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Analysis of the codes of ethics that apply to telephone medical interpreters who work remotely in Mexico for American-based call centers

Para obtener el Diploma de
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Presenta

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Abstract

This research work addresses the working conditions of Mexican bilingual individuals who work remotely for American-based call centers that provide interpretation services for the health care systems in the United States. Using a mixed methodology, this research work presents data with regards to the social, economic, legal and professional context in which these interpreters practice. It particularly reflects on the codes of ethics that apply to the medical interpreting industry as a whole, including those that apply specifically to telephone medical interpreters. It also documents the background of the interpreters as well as their experiences working for these companies. The information gathered is used to analyze the challenges that remote telephone medical interpreters face in the daily practice. Finally, this investigation suggests possible questions to be addressed in further research with regards to the working conditions of theses interpreters.

Key terms Medical interpreting, codes of ethics, off-shoring, call-center, language services

1. Introduction

This investigation aims to explore the working conditions of medical interpreters who work remotely for American-based call centers from their homes. It is important that academic research pays attention to this community of interpreters in Mexico as their employment context has implications not only in their daily lives but also in the lives of the users that access over-the-phone language services in the US health systems every day. This research focuses on the codes of ethics that apply to these interpreters since they aim to regulate the behaviors of the interpreters in daily practice. Also, information regarding the profile of these interpreters and their opinions with regards to their work setting will be collected in order to contrast what is written in the codes and what actually occurs in the practice. Overall, this investigation aims to shed light on this fairly recent phenomenon in Mexico which can become a field for research and professional development.

In 2017 Fundación Italia-Morayta conducted the first survey that gathers data from 1087 translators and interpreters that practice in Mexico. The aim of this survey was to collect facts about the working conditions of these workers—mode, rates, types of clients, education or training, etc.—as well as the perception they have of their jobs both in personal terms—level of satisfaction, personal health, etc.—and in relation to the use of technologies and their impact on the practice. In this survey, some of the respondents mentioned telephonic interpreting as one of the possible scenarios for practicing interpretation. Moreover, interpreters consider it to be one of the factors that negatively affect their income. However, since this survey only provides a general idea of the current status of the practice of translation and interpretation in the country, it is not possible to analyze certain facts or phenomena closely.

Moreover, research about interpreting in Mexico focuses mostly on interpreters who work in Mexico for Mexican-based clients and address in-person interpreting only. An investigation was done in 2009 by Figueroa-Saavedra, for instance compares the issues related to language barriers in the health system of Mexico, Spain, and the United States. He provides an account of how these challenges are addressed by using lexicographic tools and translated documentation, as well as different types of interpreters available—in-person, remote; professionals, *ad hoc.* He also describes how efficient these resources are. Finally, he stresses the need for policies and legislation on the rights of patients regarding the use of language, so as to ensure that health institutions

provide appropriate resources to bridge language barriers through professional individuals and carefully designed materials. However, Figueroa-Saavedra (2009) analyzes the context of each country separately, without addressing how the solutions to assist in the communication between speakers of different languages sometimes become transnational, as in the case of remote telephonic interpreting.

Regarding telephone interpreting, the research for this mode of interpretation considers all possible settings—health care, legal services, regular customer service. An investigation conducted by Qianya Cheng (2015), for instance, analyzes the employment conditions of telephone interpreters in New Zealand that work for a wide variety of scenarios. First, Cheng presents in her study an overview of telephone interpreting: the advantages, challenges, and limits of this mode of interpretation. Second, she includes information collected on a survey applied to active telephone interpreters in New Zealand with regards to their employment conditions, training, experience, settings and even the impact that the job has on their daily lives. With her study, Cheng shares the thoughts of these interpreters that otherwise would remain silent. Cheng's study falls on the descriptive side of research and, as most research on telephone interpreting, it provides a picture that includes a wide variety of interpreting settings.

In the realm of telephone medical interpreting, Nataly Kelly (2007) gathered in a document for the International Medical Interpreters Association (IMIA) a series of answers to frequently asked questions about this subject. This guide to telephone interpreting aims to shed light on the topic within the American context and advocate for this mode of interpretation specifically in the medical setting. Kelly's guide includes comments with regards to the scope of action of telephone interpreting, its advantages, and limits. It also provides general information regarding the credentials that companies usually require from interpreters, the tools that these provide to the employees and their practices for training and quality assurance. Overall, Kelly draws a general picture of the practice of telephone interpreting in the medical setting; however, it is merely a guide that does not delve on the challenges that telephone interpreters may face every day.

Finally, in terms of research regarding ethics in the interpreting context, Sylvia Kalina (2015) does research on ethical issues in the medical setting in general. Moreover, by searching online, it is possible to find the different codes that institutions such as the California Healthcare Interpreters Association and the International Medical Interpreters Association have designed for medical interpreting in general. Also, Kelly (2007) includes in her book a model for a code of

ethics for telephone interpreting in general and then proceeds to make some remarks on certain aspects of the code that may work differently in the medical setting (2007, p. 96 - 113). This literature delves on ethical issues in medical interpreting; however, telephone interpreting and its particular context are not the priority.

1.1 Problem statement

As Squire (2017) points out, the language barrier is the second most common obstacle for migrants to access health services, just after health insurance schemes. Research shows that the use of professional interpreters to bridge language barriers has positive effects on the delivery of services, such as improving communication, increasing clinician and patient satisfaction as well as reducing errors and health care disparities (Karliner, 2017). In the United States, all health care organizations that receive federal funding are obligated to make language services available to patients with Limited English Proficiency (LEP) under Title VI of the Civil Rights Act of 1964 and subsequent regulations through Section 504 of the Rehab Act of 1973 (Cabrera, 2017). Considering only the Hispanic LEP population, approximately 16.5 million individuals in the United States speak English less than "very well", according to an estimate by the US Census Bureau (2015). This poses a direct challenge to the health care systems of the country which have to rely on interpreting modalities such as telephone interpreting to cope with over demand for language services.

In general, medical interpreting may be one of the most controversial forms of interpreting due to the sensitive nature of the information handled during the interpreted encounters. With regards to telephone interpreting in the medical setting, plenty of research underpins the advantages and drawbacks of this modality as well as the scenarios in which it is more or less appropriate (Gracia-Garcia, 2002; Mikkelson, 2003; Jacobs, Ryan, Henrichs, & Weiss, 2018; Price, Pérez-Stable, Nickleach, López & Karliner, 2012). Authors also delve on the skills that interpreters need in order to perform appropriately in this particular setting (Gracia-Garcia, 2002; Mikkelson, 2003). Given the conditions and requirements for telephone medical interpreters, it is necessary to keep a close eye on their working conditions in order to reach the best quality possible in the communication.

As Kelly argues, in telephone interpreting it is common for interpreters to work from home offices across a wide geographic area [and] not necessarily be located in the same country in which

the provider is located." (Kelly, 2008, 1). In Mexico, there are individuals who work for American-based call centers as telephone medical interpreters from their homes. This employment setting makes it difficult to locate this community of interpreters and, therefore, to conduct any studies regarding their working conditions, skills, practice, etc. In this sense, identifying these interpreters as well as their working conditions is the first step to be taken in order to address any further issues regarding their qualifications and performance.

This research project takes the codes of ethics as the basis of the analysis of the working conditions of telephone medical interpreters since they are the model of practice that interpreters have to follow. Analyzing the codes may provide an idea of how companies regulate the performance of these interpreters as well as the impact that these regulations have on their working conditions.

1.2 Objectives

1.3.1 General objective.

To evaluate the current status of telephone medical interpreters who work remotely in Mexico for American-based call centers by analyzing the existing codes of ethics and employment conditions with aims to make recommendations to address the conflicts that interpreters confront in the daily practice.

1.4.1 Specific objectives.

1. To describe the current status of medical interpreting in the United States and the role of telephone interpreting in the daily practice.
2. To analyze the existing codes of ethics of the companies that recruit telephone medical interpreters to work remotely from Mexico.
3. To document the profile and experiences of interpreters in relation to the codes of ethics that apply to them in the daily practice.
4. To identify the conflicting areas in the existing codes according to the particular challenges reported by telephone medical interpreters.

1.3 Rationale

Medical telephone interpreting is a practice that may have a direct impact on the experience of the all the parties involved in a medical encounter. The appropriate use of interpreting services can result in reducing the levels of stress that may result from language barriers thus allowing a smoother interaction between patients and medical providers. However, as in any profession, interpreters require to work under certain conditions to be able to provide the best performance possible. The objective of this research is to explore the working conditions of telephone medical interpreters in order to identify possible areas of improvement. For this research, improving the working conditions of these community of interpreters not only implies a benefit for these particular communities but also for other members of society, that is, the patients and providers that access telephone interpreting services every day in the U.S. healthcare systems.

However, in order to propose solutions for any possible conflicts in the daily practice of telephone medical interpreting, it is necessary to conduct an initial exploration of the problematic. For this reason, this investigation will collect information with regards to the profile of the interpreters employed by American-based call centers as well as the specific context in which they practice. This data will help to define the profile of these community interpreters, which is difficult to identify as they work in isolation from their homes. Moreover, the opinions and perceptions expressed by these interpreters along with the information collected with regards to their employment context will allow a better understanding of their working conditions. Once this information is available it may suggest directions to develop further research on the subject.

Finally, as the numbers of the U.S. Bureau of Labor Statistics department indicate, work for interpreters follow an increasing trend (2019). In the medical setting, it is the continuous flow of migrants into the U.S. and language access legislation that accounts for this trend (Cabrera, 2017). This means that telephone medical interpreting employment is likely to continue growing. As a matter of fact, job posts in Telephone Interpreting for Mexicans continue to be published regularly on job search websites. In this sense, it is fair to affirm that more individuals will be joining this community of telephone medical interpreters. For this reason, it is important to point out any possible conflicts that may affect the daily practice of these interpreters. Identifying these conflicts is the first step towards solving the practical problems that interfere in the everyday practice of telephone medical interpreting.

2. Theoretical framework

This section is dedicated to delving into the theoretical concepts that will be applied throughout this research. The first part is related to translation theory to contextualize the practice of Telephone Medical Interpreting. It starts from the general concept of translation and the translation competence and then moves forward to the specifics of oral translation and its different modalities and types. The chapter provides the definitions of community interpreting, dialogue interpreting and an overview of interpreting in the medical context. It then continues to define the characteristics of general telephone interpreting and the skills that telephone interpreters require. Finally, the first section closes with the specifics of Telephone Interpreting in the medical setting. The second part provides an overview of professional deontology. It starts with the definitions of ethics and deontology and then moves on to the definition and applications of professional deontology.

2.1 Interpreting theory

2.1.1 Translation competence

Hurtado (2001) includes oral translation—that is, interpretation—as one of the modalities of translation. Hurtado defines translation as "un proceso interpretativo y comunicativo consistente en la reformulación de un texto con los medios de otra lengua que se desarrolla en un contexto social y con una finalidad determinada" (p.41). Thus, in Hurtado's conception, translation is a process that requires taking into consideration several elements—social context, function and the different mechanisms within two linguistic systems—in order to decipher and then communicate a message effectively. Owing to the complexity of the translation process, the concept of the translator has also gone through a refining process. In this regard, Hurtado (2001) makes the distinction between natural and professional translation. She describes natural translation as the transfer between languages that any bilingual individual can make. On the other hand, she argues that professional translation requires the specific skills or sub-competencies that are part of the translation competence. The professional translator is thus he or she who proffers expertise of such sub-competencies throughout the translation process.

PACTE research group (2017) typifies the sub-competencies that a professional translator—and interpreter—requires in order to complete the translation process appropriately.

The translation sub-competencies according to PACTE are divided into procedural and declarative sub-competences. The declarative sub-competencies are (i) extralinguistic—related to knowledge about the world, including cultural, encyclopedic and subject-related knowledge; and (ii) knowledge of translation—which contemplates how translation functions, the practice, and the problems. In regards to procedural sub-competencies, PACTE identifies (i) the bilingual sub-competence—which "comprises pragmatic, sociolinguistic, textual, grammatical and lexical knowledge in the two languages" (PACTE, 2017. p. 39); (ii) the instrumental sub-competence, which relates to documentation and technological tools applied to translation; and the (iii) strategic sub-competence, the most important of all as it controls the entire process and links all the different sub-competences. Finally, PACTE also includes in their model the psycho-physiological components which refer to attitude and cognitive aspects, as well as the abilities that the translator should have.

2.1.2 Interpreting modalities

In regards to interpreting, Hurtado (2001) argues that this is a relatively new area of study. In her work, she proposes a classification of the different modalities of translation in which she includes the different modes of interpreting. For Jimenez (2002) the modality of interpreting is determined by the rhythm of the enunciation of the original text. Each modality, according to Hurtado, is or may be used in specific situations and requires particular skills from the interpreter. The modes of interpretation that Hurtado includes in her classification are a) simultaneous, oral and spontaneous interpreting of an oral text that is done as the text is produced. b) consecutive, non-spontaneous translation of an oral text that is done after the production of the text of origin and requires note-taking. c) dialogue, translation of oral conversations; it is usually bilateral. d) whispered, simultaneous interpreting done in a low voice directly to the ear of the listener.

Another classification of "oral translation" defines the different types of interpreting which, according to Jimenez (2002), are classified depending on the communicative and physical contexts in which interpreting occurs. Considering the objective, Jimenez lists the following types of interpreting: a) conference interpreting is when the aim is to assist in the communication between specialists or politicians who need to share information. b) audiovisual media interpreting, when the interpreted oral text—real or fictional—is reproduced on film or television. c) professional services interpreting is when the communication is between a small group of professionals with

aims to exchange information or to do business. d) community interpreting, when the interpreter assists alien residents to communicate with a society with whom they do not share the language. e) court interpreting is when interpreters assist in the communication between parties involved in an oral hearing or in a courtroom.

With regard to community interpreting, Jimenez (2002) argues that it originates from a social need. As mentioned before, the main objective is to assist people in having meaningful interaction with the society in which they have relocated. Wadensjö (1993) states that community interpreting usually occurs in hospitals, courts, welfare centers, and similar settings. Moreover, the relationship between parties in these scenarios is usually asymmetric, according to Jimenez, as one of the parties lacks knowledge on the language, culture, and institutions from the country where they live. She adds that this condition demands more involvement from the interpreter as well as a strong cultural competence. In sum, community interpreting requires an equal position of both parties by bringing them to a common ground where they can have meaningful communication.

As Wandensjö (1993) suggests, the interpreter services used in hospitals—and in health systems, as an extension—can be classified as community interpreting. Angelelli states that health systems require "highly sophisticated language professional[s]" to assist in the communication with patients when it involves two languages (2008, p. 148). For her, medical interpreters are temporary guests in a speech community who perform under various degrees of complexity in relation to language and register, asymmetrical relations between speakers and even personal beliefs. All these factors, as Angelelli suggests, come into play within a social framework of cultural norms in which the interpreter himself is also a player.

According to Crezee, Monzon-Sotery, and Mikkelson (2008), interpreters who work in health care systems face particular challenges and require specific skills, abilities, and knowledge. Crezee et al. state that the following aspects should be addressed during training for medical interpreters.

a) Accuracy: The interpreter has to render faithfully and at the best of his understanding of the original utterance. Therefore, a wide knowledge base and familiarity with the health care system of the country of residence and the patient's country of origin are necessary.

b) Understanding common responses to bad news. Interpreters have to be aware that people may react in different ways when confronting bad news—even in an aggressive or disrespectful manner. The interpreter has to avoid taking it personally and allow the health provider to handle the situation.
c) Culture broker. Interpreters should be aware of different cultural backgrounds—the patient's and their own—as these play an important role in conceptualizing and approaching health. The interpreter should be able to inform providers of the potential conflicts due to cultural differences.
d) Interpreter codes of ethics. Professional interpreters have to adhere to codes of ethics in order to maintain accuracy, confidentiality, and impartiality, avoid conflicts of interest, as well as ensure the appropriate handling of culture-related issues, technique, and protocol.
e) Triangle of communication. The interpreter should be able to establish the rules for the interaction during the encounter so as to enable a natural flow of conversation.
f) Note-taking. In order to maintain accuracy and completeness, interpreters rely on skillful note-taking to store and retrieve information. They also have to feel confident to request repetitions or clarifications when information has not been not heard or understood.
g) Terminology. Interpreters need excellent knowledge of everyday expressions and idioms as well as a deep understanding of healthcare terminology.

Also, Crezee et al. mention that it is also important for interpreters to be familiar with the health insurance system of the country where they provide services as this is also a recurrent subject during medical encounters.

Finally, Crezee et al. (2008) provides a list of the settings in which medical interpreters are required to interpret within the health care systems, which includes: primary care, specialty clinics, hospitals, emergency departments, informed consent, pre-operative and post-operative procedures, intensive care, obstetrics, child health, speech-language therapy, mental health, and oncology. In healthcare specialties she includes: neurology, cardiology, pulmonology, hematology, orthopedics, muscles and the motor system, the sensory system (which relates to eyesight, smell and taste, hearing, balance and touch), immunology, endocrinology, gastroenterology, urology and nephrology as well as urology and gynecology (the reproductive systems).

2.1.3 Telephone interpreting

Gracia-Garcia argues that Telephone Interpreting is a subfield within the broader field of community interpreting. In terms of modality, it can be related to dialogue interpreting since it "is a real-time language service that enables speakers of different languages to communicate by telephone with the assistance of an interpreter via a three-way conference call" (Quoted in Gracia-Garcia, 2002, p. 4). It also falls under the category of Remote Interpreting as it relays on the use of communication technologies to access an interpreter located in a different room, building, town, city or country (Braun, 2015). In this sense, Braun argues that remote interpreting is best described as a method of delivering interpreting which can work by a) using a telephone line to connect the interpreter to the primary participants, who are together at one site or b) connecting with an interpreter in a three-way telephone call with two parties at different sites who do not share the same language. Thus, Telephone Interpreting can be defined as dialogue interpreting that is embedded in the community context and is rendered remotely over the phone.

Kelly (2007) claims that even though Telephone Interpreting is a relatively new modality of interpretation, practicing interpreters strive every day to maintain high levels of quality and, therefore, their job deserves to be deemed as a profession. Moreover, she describes the profile of the ideal candidate for general telephone interpreting, considering the most common scenario in which interpreters may serve a wide variety of random industries—financial, emergency services, health services, etc. She states that telephone interpreters often have less control over turn-taking during the encounters compared to in-person interpreters; this means that telephone interpreters require efficient memory and note-taking skills as they frequently deal with lengthy statements. In this sense, Mikkelson (2003) agrees and adds that telephone interpreters have to be trained in regulating turn-taking during the calls. Furthermore, Kelly mentions that experience in community interpreting is also necessary as many of the scenarios interpreted are embedded in this context.

The other two components of the professional profile are experience in customer service, and working in a telephonic environment. Lack of visual clues is an important element in the context of telephone interpreting according to Kelly (2007) and Mikkelson (2003). In this sense, Kelly argues that experience working for call centers often provides the knowledge on voice control that telephone interpreters require, as they have "to counteract the lack of visual cues by relying more heavily on auditory cues for both receiving and transmitting information" (2007, p.

37). Finally, she adds that the interaction between the interpreter and the client in interpreting call centers has certain peculiarities as the interpreter works under the name of a company that is trying to maintain a certain place in the market. Thus, as Kelly states, the telephone interpreter often has to use his or her customer service skills to address issues out of the scope of the regular interpreter, such as documenting a concern or complaint by the customer, always in a polite, friendly manner.

In addition to professional skills, Kelly (2007) also describes the profile of the ideal candidate for telephone interpreting in terms of personal qualities. In this particular component, she includes versatility, willingness to learn and patience. As previously mentioned, Kelly states that, in the most common scenario, telephone interpreters serve a wide range of industries. This poses the need for versatility, as they frequently have to jump from one situation to a completely different one, which requires the use of different vocabulary, forms of expression and even dialects within the same language. In regards to patience, telephone interpreters particularly need this quality, as they usually do not have control over the flow of conversation. This may be caused by the lack of visual cues, as previously mentioned; but, as Kelly pinpoints, is also related to the customer service guidelines and protocol that condition the role of the interpreter. Finally, since interpreters are continuously encountering different scenarios, Kelly states that they need openness towards the acquisition of new knowledge regarding vocabulary, products or policies.

With regard to the medical setting, Kelly (2007) stresses a few points to be considered by telephone interpreters during their performance aside from the general skills for telephone interpreting. First of all, she points out that the main objective in this setting is "to assist the health care provider in obtaining the best possible outcome for the LEP patient" (Kelly, 2007, p. 173). With this aim, she suggests that interpreters should periodically request permission to make sure that the LEP is understanding. This would be particularly important in contexts that involve giving dosages, instructions or training. Regarding cultural issues, Kelly states that interpreters have to be cautious when providing clarification and do it in an objective manner to avoid stereotyping. Finally, she mentions that when interpreters are left on hold by the providers, patients often try to make conversation; however, she stresses that interpreters have to be diplomatic and refrain from engaging in conversation with patients.

2.2 Deontology and the professional codes of ethics

According to Lopez Guzman (2014) ethics is the theory of morals. He argues that ethics reflects on norms to guide the acts of human beings and that these norms are established through reasoned judgment. Furthermore, he adds that ethics is concerned with the inner good, the self-realization of the individual. In this regard, Hortal (2011) adds that ethics is thought and formulated by the individual in his or her own consciousness. For Garcia (2007), ethics is art in the sense that it is dynamic and in continuous change due to the multiple situations in life that require ethical decision making. He adds that ethics exists in the tension between what something is and a desire for what that something has to be. Thus, it can be argued that ethics is embedded in human nature as it emerges from the ultimate human virtue: reason; ethics is the act of man reasoning over his own actions and who he is to become through those actions.

Deontology is the field of ethics that deals with duty. According to Lopez (2014), the term was coined by English philosopher Jeremy Bentham and is equivalent to "science of duty". With this definition, Bentham introduces the rigidity of science to a field that according to Garcia follows more the poetics of art. With regard to deontology, Garcia (2007) states it not only tries to define norms for specific situations but also aims to define what is more convenient and even provide guides for action. Moreover, Polo Santillan (2016) argues that while morality debates on what is good or bad, deontological ethics delves on what actions are correct in a given situation without considering if the consequences resulting from these actions may be deemed good or not. In this sense, it can be said that deontological ethics provide models of actions that speak for themselves, as the results are no longer the criteria of value for these actions.

As Lopez (2014) mentions, the application of the term deontology has been reduced with time to the realm of professions and their performance. However, Berleur (2005) points out that the use of the term 'professional deontology' is more common in Latin cultures, whereas Anglo-Saxon cultures use terms such as 'Code of Conduct', 'Code of Ethics', 'Guidelines' or 'Standards' (p. 94). Also, as Pantoja (2012) mentions, there is a common misuse of the terms 'professional ethics' and 'professional deontology' as synonyms. In this regard, he points out that professional ethics refer to the subjectivity of individuals and the interiorized values that, in this case, are related to a specific profession. He argues, on the other hand, that professional deontology applies to the professional community and refers to models that include norms, duties, and obligations that are

discovered throughout the practice, in the process towards professionalization. Thus, as Garcia argues, deontology emerges from the attempt of ethics to create standardized models of action—similar to a scientific system—out of idealized models of action for a community that practices the same labor activity (2007).

The written document that gathers the norms, duties, and obligations that apply to a professional community are the deontological codes—code of conduct, code of ethics, etc. These elements are rooted in the nature of the profession, according to Pantoja, and are to be discovered with time during the practice, as previously mentioned. He adds that in order to establish a deontological code, a professional community first has to define a mission in writing, that is, the ethos. He explains that the mission is the statement of the values and the purpose underlying the profession, as well as the basis to define the principles and norms on the deontological code (2012). Thus, as Garcia pinpoints, deontological codes emerge from the values that a professional community identifies in consensus as to the essence of their practice.

In terms of the function of the deontological codes, Lopez states that deontological codes do not aim to impose a certain behavior; instead, they propose a model or a trend to be followed (2014). Pantoja argues that these codes have to be written in a clear manner; however, they are not intended to work as a recipe, but only to provide arguments for action (2012). Lopez identifies the functions of the deontological codes as it follows:

- They work as a guide on situations that require decision making.
- They elevate the status of the profession and the community.
- They contribute to a sense of identity within the community.
- They regulate the practice by addressing issues such as malpractice.
- They define the scope of the profession.
- They stress the essence of the profession.
- They prevent any abuses against the users.

Also, with regards to function, Garcia states that the codes are directly related to the corporate culture, impact the institutional image and add a sense of cohesion and belonging to the professional community (2007).

In sum, deontological codes are an essential part of the consolidation of a profession as such. The process of professionalization of a community that practices certain labor activity cannot

be completed without the definition of the models to guide the correct practice. Ultimately, the codes aim to bring homogeneity to a professional activity through these norms. They draw the line between poor unprofessional performance and the highly efficient practice of any given profession.

3. Methodology

With regard to methodology, this research will follow a mixed approach with an exploratory design analysis. Hernandez Sampieri, Fernández Collado and Baptista Lucio state that one of the main reasons to use these methods is the complex nature of most research phenomenon or problems, which usually comprehend two realities: the objective and the subjective (2014, p. 536). Moreover, Creswell argues that this method is used when a researcher has access to "both quantitative and qualitative data and both types, together, provide a better understanding of your research problem than either type by itself" (2012, p. 535). Thus, on the one hand, this research relies on an initial qualitative review of the literature regarding codes of ethics of call-centers that hire staff in Mexico to provide telephonic medical interpretation remotely. On the other hand, a survey is designed to collect information from telephonic medical interpreters to a) define their profile and b) document part of their experience at the call-centers where they have worked.

The qualitative component of this research is linked to the first two specific objectives. As Hernandez Sampieri et al. (2014) argue, qualitative data is usually collected by research in documents, unstructured observation, introspection and/or interaction with groups or communities, among others. In this investigation, the documental research will be conducted at the beginning in order to explore a) the context in which telephonic medical interpreters are employed, as well as, b) the codes of ethics that apply in the call-centers that employ these interpreters. The search of the codes of ethics that apply to telephonic medical interpreters in Mexico will be conducted by contacting the companies that hire interpreters in the country as well as reviewing information available on the web sites of telephone interpreting companies. Overall, this part of the investigation explores and describes the conditions in which telephonic medical interpreters are employed as well as the codes that they are required to follow.

With regard to the exploratory design, Creswell (2012) suggests that the qualitative component helps to identify themes that can be further explored in a quantitative phase. In this research, the review of the literature and the codes of ethics will allow defining the line of inquiry for the survey that will be used in the second phase of the research project. The elaboration and application of the survey for this research are linked to the third specific objective which aims to document the experience and behaviors of a community of telephonic medical interpreters. This will allow the exploration of the interpreter's working conditions from their point of view.

The quantitative component of this research relies on a survey that will be conducted to members of the community of telephonic medical interpreters that work remotely from Mexico. Creswell states that surveys are useful "to describe the attitudes, opinions, behaviors, or characteristics of the population" (2012, p. 376). In this sense, this survey is designed with questions that aim to:

i) Defining the general and professional characteristics of the members of the community.

ii) Exploring the behaviors and opinions of these interpreters during daily practice.

Most of the questions in the survey are closed and have predesigned answers that include the option 'other' when deemed appropriate. However, in order to reach a deeper insight, the survey closes with an open question that allows interpreters to make comments and observations that they may consider important. This is more consistent with a qualitative approach, as qualitative data

collection focuses on obtaining experiences, emotions and more subjective information (Sampieri, 2014). In this sense, one of the main concerns underlying the mixed nature of this research is giving voice to the subjective perceptions of these interpreters with regards to their working conditions.

With regards to the sample, since the particular community of telephonic medical interpreters that concerns this study is not located in a central location such as a call-center or an office, the population targeted in the quantitative phase of this research are members of the community that can be contacted via private groups on Facebook. These are groups created and managed exclusively by and for telephonic interpreters with no support or intervention from the companies in which they are employed. In some cases, there are some requirements that interpreters have to meet before becoming a member, such as showing proof of employment at some of the call-centers. These groups work not only as a support network for interpreters to address questions with regards to interpreting, vocabulary, protocol or technical issues; they are also a place where interpreters can vent stressful situations or have meaningful interactions with colleagues.

The members of these groups are specifically telephonic interpreters who work remotely for American based call-centers. In addition to telephonic medical interpreters, there are also telephonic customer service and legal interpreters, as well as VRI interpreters. The community is comprised of men and women whose ages roughly range between 18 and 60 years old. The majority are located in states of the center and north of the country such as Mexico, Jalisco, Monterrey, and Chihuahua. Most of the interpreters are full-time and some have additional occupations such as students, freelance translators, language teachers, business owners or household obligations. Finally, most of these interpreters have contact only via social media; only a few appear to have occasional in-person interaction.

This research will focus on three of these groups which have 78, 83 and 247 members. It is worth mentioning that some of the interpreters are in more than one of those groups and also that some of the members are quite inactive; meaning that they either do not have an active role in the conversations that take place in the groups and possibly that they no longer work as telephonic interpreters. Nevertheless, a significant number of interpreters remain active and uses this virtual forum as the main way of communication between interpreters. Thus, for the purpose of this research, these groups will be the niche to find volunteers to answer the survey which will be

applied using the digital platform Google forms. Using this platform for the survey is beneficial as a) it automatically creates charts with the information collected for further analysis and b) it allows to make a larger questionnaire while others do not allow more than ten questions.

For the surveying process, an initial draft will be sent to a selected number of interpreters to be answered and reviewed for feedback. These interpreters will be given two days at the most to answer the pilot survey and provide some input; this step will help create the final version that will be shared in the Facebook groups. Once the final draft is ready, an invitation will be posted on each Facebook group along with the link that will direct the volunteers to the survey, which will remain open for a period of two weeks. After that period, the information collected on the survey will be presented in chapter IV of the research project, the findings section.

The findings of the research process will be presented in three parts: a) a description of the demographic, legal, professional and economic context in which interpreters are employed, b) a description of the survey findings which will include some of the charts, along with an explanation of what each chart represents, c) a crossed analysis with the qualitative and quantitative data in order to identify the conflicts that interpreters face during the daily practice in relation to the codes of ethics. This last part of the findings sections completes the last of the four specific objectives of this research project.

4. Findings

4.1 Contextualizing Medical Telephone Interpreting

4.1.1 Demand for interpreting services: social, legal and economic frame.

According to the Occupational Outlook Handbook (OOH), a report issued by the U.S. Bureau of Labor Statistics (BLS) (2019), jobs held by interpreters and translators increased from 24,000 to 61,000 between 2002 and 2014. The BLS suggests that this trend will continue as "employment for interpreters and translators is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations" (2019). This projection includes both translation and interpreting jobs in all modalities and situations, including telephone interpreting (TI). Currently, US Hispanics represent 17% of the total U.S. population with 50 million individuals according to Hoag (as cited in Cabrera, 2017). Out of these population, 16.2 million can be considered Limited English Proficient (LEP); that is, individuals above the age of 5 who speak English less than very well, as classified by the U.S. Census Bureau (Zong & Batalova, 2015). This makes the Hispanic LEP population the most important target for language services in the U.S.

On the other hand, Cabrera (2017) claims that the demand for language services is largely driven by language access legislation. He explains that the legal basis for Language Access is the

Civil Rights Act of 1964. Initially this bill "outlawed discrimination in public places and facilities under the Jim Crow laws, and banned discrimination based on race, gender, religion or national origin by employers and government agencies" (Cabrera, 2017, p. 40). He adds that this Act also set the basis for other measures under Title VI of the Civil Rights Act which prohibited discrimination under any program or activity receiving federal financial assistance. More recently, in 2000, Executive Order 13166 was passed by former President Bill Clinton also in relation to federally assisted programs, which required the issuing of guidelines on how agencies "could take reasonable steps in providing meaningful access to populations who cannot speak, understand, read, or write English fluently in agreement with Title VI regulations" (p. 42).

With regard to healthcare services, Bell (2019) states that until the early twenty-first century in the US "healthcare interpreting remained an ad hoc service, provided informally by family, friends and untrained bilingual staff" in spite of legislation efforts (p. 30). Today, the prohibition against discrimination and the appropriate use of interpreters in the medical setting are addressed and codified in Health and Human Services (HHS) regulations implementing section 1557 of the Affordable Care Act (ACA) (Jacobs, B., Ryan, A. M., Henrichs, K. S., & Weiss, B. D., 2018, p. 71). These regulations are consistent with HHS LEP Guidance that was issued in compliance with Executive Order 13166 and state that language assistance services "must be free to patients, accurate and timely, protect patient confidentiality, and be provided by qualified interpreters" (p. 71). The entities to which these regulations apply in healthcare systems are those that:

> (a) operate a "health program or activity," any part of which receives "federal financial assistance" from HHS (e.g., hospitals, health clinics, state Medicaid agencies, health insurance issuers, nursing homes, physician practices, etc); (b) are administered by HHS (e.g., Medicare programs, Medicaid programs, the Children's Health Insurance Program [CHIP]); or most recently (c) were established under the Patient Protection and Affordable Care Act (ACA), such as state-based and federally facilitated Health Insurance Marketplaces. (as cited in Jacobs et al., 2018, p. 71)

Also, according to Jacobs et al. (2018), current guidelines prohibit the use of untrained bilingual staff as interpreters and limit the use of minors and accompanying adults to certain

situations, e.g. emergencies. Moreover, the HHS document defines the characteristics of the qualified interpreter:

> (1) adheres to generally accepted interpreter ethics principles, including client confidentiality; (2) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and (3) is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology" (as cited in Jacobs et al., 2018, p. 71)

As documentation shows, the legal frame of medical interpreting has been under continuous modification, having an effect on the presence and value of the trained interpreter in the medical settings. Overall, as Bell (2019) affirms, medical interpreting has become more systematic owing to legislation, among other factors.

With regard to the economic context, the last decades of the twentieth century saw a change in the regulation of economies and in state policies that allowed companies in the service industry to relocate their business or part of it in different countries. Messenger (2010) defines the phenomenon of locating IT-services and business process services in locations outside of the source country as 'offshoring'. He adds that this practice is called 'nearshoring' when the source and the sourcing country are relatively close in terms of geographic distance, time zone, or both. These practices have been largely facilitated by the deregulation of the telecommunications industry as it caused the profound changes in this sector that allowed the dissemination of Information and Telecommunication Technologies (ICTs) (Taylor, 2010). Moreover, free trade agendas and state policies have been strong supporters of the "virtues of trade liberalization" for both source and destination countries (Taylor, 2010, p.28). Nowadays, with the advances in ICTs and the support of state and economic policies, "many services that previously needed to be performed domestically now theoretically can be performed anywhere in the world" (Moncarz, Wolf & Wright p. 71).

According to Messenger and Ghosheh (2010), the main goal of offshoring is "to enhance competitiveness by achieving a higher return on assets through less capital commitment (p. 3). They explain that the most important variables that companies consider in making offshoring decisions are cost, sufficient availability of skilled or trained labor and geographic location. They

also state that most of the time companies choose offshoring noncore activities; that is, activities that, if lost, would not compromise the entire business. How offshoring is handled by the source and sourcing entities highly depends on the contractual relationship which is related to de "diverse arrangements through which differing degrees of control and ownership are exercised" (Taylor, 2010, p. 26). Two common examples of remote work arrangements (RWA), according to Messenger and Ghosheh (2010), are the subcontracting of personnel through third party local outsourcers—which is quite common in Latin America—and 'captive' units, which is obtaining services through offshore subsidiaries, with no outsourcing involved.

Offshoring practices, however, are not undertaken without a degree of controversy. On the one hand, it can be said that the benefits for companies who chose to offshore services are obvious—lower costs, improved quality, and efficiency—although it certainly implies certain risks, especially when it involves offshoring core activities, as Messenger and Ghosheh (2010) argue. In the destination countries, on the other hand, Taylor's (2010) findings show that offshored jobs are in general better than typical jobs in those same countries in terms of quality and working conditions. However, he explains that the anti-union policies related to offshoring are a major concern in developed countries as they make employees vulnerable and cause downward pressure on wages and working conditions. As for developing countries, Braga and Di Martino argue that, particularly in Latin America, "most telework would more accurately be characterized as *informational maquiladoras*: low wages, long hours, Taylorist discipline, and a hostile anti-union environment (as cited in Robinson, 2008, p. 127). Considering this scenario, offshoring may result in bad consequences for labor both in the source and sourcing countries.

In the U.S, according to Messenger and Ghosheh (2010), the trend to lower costs and improve quality in the service sector started with telephone operator call-centers at the national level. They explain that companies started by relocating offices in suburban or more rural locations to lower costs. Soon enough, as the viability of these practices became evident, more service companies became involved, thus saturating the market. Owing to this saturation and the lack of local skilled labor, companies had to turn to nearshoring in countries such as Canada and Mexico, and later on, to offshoring. By 2009, NASSCOM estimated that 60 percent of the value of BPO services delivered by India are from the US (as cited in Taylor, 2010). In general, the tendency of U.S. companies, according to Taylor, has been to offshore routinized and transactional processes; however, the industry has been progressing to include Knowledge Process Outsourcing (KPO);

that is, occupations that require a higher level of skill and educational qualifications. It is within this economic context that the telephone interpreting industry has become a multimillion business in the United States.

4.1.2 Professional frame of Medical Interpreting: Codes of ethics.

Willen and WanderWielen et al state that in the U.S. "there is still no standardized curriculum for interpreting training and education, required standardized certification for medical interpreters, consistent state legislation, or organization policy" (as cited in Bell, 2019, p. 31). However, there are organizations that for decades have been striving to dignify the profession of the medical interpreter by setting codes of ethics and standards for practice. The International Medical Interpreters Association (IMIA) (2008), for instance, claims to have been the first organization to establish a code of ethics for the practice of medical interpreting in 1987. The association saw the necessity for a code of ethics in order to bring about "accountability, responsibility and trust" for practicing individuals (IMIA, 2008, p.1). Other examples of organizations that followed the steps of the IMIA are the National Council on Interpreting in Health Care (NCIHC) and the California Health Care Interpreters Association (CHIA). In general, according to Hlavac (2013), such organisms reflect "the prominence and culture of advocacy that local and specialist T&I organizations in the US have gained" (p. 56).

As previously mentioned, the code of ethics by the IMIA was the first code to be designed for the practice of medical interpreting. The code was first issued in 1987; however, the document found on IMIA's website was last revised in 2006. It is a very straightforward list of 12 principles that interpreters have to follow in order to maintain appropriate professional behavior. These principles are related to:

- confidentiality
- selecting the appropriate language and mode of interpretation
- impartiality
- avoiding interject with personal opinions or counseling patients
- scope of practice
- advocacy and intercultural mediation

- using unobtrusive interventions to maintain the flow of conversation
- professional development and contact with professional organizations
- conflict of interests.

This list, however, does not include any further explanation in terms of how to apply these principles or how they may work in the actual practice.

In 2004, the NCIHC developed its own code of ethics; they considered it imperative for healthcare interpreting in the United States as the profession matured and evolved. The document they issued not only includes the code itself, but it also outlines the process that the Standards, Training, and Certification (STC) Committee of the NCIHC followed to design it. According to this document, during this process, the STC reviewed existing codes of ethics, created a draft code, conducted national focus groups to review the draft and obtained feedback through a national survey. Moreover, the STC considered the opinion of a broad selection of different language groups and modes of delivery, including telephone interpreters, as well as health care providers and medical ethicists. In all, the code "is the result of this systematic, deliberate, and reflective process…[it] represents the principles that working interpreters believe are important to ensure the ethical practice of their profession" (p. 5)

In the process, the STC set out to establish a series of transcultural ethical principles that could apply to individuals of any cultural background. In order to identify these principles, the STC first defined the duty of healthcare interpreters, that is, "to make possible the communication between two parties, the patient and the provider, who do not speak the same language in order to achieve the goal of the encounter – the health and well-being of the patient" (NCIHC, 2004, p. 8). Then, they defined three core values that "form an overarching set of ideals that infuse the work of the healthcare interpreter and embody what interpreters care about in their relationships with the patient and the provider" (p.8). These values are:

1. Beneficence, which is related to the "essential obligation and duty to support the health and well-being of the patient and her/his family system of supports and to do no harm" (p. 8)
2. Fidelity, which is the essence of the interpreting practice and means "to remain faithful to the original message…without adding to, omitting from, or distorting the original message" (p. 9)

3. Respect for the importance of culture and cultural differences, which relates to upholding respect "for the influence of culture and cultural differences" during the practice (p.9).

Out of these three ground values, the SCT was able to outline the principles of the code of ethics.

The last section of the document contains the nine principles of the National Code of Ethics for Interpreters in Health Care, along with a commentary that describes the intent of each principle and delves into potential dilemmas that may arise in the daily practice. Here below are listed the principles of the code of ethics by the NCIHC along with a brief explanation of each principle:

- Confidentiality. "It puts the interpreters under the obligation not to disclose information that has been learned during the performance of their duties to anyone outside the medical team responsible for the care of the patient" (NCIHC, 2004, p. 10).
- Accuracy. "To convert messages rendered in one language into another without losing the essence of the meaning that is being conveyed and including all aspects of the message without making judgments as to what is relevant, important, or acceptable" (p. 13)
- Impartiality. To act with an absence of favor or prejudice in making a judgment, free from favor for any or either side (2004).
- Professional role. This "means that interpreters are aware of the limitations of their duties as well as the limitations of their abilities as a health care interpreter" (p. 16). This principle also implies that interpreters have to refrain from becoming personally involved with the people for whom they interpret; "avoiding personal involvements minimizes the risk of creating conflicts of interest between competing expectations and demands" (p. 17).
- Cultural awareness. Awareness regarding cultural practices and beliefs that can come into play during medical encounters can avoid "potential misunderstanding and miscommunication based on cultural assumptions and/or stereotyping" (p. 18).
- Respect. "Interpreters have to treat everyone in the encounter with dignity and courtesy, respecting the rights and duties of each individual, including their own" (p. 19).
- Continuing development. Interpreters have to pursue expanding their expertise on the areas of knowledge related to their tasks both in terms of medical context (e.g., vocabulary, terminology), and socio-cultural context. They also have to "improve and enhance language skills and their skills of interpretation" (p. 21).

- Professional and ethical behavior. This means that interpreters have "to act in a manner that maintains the integrity of their work and upholds the values and ethical principles of their profession" (p. 21).

The document concludes with remarks regarding how the code of ethics is only meant to work as a guide; in the end, the principles in the code are abstract, idealized concepts of what is appropriate". In this code, interpreters should be able to find the ideals and values to be considered when facing an ethical dilemma during the practice of medical interpreting.

Finally, another example is the code of ethics developed by the California Healthcare Interpreters Association (CHIA). According to CHIA, the objective of the code is to improve quality in healthcare interpreting by means of standardizing the practice, which shall bring bout better access to healthcare for LEP patients (2002). The document issued by CHIA also outlines the process they undertook and includes the code of ethics as well as the standards of practice that were developed after the code. CHIA's code contains six principles—some of them quite similar to those in the aforementioned codes—and includes what the CHIA considers to be a critical contribution, that is, an ethical decision-making process for health care interpreters. The principles on the CHIA's code of ethics are:

- Confidentiality. "Interpreters treat all information learned during the interpreting as confidential" (p. 10)
- Impartiality. Interpreters have to avoid any potential or actual conflicts of interest as well as any preferential behavior that may interfere in the performance.
- Respect for individuals and their communities. "Interpreters strive to support mutually respectful relationships between all three parties in the interaction" (p. 11)
- Professionalism and integrity. "Interpreters conduct themselves in a manner consistent with the professional standards and ethical principles of the healthcare interpreting profession" (p. 11)
- Accuracy and completeness. "Interpreters transmit the content, ***spirit*** and cultural context of the original message into the target language, making it possible for the patient and provider to communicate effectively" (p. 11).
- Cultural responsiveness. Interpreters have to develop awareness regarding the role of cultural beliefs during medical encounters, starting with their own.

As it was previously mentioned, the CHIA included at the end of the code an ethical decision-making process for medical interpreters. “These steps assist interpreters in determining a course of action in ethical dilemmas, when actions to support one or more ethical principles may conflict with one or more other ethical principles” (CHIA, 2002, p. 11). The steps of this process are:

1. Ask questions to determine whether there is a problem.
2. Identify and clearly state the problem, considering the ethical principles that may apply and ranking them according to their applicability.
3. Clarify personal values as they relate to the problem.
4. Consider alternative actions, including benefits and risks,
5. Choose the action and carry it out
6. Evaluate the outcome and consider what might be done differently next time.

Finally, it is worth mentioning that in this document, it is stated that although the standards of practice that originated from this code are applicable to telephone interpreting, there were plans for issuing a future edition with more specific guidance and protocols for telephonic interpreting. However, looking among the literature produced by the CHIA, there is no evidence that such a standard or code has been issued.

4.1.3 The Telephone Interpreting Industry.

According to Ozolins (2011), after its establishment in 1973 in Australia, telephone interpreting showed relatively slow growth and innovation. It was until the mid-1990s that radical changes in the telephony industry allowed telephone interpreting to become the multibillion business that it is today. In the United States, these changes in telephony were brought about by U.S. legislation 1996, which opened to competition the formerly state-controlled telecom monopoly (Taylor, 2010). Ozolins (2011) states that, as a consequence, some TI companies became extremely large while smaller agencies had the chance to expand their services. By 2009, according to Kelly and DePalma, Language Line Services, the largest company of interpreting services in the United States, had a revenue of $ 236.38 million dollars (as cited in Ozolins, 2011).

Interpreting is one occupation among many that are susceptible to be offshored. In a study, the Bureau of Labor statistics identified 160 offshorable occupations, out of the total of 515 service-providing occupations. This study includes a ranking system to measure the level of

susceptibility of a given occupation by considering a) the possibility to transmit information electronically; b) the need to interact with other workers; c) the need to be familiar with social and cultural idiosyncrasies; and d) the level of routine for the appropriate performance of the tasks. According to this ranking, interpreting and translation are among the less susceptible occupations to be offshored (Moncarz, Wolf & Wright, 2008).

4.1.4 Medical Telephone Interpreting in the U.S.

In the United States, several interpreting service companies rely on technology to source interpreters outside of a typical central office. This, however, does not necessarily mean that they offshore interpreters in a different country. According to an online search, there are at least seven companies that provide telephone medical interpreting services in the United States (Table 1)

Table 1 *U.S. companies that provide telephone medical interpreting services*

Language Link	https://www.language.link/
Certified Languages International (CLI)	https://certifiedlanguages.com/
United Language Group (ULG)	https://unitedlanguagegroup.com/
Telelanguage	https://telelanguage.com/
Cyracom	http://interpret.cyracom.com/
Language Line Solutions (LLS)	http://languageline.com
Language Services Associates (LSA)	http://lsaweb.com

Source: Elaborated by the author with data collected online.

Most of these companies offer job posts for independent contractors to work from home on a per minute-based pay. Also, most of them do not specify if interpreters have to be located within U.S. territory or not; only Language Link lists employment options for non-US-based interpreters, whereas CLI is the only one that specifically requires interpreters to be located in the U.S. or Canada.

In regards to compliance with professional standards, most companies mention as a way of promotion how they strive to maintain quality. CLI, for instance, lists medical interpreting organizations of which they are members, such as IMIA, NCIHC or CHIA. LSA mentions that interpreters complete a healthcare interpreting assessment and adds that some of the interpreters hold certifications by the Certification Commission of Healthcare Interpreters and the National Board of Certification for Medical Interpreters. Language Line Solutions' website does not display any information with regards to compliance; however, it provides details about testing and training programs for medical interpreting that they offer as part of their services. In general, a rather superficial review of the websites of these companies shows that most of them hold compliance as an important asset in terms of quality assurance.

For this research, two documents produced by telephone interpreting companies were collected for analysis. On the one hand, the code of conduct by LSA is not written in the form of a list of principles that interpreters have to follow; it is a series of "guidelines based on legal regulations, industry standards and client requirements" (Language services associates, 2018, p. 3). The document opens with a letter by LSA's Chairman and CEO and continues with an introduction that precedes the guidelines that all the staff are to follow. The introduction of the document reads that "Interpretation Partners are held accountable for the prompt internal reporting of violations as well as adherence to guidelines established in this Code" (p. 3). Interpreters are also encouraged to ask questions when there is no clear way to address a particular conflict. Aside from the guidelines related to laws, industry standards and client requirements, the code of conduct covers policy related to drug use in the workplace, conflicts of interests, use of social media, confidentiality, respect in the workplace, and report of violations. Overall, this document includes guidelines for all the staff and does not mention specific guidelines or protocols for the medical setting.

On the other hand, the interpreter code of ethics by Language Line Solutions is displayed as a list of principles with a brief explanation on one side. It opens with a note that encourages interpreters to remain within the scope of interpreting practice and avoid engaging in any activities that may not be a part of their role. The principles included in the code are confidentiality, accuracy and completeness, impartiality, conflict of interest, disqualifications and impediments, accreditation, professional courtesy, professional development and high standards of conduct. Compared to LSAs code, these principles relate directly to the practice of interpreting rather than

to the general behavior of all staff within the company. However, the are no direct references to interpreting in the medical setting; thus, it is likely that this code was written to apply in the general context of telephone interpreting.

4.1.5 Offshored medical interpreting services in Mexico.

When it comes to offshored interpreting services, there is barely any evidence on companies that recruit interpreters to work remotely in Mexico. There is one job post on the job search website Occmundial (2019) looking for "intérprete/traductor bilingüe desde casa" (bilingual interpreter/translator to work from home). The post is by an outsourcing Mexican company an does not specify if they hire interpreters to work for an American-based company; in fact, the same post can be found several times only with a different state in the description (San Luis Potosí, Morelos, Guanajuato). With regard to employment tasks, the job description explains that employees are required to interpret for customer service, insurance companies, financial, medical and emergency (911) services via conference calls. Among the requirements, candidates have to live in Mexico and have proficiency in English and Spanish; no experience or studies on interpreting is required. The outsourcer offers only full-time shifts and benefits as per law. Regarding technical requirements, interpreters need to have access to a laptop or desktop and 5 MB-minimum-speed internet connection; it also mentions the possibility of working using iPhone or Android devices.

The only additional job post that was found online is by 'Stratus video', a company that provides video remote interpreting services for a variety of medical settings. This post was found on Linkedin (2019) and shows 'Mexico, MX' as the location. According to the job post, Stratus video does require interpreters to have "extensive knowledge of code of ethics and standards of practice (IMIA, NBCMI, and NCIHC)" and be familiar with HIPAA privacy laws. They also require experience working in a call center environment, although interpreting experience is not listed as mandatory. Even though the job post does not specify that interpreters at Stratus video provide services for the American healthcare systems, the fact that American privacy laws (HIPAA) and interpreting organizations (IMIA, NBCMIA, and NCIHC) are mentioned suggests that this is the case. Even though this job post does not fit completely into the object of this investigation—telephone interpreting, it still contributes with evidence of the interest of American-

based companies to hire medical interpreters in Mexico to work remotely for the American healthcare systems.

4.2 Documenting the profile and experiences of Mexican telephone medical interpreters

The quantitative phase of this research aimed to address the problematic of telephone medical interpreting from the perspective of the interpreters employed to work remotely from Mexico. With this purpose, a survey was applied to the community of interpreters and was answered by 33 of them. The questions on the survey are related to a) The general profile of the community of interpreters. b) The labor background and interpreting skills. c) The working conditions from the perspective of this community of interpreters.

4.2.1 The general profile of the community.

The questions on the survey related to the general profile of the interpreters that work for these call centers are 1 to 7. These questions allowed defining the profile of these interpreters in terms of 1. Age. 2. Sex. 3. Nationality. 4. State of residency. 5, 6. Alternate occupation. 7. Level of education. Table 1 gathers the information collected from these questions and illustrate the trends within the profile of these interpreters.

According to the answers on the survey, most interpreters employed in these call-centers are women (64.5%). In terms of age, 38.7% of these interpreters are between ages 26 to 33 years old, 35.5% between 34 to 41 and 22.6% between 42 to 50. Most of these interpreters are of Mexican nationality (94.5%) and reside in the center and northwest area of the country, particularly in the Metropolitan Area of the Valley of Mexico (22.6%) and in the northern state of Chihuahua (20%); moreover, only 10% of the population is located in the southeast region of the country, in states such as Veracruz and Yucatan. With regards to alternate occupations, 28.1% of the respondents are full-time telephone interpreters with no other form of employment. On the other hand, a significant 34.4% of the population are housewives, whereas other 34.4% work in language-related occupations such as professors or freelance interpreters/translators; also, only 6.3% of the population are students. Finally, 51.5% have a bachelor's degree, whereas 30.3% only completed high school studies.

The information on the table shows that the community of interpreters in Mexico is conformed mostly by middle-aged adults, out of which half have completed college studies and only a few are currently studying. Considering their ages, most of these interpreters are above the age of average college students; therefore, it is unlikely that they might pursue to complete college studies, related or not to interpretation. The fact that a significant number of interpreters are located in the northwest area of the country may suggest that the closer to the border area, the higher number of individuals with bilingual skills.

Table 2 *Demographic profile of telephonic medical interpreters who work remotely from Mexico for American-based call centers*

Sex	Male	33.3 %
	Female	66.7 %
Age	26-33	39.4 %
	34-41	36.4 %
	42-50	21.2 %
Nationality	Mexican	94 %
	Mexican/American	6 %
State of residence	Valley of Mexico Metropolitan Area	30.3 %
	Chihuahua	18.2 %
	Southeast area	9.33 %
Alternate occupation	No alternate occupation	28.1 %
	Housewife	34.4 %
	Language related occupations	34.4 %
	Student	6.3 %
Level of education	Bachelor's degree	51.5 %
	Highschool	30.3 %

Source: Elaborated by the author with information from the survey applied through Google forms.

4.2.3 The labor background and interpreting skills.

With regards to labor background and interpreting skills, the interpreters answered questions 8, 9, 10, 13 and 14. These questions document 8) the range of age when interpreters learned English. 9) how interpreters learned the language. 10) how long they have been working as telephone medical interpreters. 13) what type of training or education they had on medical interpreting prior to working as telephone medical interpreters. 14) what knowledge interpreters had regarding codes of ethics prior to working as telephone medical interpreters.

The trends that their answers suggested are displayed in table 2. In relation to language skills, 75.8% of the respondents learned the language during their childhood, between 0 to 10 years old, in an English-speaking country (63.6%). On the other hand, only 12.1% had formal studies in a school of languages. Regarding working experience, 69.7% of the interpreters had no experience at all prior to working as telephone medical interpreters, whereas 24.2% had experience with interpreting in other settings. Nevertheless, 69.7% of these interpreters have been working as telephone medical interpreters for over 3 years. Finally, when asked about their general knowledge on codes of ethics prior to working as telephone medical interpreters, only 21.2% answered that they had no idea what a code of ethics was. 78.8% of the interpreters, however, had learned some general background knowledge, mostly from prior jobs.

Table 3 *Labor background and interpreting skills*

Language acquisition	**Age**	6 – 10 0 – 5 11 – 20	48.5 % 27.3 % 21.2 %
	Mode	Acquisition in English-speaking country Languages school Acquisition in non-English-speaking country	63.6 % 12.1 % 9.1 %
Time working as TMI	3 years or longer 2 – 3 years 13 – 18 months		63.6 % 18.2 % 9.1 %
Training or education before working as TMI	None Experience in a different field of interpreting		69.7 % 24.2 %

General knowledge of codes of ethics	Yes No	78.8 % 21.2 %

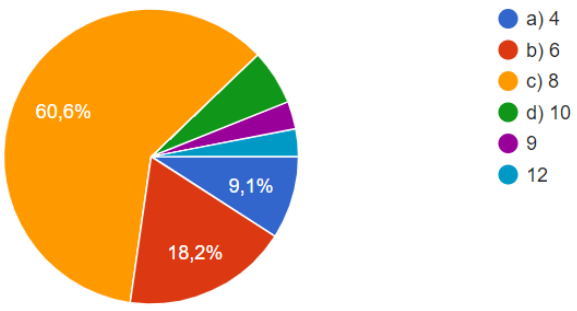
Source: Elaborated by the author with information from the survey applied through Google forms.

4.2.3 Working conditions.

Questions 11, 12 and 15 to 21 of the survey aim to document the perceptions of the interpreters with regards to their working conditions. On the survey, questions 11 and 12 document average working schedules; question 15 concerns the recruitment process; 16 and 17 focus on quality assurance; 18 questions about professional development among interpreters; while 19 to 21 delve on issues related to the daily practice.

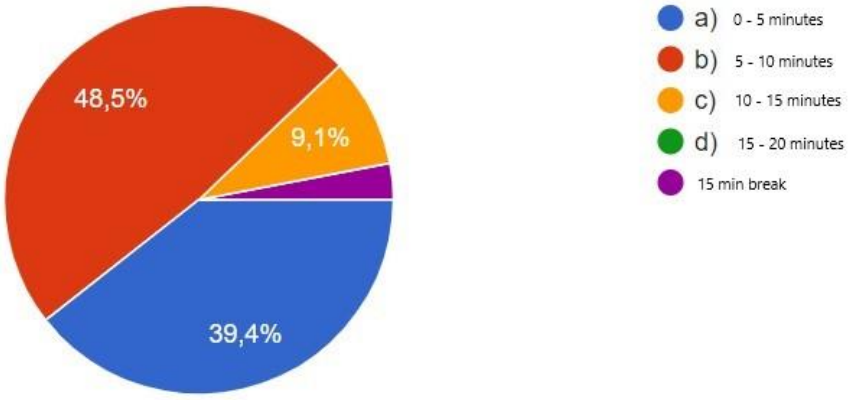
Chart 1 and 2 show the average working schedules among interpreters, including both worked hours and idle time during a regular work shift. 60.6% of the respondents work 8 hours a day while 27.3% work part-time schedules of either 4 or 6 hours. There is a 12% who work up to 4 hours overtime average every day. In regards to idle time, 48.5% stated that they have on average 5 to 10 minutes off per worked hour, while a significant 39.4% claimed to have only up to 5 minutes off per hour. It is worth noting that, due to the limits of this research, it was not possible to specify if this time off is scheduled within their regular shift, if they take it according to their needs, if it includes the wait time available between calls or it is a combination of any of these possibilities.

Chart 1 *Average worked hours*



Source: Elaborated by the author with information from the survey applied through Google forms.

Chart 2 *Average idle time*

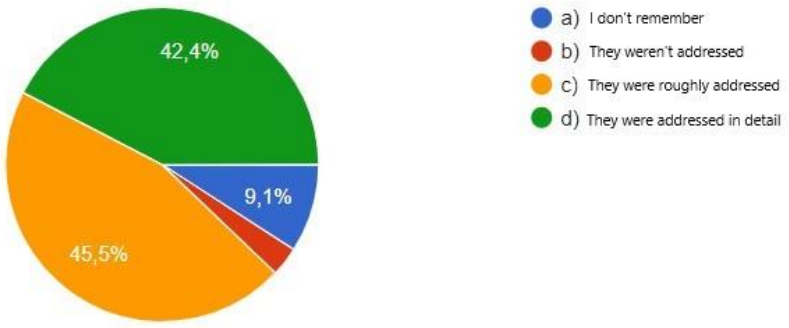


Source: Elaborated by the author with information from the survey applied through Google forms.

Chart 3 displays the level of emphasis that hiring companies make on codes of ethics during the recruitment/hiring/training process from the point of view of the interpreter. It is important mentioning that these three options are included in the question since it is possible that the hiring process varies among companies; e.g. a company may only require interpreters to have experience and not offer training to the candidates while others do train their interpreters. In general, the answers show that companies do address the subject of the codes of ethics during their hiring process, but on a different degree. In this sense, 45.5% of the interpreters claimed that, as far as

they recall, the codes were addressed at some point during the hiring process but not in-depth, while 42.4% mentioned that the codes were addressed thoroughly.

Chart 3 *Do interpreters recall if the codes of ethics were mentioned during the recruitment/training/hiring process*

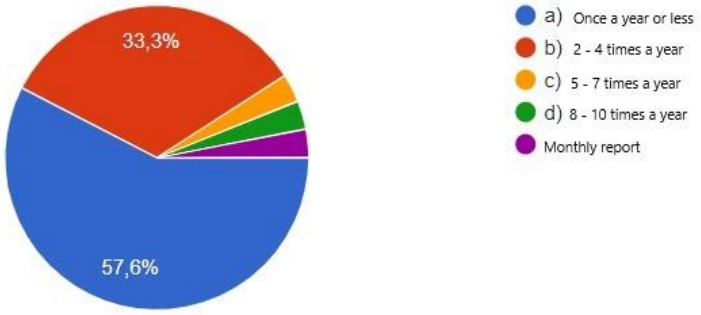


Source: Elaborated by the author with information from the survey applied through Google forms.

Chart 4 and 5 display data in relation to quality assurance practices; the information concerns the frequency with which interpreters receive feedback from a superior regarding their performance and if the superiors refer to the codes of ethics during the feedback sessions. With this regard, 57.6% claim that they receive feedback once a year or less, while 33.3% reported that they receive it 2 to 4 times a year. In relation to how often evaluators refer to the codes during feedback sessions, the experiences vary 33.3 % claim that evaluators “sometimes” mention the codes, while 21.2% and 24.2% report that evaluators “barely” or “never” refer to them,

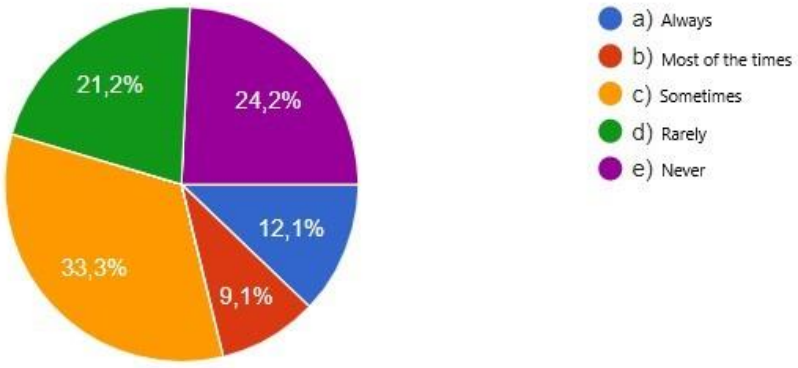
respectively. Only 12.1% claim that the codes of ethics are always mentioned during feedback sessions.

Chart 4 *How often interpreters receive feedback from a superior within the company*



Source: Elaborated by the author with information from the survey applied through Google forms.

Chart 5 *Do evaluators refer to the codes of ethics during feedback sessions*



Source: Elaborated by the author with information from the survey applied through Google forms.

With regards to professional development; the answers to question 18 show that none of the respondents has ever enrolled in a course or program with aims to improve their skills or further their knowledge. Only one interpreter claimed to read articles related to his or her working setting, while another interpreter stated that he or she completed higher-education studies in translation. Also, one interpreter expressed that he or she never thought pursuing professional development was necessary. Moreover, in relation to day-to-day practice, interpreters shared on question 19 what are difficulties they most frequently encounter in terms of interpreting protocols. 62.5% of the respondents reported having difficulties with using adequate interpreting tools during interpreting tasks such as requesting repetition or clarification when deemed necessary. The other two common difficulties among interpreters are related to managing turn-taking (56.3%) and remaining impartial (31.3%) during the calls.

When asked about their support network during difficult scenarios, only 15.6% reports to address concerns to an employee with a higher rank within the company. Most of the interpreters (56.3%) rely on alternate resources when they require input regarding a given concern; e.g. the Facebook groups used on this research to apply the survey. On the other hand, 40.6% refer to the companies practicing guidelines in these situations, while 18.8% contact colleagues through the company. Finally, interpreters ranked the factors that may interfere the most with quality during the practice: technical aspects (e.g., poor connection, deficient devices) rank as the first potential drawback for quality of telephone medical interpreting (66.7%). The other two common factors mentioned by interpreters are non-compliance with interpreting protocols by users (51.5%) and the inclusion of subject matters other than medical in the regular call flow (21.2%).

Finally, the survey closes with an open question with aims to obtain further relevant input regarding the experience of telephone medical interpreters, in which only 4 individuals responded. Two respondents expressed their concern with regards to users and their behaviors during the

interpreted encounters. In this regard, they point out the need to educate users on telephone interpreting protocols; unpolite attitudes from the medical providers both towards LEPs and interpreters; and a lack of attention in these situations by the hiring companies. In addition, interpreters mentioned the negative impact that employment arrangements such as outsourcing have on their working conditions. One last interpreter mentioned that interpreters could benefit from recreative activities such as yoga, meditation classes or drama workshops.

4.3 Analyzing the working conditions of Telephone Medical Interpreters who work remotely from Mexico for American based companies

The data collected during the investigation allows the outline of a profile within the community of telephone medical interpreters in Mexico. The surveyed population is conformed mostly by middle-aged adults between 25 and 50 years old, among which women outnumber men. This is reflected also in a large number of housewives within the surveyed community. In this regard, the home office setting may be convenient for housewives as it allows them to engage in house activities during working hours, although this may be limited by the flexibility of the working schedule. Moreover, most of the population are of Mexican nationality and live mostly in the north and center of the country. However, it is worth noting that a significant part of them learned the English language in an English-speaking country. This may suggest that the individuals that work for these companies may be part of a migratory phenomenon that involves children of Mexican nationality who spent some time on the north side of the Mexican-American border and, at some point, returned and settled in Mexico.

In terms of educational background, the spectrum is also quite diverse, including individuals that have high school studies only, up to some who are studying or already hold a postgraduate degree. This implies that these interpreters are not individuals whose only skill is to be bilingual in terms of professional education. A significant number of them have completed college studies, while a few others have technical studies. However, only a few have studied degrees related to interpreting/translation or languages in general and none have courses or diplomas for these professions. This trend suggests that offshored jobs, such as telephone

interpreting, may represent a better employment option even for individuals with professional or technical education on fields unrelated to medical interpreting.

Moreover, the survey shows that several interpreters have alternate occupations. This, however, would not be exclusive of telephone medical interpreters since, as the Italia-Morayta survey shows, interpreters, in general, do not live exclusively on earnings derived from interpreting; instead, most interpreters rely on alternate sources of income. With this purpose, the surveyed community engages in activities such as translation, language teaching, and self-employment. Some interpreters also engage in alternate occupations that do not generate an extra income such as studying or housekeeping. With this regard, it would be worth inquiring how interpreters arrange their schedules to combine interpreting and their alternate occupations in order to determine the total workload and how this may affect the performance and, in general, the quality of life of the interpreters.

As previously mentioned, only a few interpreters among the surveyed population have professional studies in interpreting or related areas. In terms of interpreting skills or knowledge, a significant part of the population had no other background than being bilingual. In this sense, according to Kelly (2008), "some companies offer extensive programs for interpreters, including the provision of internally-developed training manuals, glossaries, and other proprietary materials" (p. 2). This gives a chance to individuals with no experience in interpreting—such as some respondents of the survey—to be hired by interpreting companies. An example of this may be the job post by Human Quality which does not state on the description that experience is needed, but offers training for eligible candidates.

With regard to working conditions, Kelly (2008) argues that telephone interpreting can easily cause physical and mental fatigue if interpreters do not have proper rest time. She further explains that telephone interpreters require a 15-minute break for every 4 hours of work and a 30-60-minute lunch break for full-time interpreters. Besides, she adds that interpreters should be able to rest briefly between calls, especially after calls 20 minutes or longer. In this regard, the findings on the survey only show what is the schedule that most interpreters work—full-time—and what is the average rest time that most interpreters have per worked hour—5 to 10 minutes. Considering what Kelly affirms, it could be said that the surveyed interpreters have appropriate rest time during their working shifts. However, a step further into researching the working conditions of these

interpreters would be inquiring how performance is affected by the levels of stress and fatigue due to working extended hours and high call volumes.

Also in relation to working conditions, Messenger (2010) argues that BPO jobs often represent a conflictive option with positive and negative aspects for the workforce. He explains that pay and employee benefits may seem attractive for agents but job demands and stress make BPO job less appealing. In this sense, the job for telephone medical interpreters in the Mexican context may be a good example of this phenomenon. On the one hand, for instance, an interpreter shared on the survey the concern of how working arrangements such as outsourcing affect job quality in terms of employee benefits. Another interpreter pointed out that companies could assist interpreters with offering programs to help them coping with stress. However, as stated before, the survey suggests that these jobs are often a better option than average jobs in the receiving countries. Moreover, most interpreters have been working over three years as TMI, thus suggesting that these jobs offer certain stability for employees, regardless the negative aspects that they may experience.

4.3.1 Codes of ethics and the daily practice of medical telephone interpreting.

As previously stated, the search done to document existing codes of ethics for telephone medical interpreting was quite superficial. During this search, only a couple of documents were found on the websites of some telephone medical interpreting companies; however, they apply to telephone interpreting in general. Other than that, the websites of other companies showed that most of them claim to comply with the standards of some of the best-known associations in the profession such as IMIA, CHIA, and NCIHC. Nevertheless, none of these companies or associations have specific guidelines or codes that apply exclusively to telephone interpreting. Only CHIA's code mentions the intention to issue specific guidelines for telephone interpreting which, at the time this research was done, had not been published. In this regard, even though CHIA has not issued such a document, they at least stressed the fact that telephone interpreting is practiced under particular conditions that require specific guidelines.

Even though the codes of ethics that were analyzed in this research present some differences, the principles they all address are quite similar. All the codes include principles related to how interpreters handle information, how they address other parties and also to interpreting

skills. With regard to information, all codes state that interpreters should render information accurately and keep it confidential. In terms of the interaction with other parties, the codes stipulate that interpreters have to be impartial and respectful, as well as avoid inappropriate interactions such as intruding with personal opinions or counseling patients. With regards to professional skills, interpreters have to pursue continuing education to further their professional development, and also be aware of their limitations to avoid engaging in tasks for which they may not be qualified. Within the professional skills, another common principle is related to cultural responsiveness, which refers to the awareness that interpreters need regarding cultural differences and their role during interpreted encounters.

A principle that is quite relevant within the medical context that is not in all codes is advocacy. According to CHIA (2002), medical interpreters take the role of advocate when they actively intervene in favor of the patient's health and well-being. They add that interpreters do this in the attempt to compensate for the linguistic and cultural barriers that difficult access to the health care system for LEP patients. They also state that the advocate role must remain optional due to the difficulties that it may imply both for interpreters and patients. In the context of telephone interpreting, Kelly (2008) argues that telephone interpreters rarely take the role of advocate and adds that TI companies may have a system for interpreters to file complaints or provide feedback when a patient is mistreated. In this sense, it would be worth inquiring within TI companies what is the protocol that interpreters follow in such scenarios and what actions they take to address these situations.

In the survey, interpreters were questioned about the difficulties that they usually encounter in the daily practice with aims to identify any conflicts that may be related to the codes of ethics. Some of the concerns expressed by the interpreters in the survey are related to questions of accuracy, impartiality, respect and managing interventions to maintain flow during the calls. The surveyed interpreters shared that the main concern they have during the daily practice is with the correct use of techniques to request repetition and clarification to ensure accuracy and completeness. With this regard, there is no information on the codes or in the literature specialized in TI that was consulted during this research about the appropriate use of such techniques. It could be assumed that this information may be found in the guidelines and training manuals of each TI company. In this sense, further research on specific guidelines and the use of these techniques in the practice could shed some light over how these conflicts affect accuracy during interpretation.

Another issue that interpreters pointed on the survey is managing turn-taking during the calls, which affects the flow of the conversation. It can be argued that turn-taking management is closely related to compliance with interpreting protocols by users. If a party does not comply with using their turn to speak appropriately, the interpreter may have trouble managing the flow of the conversation, thus undermining the quality of interpretation. In this regard, the surveyed population selected noncompliance with protocols as the second major factor that affects quality in interpreting, just after technical issues related, for instance, to internet connections or telephone devices. Also, to this respect, one interpreter stressed in the comments section that users should be informed on what to expect when using interpreting services. This remark suggests that an external entity—namely schools, hospitals or even TI companies—should pursue the teaching of users on compliance with interpreting protocols in order to ensure the quality of interpretation services. To this regard, further research could look into what type of programs exist to teach users of TI and what is the impact they have on the daily practice.

Moreover, maintaining impartiality and addressing parties with respect at all times were also pointed out by the surveyed population as recurrent issues during daily practice. In telephone interpreting, these ethical principles are closely related to customer service. In this regard, Kelly (2007) argues that interpreters have to address all parties with respect to show good customer service, particularly when speaking as the interpreter. However, she adds that interpreters have to carefully balance good customer service and impartiality. She explains that this balance can easily be affected when interpreters, in an effort to provide better customer service, go as far as changing the tone of voice or modify the emphasis of the original utterance, for instance. In this regard, additional research might look into what are the specific problems that interpreters encounter when trying to balance customer service and impartiality.

Also with regards to respect, one interpreter pointed out how TI companies overlook the bad attitude that interpreters get from users. In this sense, this comment suggests that respect is an ethical principle to which all parties should abide during interpreted encounters. Moreover, this remark also implies that interpreters feel vulnerable as TI companies do not actively support them in such scenarios. In this regard, interpreters should be given a chance to share what are the most frequent challenges that they face during interpretation with regards to respect. On the other hand, further research could also look into what are the channels that TI companies have available to

address such issues and what is their policy to handle these situations. Making efforts to maintain respect from all parties during interpreted encounters may result both in more quality in interpretation as well as more satisfaction of interpreters while performing their jobs.

With regards to the issues previously stated—accuracy, impartiality, respect, compliance with protocols—monitoring can be of great help in identifying problems so as to suggest appropriate solutions. According to Kelly (2008), constant monitoring of interpreters is key to maintain quality in the performance of TI; she explains that "ongoing observation of the interpreters is critical in order to ensure quality and consistency" (p. 1). In this regard, the surveyed population shared that most of them receive feedback on their performance only once a year or less. It could be argued that without efficient monitoring policies, interpreters are more prone to continue having the same conflicts that everyday challenge the quality of their performance. In this sense, even though the answers on the survey cannot confirm that interpreters are monitored once a year maximum, they do open the question as of what are the monitoring policies among interpreting companies and what is the criteria to follow up on any issues that are noticed during performance evaluations.

Finally, an ethical principle that is present on all the codes of ethics and is of particular importance is professional development. Kelly (2007) explains that professional development can be pursued by taking courses, joining professional associations and mentoring other interpreters. In the survey, interpreters shared that none of them have ever completed any courses or programs to pursue professional development. Only one interpreter stated that he or she reads articles to increase his or her background knowledge. With this regard, Kelly (2007) states that "when interpreters fail to take charge of their professional development, this usually results in a lack of enthusiasm for the job, and therefore, decreased performance and quality" (p. 112). Even though the NCIHC code of ethics stipulates that professional development is the responsibility of the interpreter, Kelly argues that sometimes TI companies offer training programs and learning opportunities for interpreters. In this regard, further research could look into what are the opportunities available for interpreters and what actions companies could do to draw the interest of their employees.

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Apendix A

UNIVERSIDAD AUTÓNOMA DE BAJA CALIFORNIA
FACULTAD DE IDIOMAS
FACULTAD DE CIENCIAS HUMANAS

Cuestionario sobre los códigos de ética que aplican para intérpretes médicos telefónicos que trabajan de manera remota para call-centers estadounidenses.

Título del proyecto de investigación:

Analysis of the codes of ethics that apply to telephone medical interpreters who work remotely in Mexico for American-based call centers

Aplicado por:

Aníbal Muñoz González

Comité de dirección:
DIRECTOR: Mtro. Eldon Walter Longoria Ramón
CODIRECTOR: Mtro. Juan Carlos Lugo Torres
LECTOR: Mtro. Alán Ricardo Arias Castro

Mayo, 2019

Buenos días,
Estoy realizando un estudio de investigación como requisito para completar el programa de la Especialidad de Traducción e Interpretación de la UABC sobre los códigos de ética en interpretación médica telefónica en call-centers estadounidenses que contratan intérpretes para trabajar de manera remota desde México. Con este propósito quisiera pedir tu ayuda para que contestes este cuestionario; el fin principal es obtener una idea general del perfil de dichos intérpretes, así como documentar parte de sus experiencias y opiniones como trabajadores de estos call-centers. No deberá de tomarte más de 20 minutos y tus respuestas serán anónimas y confidenciales. Las opiniones de los encuestados serán sumadas e incluidas en el trabajo de investigación, pero nunca se comunicarán datos individuales. Te agradeceré que contestes este cuestionario con la mayor sinceridad posible. No hay preguntas correctas ni incorrectas. Por favor, lee las instrucciones cuidadosamente, ya que existen preguntas en las que solo se puede responder a una opción; otras son de varias opciones y también se incluyen preguntas abiertas.

¡Muchas gracias por tu colaboración!

Instrucciones. Por favor contesta las siguientes preguntas a partir de tu información y experiencias personales. Debes de llenar los espacios en blanco o seleccionar la opción que mejor refleje tu opinión. Algunas de las preguntas de opción múltiple admiten más de una respuesta.

CONFIDENCIALIDAD

Tus respuestas serán anónimas y absolutamente confidenciales. Como puedes ver, en ningún momento tienes que proporcionar tu nombre.

De antemano: ¡muchas gracias por tu colaboración!

Edad:

Sexo: M F

Nacionalidad (es):

Lugar de residencia:

¿Tienes alguna otra ocupación además de ser un intérprete médico?

a) No.
b) Empleado. Especifica:
c) Autoempleado. Especifica:
d) Estudiante.
e) Otro:

Escolaridad:

a) Bachillerato.
b) Universidad en el campo de los idiomas, traducción-interpretación, lingüística.
c) Universidad sin relación al campo de los idiomas, traducción, lingüística.

d) Posgrado.
e) Otro:

¿Has vivido en algún país de habla inglesa?

a) No, nunca he estado en un país de habla inglesa.
b) No, sólo he estado de visita.
c) Sí. De 0 – 3 años
d) Sí. Más de tres años.
e) Otros:

1. ¿Cómo aprendiste inglés?
   a) Lo adquirí durante la infancia.
   b) Lo aprendí o adquirí por mi cuenta después de la infancia.
   c) Lo aprendí en una escuela/academia de idiomas.
   d) Lo aprendí mediante estudios profesionales.
   e) Otro:

2. ¿Cuánto tiempo llevas trabajando como intérprete médico telefónico?
   a) 1 año o menos.
   b) 1 – 2 años
   c) 2 – 3 años
   d) 4 – 5 años.
   e) Otro:

3. En promedio, ¿cuántas horas trabajas al día como intérprete médico?
   a) 4
   b) 6
   c) 8
   d) 10
   e) Otro:

4. En promedio, ¿cuánto tiempo de descanso tienes por hora laborada?
   a) 0 – 5 minutos.
   b) 5 – 10 minutos.
   c) 10 – 15 minutos.
   d) 15 – 20 minutos.
   e) Otro:

5. ¿Con qué tipo de formación en interpretación médica contabas antes de tu primer trabajo como intérprete médico telefónico?
   a) Ninguna.
   b) Carrera/carrera trunca en idiomas/traducción-interpretación, etc.
   c) Carrera/carrera trunca en medicina.
   d) Curso/diplomado en interpretación o similares.
   e) Otro:

6. ¿Has escuchado hablar sobre los códigos de ética?
   a) Sí.
   b) No.
   c) Un poco.

7. ¿Recuerdas si durante tu reclutamiento/contratación/capacitación como intérprete médico telefónico se hizo énfasis en los códigos de ética?
   a) No recuerdo.
   b) No se mencionaron.
   c) Se mencionaron sin profundizar.
   d) Se profundizó en los códigos de ética.
   e) Otro:

8. ¿Con qué frecuencia recibes retroalimentación por parte de algún superior en tu empresa?
   a) 1 vez al año o menos.
   b) 2 – 4 veces al año.
   c) 5 – 7 veces al año.
   d) 8 – 10 veces al año.
   e) Otro:

9. Durante la retroalimentación sobre tu desempeño, ¿tu evaluador hace referencia a los códigos de ética?
   a) Nunca.
   b) La mayoría de las veces no.
   c) Algunas veces sí, algunas veces no.
   d) La mayoría de las veces sí.
   e) Siempre.

10. Durante el tiempo que has trabajado como intérprete médico, ¿has completado algún curso o programa de estudios fuera de la(s) empresa(s) en donde laboras para complementar tu currículum de intérprete médico?

a) No
b) Sí. Especifica de qué tipo:

11. ¿A qué tipo de problemáticas relacionadas al protocolo de interpretación te enfrentas con más frecuencia? (Puedes elegir más de una respuesta)
    a) Mantener una actitud de respeto hacia ambas partes.
    b) Permanecer imparcial.
    c) Hacer uso adecuado de técnicas de aclaración y repetición para lograr una interpretación completa y correcta.
    d) Mantener el ritmo de la conversación controlando las intervenciones de cada parte.
    e) Otro:

12. En estas situaciones, ¿a qué tipo de recursos acudes en busca de apoyo? (ya sea durante o después de haberse presentado el problema)
    a) Mi superior inmediato en la compañía.
    b) Colegas a través de la empresa.
    c) Colegas a través de algún medio externo.
    d) Lineamientos establecidos por la empresa.
    e) Otro:

13. ¿Qué factores crees que pueden interferir más en la calidad de la interpretación médica telefónica?
    a) Desapego a los protocolos de interpretación por parte de los usuarios.
    b) Aspectos técnicos de la comunicación por teléfono (fallas en la conexión, falla en los dispositivos, etc.).
    c) Falta de claridad en los límites del rol del intérprete.
    d) La no-presencia física del intérprete durante el encuentro médico.
    e) Otro:

14. Comentarios adicionales: