which form the part of the doctoral thesis of the researcher on intercultural communication issue in