

**T. C.
İSTANBUL 29 MAYIS ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
MÜTERCİM TERCÜMANLIK ANABİLİM DALI**

**ZONES OF UNCERTAINTY: EXPLORING MEDICAL
INTERPRETING IN TURKEY IN THE AFTERMATH OF
THE PANDEMIC**

(YÜKSEK LİSANS TEZİ)

Mustafa Serhat OĞUZ

**Danışman:
Dr. Öğr. Üyesi Özüm ARZIK ERZURUMLU**

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Mütercim Tercümanlık Anabilim Dalı, Çeviribilim (İngilizce) Tezli Yüksek Lisans Programı'nda 200520YL02 numaralı Mustafa Serhat OĞUZ'un hazırladığı “*Zones of Uncertainty: Exploring Medical Interpreting in Turkey in The Aftermath of The Pandemic*” konulu yüksek lisans tezi ile ilgili tez savunma sınavı, 21/07/2023 günü (16:⁰⁰-17:³⁰) saatleri arasında yapılmış, sorulan sorulara alınan cevaplar sonunda adayın tezinin başarılı olduğuna oy birliği ile karar verilmiştir.

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BEYAN

Bu tezin yazılmasında bilimsel ahlak kurallarına uyulduğunu, başkalarının eserlerinden yararlanılması durumunda bilimsel normlara uygun olarak atıfta bulunulduğunu, kullanılan verilerde herhangi bir tahrifat yapılmadığını, tezin herhangi bir kısmının bu üniversite veya başka bir üniversitedeki başka bir tez çalışması olarak sunulmadığını beyan ederim.

Mustafa Serhat OĞUZ

21.07.2023

ABSTRACT

This thesis examines the role of healthcare interpreters in Turkey and how their interpretation services inform patient outcomes and satisfaction with healthcare services. The study aims to reveal how the pre-COVID practices of healthcare interpreters informed their remote interpreting practices both during and after COVID era. To do so, semi-structured interviews were conducted with ten interpreters, revealing their challenges and sense of fulfillment from helping patients communicate with healthcare providers. The habitus of healthcare interpreters is supposed to be influenced by their experiences, education, and cultural background, which shapes and in turn is shaped by how they interpret and mediate communication between patients and healthcare providers. However, the findings suggest that since healthcare interpreting is not institutionalized in Turkey, interpreters work in a zone of uncertainty where they do not share the same habitus and norms as the patients and providers. The study also suggests that research can contribute to the improvement of healthcare services and the development of training programs for healthcare interpreters.

Keywords: Healthcare Interpreters, Habitus, Intercultural Competence, Zones of Uncertainty, COVID-19 Pandemic, Qualitative Research, Turkey

ÖZ

Bu tez çalışmasında, sağlık çevirmenlerinin rolü ve çeviri hizmetlerinin hasta sonuçlarını ve sağlık hizmetlerinden alınan memnuniyeti nasıl etkilediği incelenmiştir. Çalışma, sağlık çevirmenlerinin COVID öncesi uygulamalarının, COVID dönemi sırasında ve sonrasında uzaktan çeviri uygulamalarını nasıl etkilediğini ortaya koymayı amaçlamaktadır. Bu amaç doğrultusunda, on çevirmenle yarı-yapılandırılmış görüşmeler yapılmış, sağlık hizmeti sağlayıcılarıyla hastalar arasında iletişim kurulmasına yardımcı olmaktan duydukları duygusal tatmin ve karşılaştıkları zorluklar sunulmuştur. Sağlık çevirmenlerinin habituslarının, deneyimlerinden, eğitimlerinden ve kültürel geçmişlerinden etkilendiği, hastalar ve sağlık hizmeti sağlayıcıları arasındaki iletişimi nasıl yorumladıkları ve aracılık ettiklerini şekillendirdiği düşünülmektedir. Ancak bulgular, Türkiye’de sağlık çevirmenliğinin kurumsallaşmamasından dolayı, çevirmenlerin hastalar ve sağlık hizmeti sağlayıcıları ile ortak bir habitus ve normları paylaşmadıkları ve bir belirsizlik bölgesinde çalıştıklarını göstermiştir. Çalışma ayrıca, araştırmanın sağlık hizmetlerinin iyileştirilmesine ve sağlık çevirmenleri için eğitim programlarının geliştirilmesine katkıda bulunabileceğini önermektedir.

Anahtar Kelimeler: Sağlık Çevirmenleri, Habitus, Kültürlerarası Yeterlilik, Belirsizlik Bölgeleri, COVID-19 Pandemisi, Nitel Araştırma, Türkiye

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LIST OF ABBREVIATIONS

TKTD : Türkiye Konferans Tercümanları Derneđi
ATA : American Translators Association



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INTRODUCTION

Communication is essential for the delivery of quality healthcare, but it can be challenging when there are linguistic and cultural barriers between patients and providers. One way to overcome these barriers is to use interpreters who can facilitate communication and mediate cultural differences. However, not all interpreters are equally effective in their role, and their performance can have significant implications for the quality of care provided to patients with limited English proficiency (LEP). This thesis aims to explore how interpreters' habitus, their acquired dispositions, and attitudes, or lack thereof, influences their interpretation process and outcomes in healthcare settings.

The use of interpreters in healthcare settings is becoming increasingly common due to the growing multicultural and multilingual population in many countries. Interpreters play a vital role in facilitating communication between healthcare professionals and patients with LEP or non-English-speaking patients. However, studies have shown that interpreters' understanding of culture and their ability to navigate between different cultural norms and expectations may influence the interpretation process and the quality of care provided to the patient (Karliner et al. 2007). Karliner et al. present a systematic review of the literature on the use of professional interpreters in healthcare settings and their impact on the quality of care provided to patients with LEP. The review found that the use of professional interpreters improved the quality of clinical care for patients with LEP in various healthcare settings, including primary care, specialty care, and emergency departments. It also showed that professional interpreters helped to facilitate communication between patients and healthcare providers, leading to increased patient satisfaction, better understanding of diagnoses and treatment plans, and reduced healthcare disparities. The review also found that the use of ad hoc interpreters, such as family members or friends, was associated with lower quality of care and increased risk of medical errors, due to their lack of training,

impartiality, and confidentiality. The article provides a valuable contribution to the literature on healthcare interpreting and highlights the importance of using professional interpreters to improve the quality of care provided to patients with LEP.

This thesis explored the habitus of healthcare interpreters in Turkey and how it affects their interpretation process in the context of the pandemic. Habitus is a sociological concept that refers to the set of dispositions, behaviors, and attitudes that individuals acquire through socialization and that shape their perceptions, interpretations, and actions in social situations (Bourdieu, 1977). This thesis applied this concept to healthcare interpreters and examines how their habitus, or lack thereof, influences their approach to interpretation, their understanding of patients' cultural backgrounds and expectations, and their ability to navigate between different cultural worlds. The thesis also investigated how healthcare interpreters are placed in what Moira Inghilleri drawing on Pierre Bourdieu calls "zones of uncertainty" due to the lack of institutions involved in the healthcare interpretation process and the remote work conditions during the pandemic. The thesis analysed how these zones of uncertainty affect interpreters' agency within the interpretation process and how they cope with the challenges posed by remote work.

The study employed qualitative data collection and analysis methods. The data was collected through semi-structured interviews with healthcare interpreters.

This study has implications for healthcare practice and policy, as it can help healthcare professionals and policymakers to understand the complex interplay between interpreters' habitus, the interpretation process, and the quality of care provided to patients with limited English proficiency. By understanding these dynamics, healthcare professionals and policymakers can develop more effective strategies to support and train healthcare interpreters and ensure that patients with limited English proficiency receive high-quality and culturally competent care.

However, the study's limitations, such as a small sample of interpreters in aesthetic operations and a lack of examination of patient outcomes, limit generalizability. Future research could address these limitations by using a larger and more diverse sample and investigating patient outcomes. Given the significance of interpreter services for effective communication, there is a growing need for remote interpreting technology and training for interpreters, particularly in light of the

possibility of another period of remote work as the one caused by the COVID-19 pandemic. Continued investigation is needed to maintain quality and accuracy in research of remote settings.

Overview of the Chapters

Chapter 1 provides the theoretical background for the research, focusing on habitus, zones of uncertainty, and how they apply to healthcare interpreting in Turkey. It begins by introducing the concept of habitus, as developed by Pierre Bourdieu, and how it is shaped and enacted by social agents. It then examines how interpreters internalize habitus in healthcare interpreting and how their shared history informs the formation of their dispositions. The chapter also explores the concept of zones of uncertainty, as proposed by Moira Inghilleri, and how it relates to the status and practice of healthcare interpreters in Turkey.

Chapter 2 reviews existing literature on interpreting, specifically community interpreting, healthcare interpreting, and remote interpreting. It also discusses the impact of the COVID-19 pandemic on healthcare interpreting and how it creates new challenges and opportunities for interpreters. The chapter highlights the challenges and benefits of each type of interpreting and their relevance to the research.

Chapter 3 describes the methodology used in the research, including the research question, significance of the research, research design, questionnaire, participants, analysis, and findings. The chapter provides information on the demographic characteristics of healthcare interpreters in Turkey who conducted the interviews, their habitus, experiences, challenges, and the internalization of habitus.

Chapter 4 presents an analysis of the data collected in the study. The chapter presents the 24 questions asked to the interpreters regarding their profession such as professional associations, their responsibilities, preparation for an assignment, decision-making in case of an issue in remote interpreting, and their job satisfaction.

Chapter 5 discusses the results of the study and their implications for healthcare interpreting training and practice in Turkey. The chapter examines the limitations of the study and offers suggestions for future research. The chapter concludes by discussing the interpretation of findings and their contribution to healthcare interpreting.

Chapter 6 provides the conclusions reached from the research, summarizing the key findings and their implications for healthcare interpreting in Turkey. The chapter also discusses the significance of the research and offers recommendations for future research on the topic.

Finally, Appendix A contains the ethical committee's approval for the research, while Appendix B provides the transcripts of the interviews conducted with the interpreters.



I. THEORETICAL BACKGROUND

Interpreting is an essential aspect of healthcare communication in multilingual societies, and it plays a significant role in ensuring patient safety, satisfaction, and quality of care. Interpreters, as the mediators between healthcare professionals and patients with limited proficiency in the language used, are expected to provide high-quality interpreting services while navigating the complexities of healthcare environments. In this context, habitus, which refers to the internalized dispositions and embodied practices that shape the way individuals act and interact with the world around them, is a crucial concept that can help us understand how interpreters approach and perform their role in healthcare settings (Horvath & Molnar, 2021).

1.1. Habitus

Habitus, as a concept developed by Bourdieu (1977, 1990), refers to the ingrained dispositions and embodied practices that are acquired through socialization and shape the way individuals perceive and interact with the social world. Habitus is not a fixed or deterministic set of behaviors but rather a dynamic and adaptable system of dispositions that can be transformed through experiences and interactions with the environment. As such, habitus is a valuable theoretical tool for analysing the complex and multi-layered practices of healthcare interpreters and their interaction with the healthcare system and the patients they serve.

Habitus is formed through the internalization of cultural norms, values, and practices, which are acquired through socialization processes such as education, family upbringing, and social interaction. Habitus is embodied in the individual's dispositions, habits, and bodily practices, which are manifested in their actions and interactions with the world. In healthcare interpreting, habitus can shape the way interpreters approach their role, their interaction with patients, healthcare professionals, and their peers, as well as their perception of the healthcare system (Pöchhacker & Shlesinger, 2007).

Interpreters' habitus in healthcare interpreting is shaped by various factors, such as their education, training, professional experiences, social and cultural background, and the healthcare system's specificities. Interpreters' habitus is internalized through their experiences and interactions with the healthcare system and the patients they serve in healthcare settings. These experiences can be both empowering and constraining and can contribute to the formation of the interpreters' habitus.

Interpreters' habitus in healthcare interpreting is also influenced by their common history and cultural background. Habitus is shaped by the cultural, social, and historical context in which it is acquired and embodied (Grbić, 2014). In Turkey, healthcare interpreters come from diverse linguistic, cultural, and religious backgrounds, and they are exposed to different healthcare systems and practices. The history of the interpreters and the patients they serve can also shape their habitus, as they share a history of migration, displacement, and cultural exchange. Therefore, the history of healthcare interpreters can inform the formation of their habitus and shape their perceptions, practices, and attitudes in healthcare interpreting.

Grbić (2014) suggests that Bourdieu's concept of habitus can enhance and complement existing theories of translation and interpreting, particularly boundary theory. Habitus can be seen as a key factor in shaping the behavior and perceptions of interpreters in their boundary-crossing role. It can help to explain their actions and decision-making processes in a way that is not captured by existing theories of translation and interpreting. The author argues that habitus can help to shed light on how interpreters negotiate their professional identities and the cultural and linguistic boundaries they encounter in their work.

Sayols (2018) discusses the application of the concepts of transculturation and Bourdieu's habitus theory to the study of literary translators and their translational activity throughout history. The author aims to provide an integrative approach to examining the influence of social, cultural, and historical factors on the translational choices made by literary translators.

Trizzulla, Garcia-Bardidia, and Rémy (2018) examine the relationship between the theories of Pierre Bourdieu and Bernard Lahire, arguing that a combination of these two perspectives leads to a more nuanced understanding of consumer behavior. The text focuses on the field of translator training and the habitus of trainees and trainers, which

is important in understanding their translational and educational behavior. The authors suggest differentiating between dispositions to act and dispositions to believe and accounting for the complex relationships between beliefs, habits, and dispositions that vary across social contexts.

Varmazyari and Farahzad (2018) examine the role of Bourdieu's sociological theories in the field of translator training, arguing that translator training can provide a more nuanced understanding of the training process and its outcomes, taking into account the cultural, social, and economic factors that shape the habitus of trainee translators. They suggest that by incorporating Bourdieu's theories into translator training, we can gain a better understanding of the ways in which social structures and individual experiences influence translation practices.

By incorporating the theories of Pierre Bourdieu and Bernard Lahire into the training curriculum, they can be used for interpreter training. The authors argue that understanding the habitus of trainees and trainers is crucial to understanding their translational and educational behavior. This involves differentiating between dispositions to act and dispositions to believe and accounting for the complex relationships between beliefs, habits, and dispositions that vary across social contexts. By incorporating Bourdieu's theories into translator training, the trainers and trainees can gain a better understanding of the ways in which social structures and individual experiences influence translation practices. This will lead to a more nuanced understanding of consumer behavior, which is essential for interpreters to effectively communicate and bridge the gap between different cultures and so incorporate sociological theories, cultural, social, and economic factors that shape the habitus of trainee translators, and how these factors influence translation practices. Such training programs will provide interpreters with the tools to better understand and navigate the complex social and cultural contexts in which they work.

The common point of all these studies is the application of Pierre Bourdieu's concept of habitus in understanding the behavior and decision-making processes of interpreters, literary translators, and trainee translators. Habitus is seen as a key factor in shaping their professional identities, attitudes, and practices, as it is shaped by the cultural, social, and historical context in which it is acquired and embodied. These studies suggest that incorporating Bourdieu's theories into translator training can

provide a more nuanced understanding of the training process and its outcomes, taking into account the cultural, social, and economic factors that shape the habitus of trainee translators. The studies mentioned above highlight the importance of taking a sociological perspective when examining translation practices, particularly in translator training and literary translation. Additionally, these studies emphasize the importance of understanding the complex relationships between beliefs, habits, and dispositions that vary across social contexts. Incorporating sociological theories into interpreter training can provide a more nuanced understanding of the training process and its outcomes, taking into account the cultural, social, and economic factors that shape the habitus of trainee interpreters. The authors argue that by doing so, we can gain a better understanding of how social structures and individual experiences influence interpreter practices in healthcare settings.

However, it is important to note that there are limitations to the current research in the sociology of translation. For example, the studies mentioned above tend to focus on the role of individual translators and their habitus, while neglecting the larger social and economic structures that influence translation practices. Additionally, there is a need for more studies that examine the impact of translation on different domains, such as healthcare or legal translation.

Furthermore, while the emergence of the sociology of translation is an important development within translation studies, it is also important to acknowledge that this perspective is not without its limitations. Some scholars have criticized the sociological approach for overemphasizing social structures and neglecting the role of individual agency in translation practices. (Sohár, 1995).

While the studies discussed above suggest that the importance of sociology in translation has increased, there is still a need for more comprehensive and diverse research that takes into account both individual agency and social structures. Only by doing so can we gain a more nuanced understanding of interpreting practices and their impact on various domains.

The concept of habitus has been studied in various fields, including sociology, anthropology, and linguistics. In the field of translation studies, habitus has been examined in relation to the work of interpreters in healthcare settings. Interpreters are

mediators between healthcare providers and patients, and their work involves complex linguistic, cultural, and ethical challenges. (Angelelli, 2004)

“Constructing a *Sociology of Translation*” is a book edited by Michaela Wolf and Alexandra Fukari that explores the emergence of a new field within Translation Studies - sociology of translation (Wolf, M. & Fukari, A. (Ed.), 2007). The book provides an overview of the state of the field and presents a meta-discussion of translation studies from a sociologically oriented perspective.

One of the main strengths of the book is its focus on the position of the translator and the impact of social and cultural factors on translation practices. The chapters provide a nuanced understanding of the complex relationships between translation, culture, and society, and highlight the importance of taking a sociological perspective when examining translation practices. The focus is on the impact of Bourdieu on the growth of sociology of translation. The chapters that examine Bourdieu's theories provide a useful framework for understanding the social practice of translation and the influence of social and cultural factors on translation practices. Overall, *Constructing a Sociology of Translation* is a valuable resource for scholars and students of Translation Studies who are interested in the social and cultural aspects of translation practices. It provides a comprehensive overview of the emergence of the sociology of translation and the influence of social and cultural factors on translation practices.

The book includes contributions from various scholars who present their perspectives on the role of sociology in the study of translation, including its theories, methods, and applications. The existence of this book seems to indicate that the importance given to sociology in translation has increased, as it presents a meta-discussion of translation studies from a sociologically oriented perspective. The book covers a range of topics, such as the mapping of the field, the influence of the cultural and social context, the position of the translator, and the methodology issues in translation studies. It also includes contributions from various scholars who present their perspectives on the role of sociology in the study of translation, including its theories, methods, and applications. Moreover, the book highlights the need for a more localized approach to translation that balances both systems and individual perspectives and the importance of micro-contextual analysis for sociology of translation.

Part I of the book discusses the translator's position within the growing field of the sociology of translation. Erich Prunč's chapter provides a historical and social examination of different perceptions of translators and their role in shaping and maintaining these perceptions. Theo Herman's chapter delves into the concept of “second-order observation” in translation, emphasizing the social aspect and communication elements of translation.

In Part II, the focus shifts to the impact of French social theorist Pierre-Felix Bourdieu on the growth of a sociology of translation. Jean-Marc Gouanvic's chapter examines the social practice of translation through Bourdieu's theories of “field,” “habitus,” and “illusio.” Heilbron and Sapiro's chapter discusses the influence of Bourdieu's theories on the contribution of sociology to translation studies. Michaela Wolf's chapter shifts the focus from Bourdieu to Homi Bhabha's “Third Space” for a different examination of translation as a social practice.

By providing different theoretical and methodological perspectives on how to analyse translation as a social practice, the text can help to understand how the habitus of medical interpreters is shaped by and shapes the field of medical interpreting, which is a specific social space characterized by its own rules, power relations, and symbolic systems. The text can also help to explore how the habitus of medical interpreters affects and is affected by their *illusio*, which is their investment and involvement in the game of medical interpreting. The text can thus contribute by providing different tools and insights for examining the social and cultural dimensions of medical interpreting.

Part III addresses the issue of mapping the field and methodology in Translation Studies. Mirella Agorni's piece argues for a more localized approach to translation that balances both systems and individual perspectives. Hélène Buzelin's chapter explores the various stages of the interpretation process. Andrew Chesterman's chapter advocates for the need to establish a set of concepts that can connect multiple approaches in Translation Studies.

In Part IV, there is a meta-discussion of translation studies from a sociological perspective. Simeoni's piece examines the methods used in Translation Studies and highlights the importance of micro-contextual analysis for a sociology of translation. Gambier's chapter argues for the creation of socio-translation studies as a new sub-discipline within Translation Studies.

Liu (Liu, 2012) discusses the relationship between the concepts of “habitus” and “field” in the context of the sociology of translation, with a case study of the renowned Chinese translator Yan Fu to illustrate this concept. The paper argues that the recent emergence of sociological outlooks in translation studies is due to the convergence of interests in both translation studies and sociology.

In their 2020 study, Polat Ulaş and Gündüz apply Pierre Bourdieu's sociological theories to explore the role of interpreters' social and cultural capital and how power relations affect interpretation quality in non-governmental organizations. They find that cultural background, language proficiency, and professional training play a significant role in the quality of interpretation services. Examining the communication challenges faced by Syrian refugees in Turkey due to linguistic differences, they suggest that organizations should recognize interpreters' cultural and social capital when evaluating their work. Interpreters are necessary for refugees to access services, but effective interpreting services are lacking, leading refugees to pay for interpreters themselves or rely on neighbors. Developing effective interpreting services in public institutions could be a policy solution to refugees' communication and integration problems. Eris (2019) examines the relationship between the concept of habitus, as developed by sociologist Pierre Bourdieu, and the work of translators, specifically focusing on the novel “My Name is Red” by Turkish author Orhan Pamuk. The author argues that the habitus of the translator can impact the translation of cultural and historical elements in the text.

Public service interpreting removes communication barriers between clients and official staff in public service settings such as healthcare facilities, immigration offices, and schools. Public service interpreting development varies among countries, with some having well-established institutionalized training courses and certification exams. Turkey, which has recently faced a large influx of refugees, has not developed public service interpreting to the desired extent. A study aims to examine the professional trajectory of interpreters working at the Association for Solidarity with Asylum Seekers and Migrants (ASAM) in Turkey to understand the motives that drive them and the forms of capital available to them in their work. The study uses Pierre Bourdieu's concepts of habitus, capital, and *illusio* to analyse the interpreters' perceptions and institutional conditions that affect their interpreting activities. Issues that emerge include

the limited authority of interpreters compared to other professional groups and the social bonds they develop with refugees in a restricted manner.

1.2. Zones of Uncertainty and Bourdieu

Maira Inghilleri's concept of "zones of uncertainty" borrowed from Bourdieu refers to weak positions located in the gaps between fields within social space, where the status of knowledge remains vulnerable to exercises of power outside of one's control. In the context of healthcare interpretation, this could mean that interpreters' knowledge and actions are subject to the dominant legal and political institutions involved in the healthcare process. In Turkey, healthcare interpretation is a zone of uncertainty for several reasons. Firstly, even people without high school degrees can become healthcare interpreters. Secondly, new graduates from language or translation and interpreting programs may be hesitant to enter this field. Thirdly, healthcare interpretation has a lower status compared to conference interpreting in Turkey as there is no organization to represent all interpreters. The lack of an explicit job description and codes of ethics or conduct for healthcare interpreters in Turkey causes challenges in practice for healthcare providers, interpreters, and patients and implies a risk to the quality of service. This situation highlights the need for further research and analysis of the role of interpreters in Turkish healthcare settings (Inghilleri, 2005).

In Bourdieu's theoretical work, habitus is a key concept in the social reproduction of the social structure. The social structure is made up of fields, each with its own set of values and regulative principles, and their accompanying habitus. These fields are relatively autonomous structures in social space and are understood to be homologous with the wider socio-cultural order. There is a high degree of correspondence between the social order and social agents themselves, which is theorized through the concept of habitus. The high level of correspondence between an individual and the social world suggests that through habitus, social agents are likely to reproduce the conditions of their immediate status, favorable or not, with respect to existing social hierarchies. However, Bourdieu has argued that habitus is not necessarily coherent. There can be discordance between positions and dispositions (experiences and expectations). This discordance is particularly apparent in what Bourdieu has identified as "zones of uncertainty in social space" where problematic gaps emerge between individual expectations and experience (Bourdieu, 2000).

In these situations, habitus may be confronted with conditions different from those in which they were produced. This is true wherever agents perpetuate dispositions made obsolete by transformations of objective conditions or occupy positions demanding dispositions different from those they derive from their conditions of origin (Bourdieu 1977, 78).

People who are most likely to reflect on their habitus are those who feel out of place in the social world. Their initial habitus, formed during early socialization, is important for determining how they behave in different situations. People tend to seek experiences that make them feel comfortable and allow them to take the world for granted. Those whose initial habitus matches a particular field will accept its values and principles without question. Those who don't fit in as well may reflect on their experiences and try to adapt (Inghilleri, 2005).

The weak social position of the public service interpreting profession can be challenging, but it also allows interpreters to define their professional selves in a way that is true to who they are. The interpreting profession faces a challenge from within, as its members must agree on who they are and what they do. A stable interpreting habitus depends on the strength of interpreters' collective identity and their understanding of the profession (Inghilleri, 2005).

In Bourdieu's theoretical work, the correspondence between the space of positions and the space of dispositions is never perfect, and there are always some agents who are displaced or out of place (Bourdieu, 2000). The discordance between positions and dispositions may lead individuals to refuse to accept the expectations and demands of their posts, resulting in a disposition towards lucidity and critique. This dialectic between dispositions and positions is most clearly seen in positions situated in zones of uncertainty in social space, such as still ill-defined occupations. These positions leave their occupants with the task of defining them by bringing in the embodied dispositions constitutive of their habitus (Bourdieu, 2000).

The effects of the dialectic between the inclinations inscribed in habitus and the demands implied in the definition of a post are no less strong in the most regulated and rigidified sectors of the social structure, such as the oldest and most codified professions of public service. Some of the most characteristic features of the conduct of civil servants, such as the tendency to formalism or rigid adherence to regulations, are

produced in a situation conducive to their actualization by dispositions that are also expressed outside the bureaucratic situation (Bourdieu, 2000).

The further one moves away from the ordinary functioning of fields towards limits where the space of play rigidifies into a ‘total institution’ or an apparatus, the more the institution tends to consecrate agents who owe everything to it. These agents can be safely entrusted with high responsibilities because they can do nothing to advance their own interests that do not satisfy the expectations of the apparatus (Bourdieu, 2000).

The framework proposed by Inghilleri (2004) can help to relate remote interpreting in healthcare to the macro and micro dimensions of interpreting research. On the macro-level, remote interpreting can be analysed as a social organization that is shaped by historical, political, economic, and ideological factors that influence the availability, accessibility, quality, and regulation of interpreting services in healthcare settings. On the micro-level, remote interpreting can be analysed as a social action that involves interpreters as agents who have different forms of capital (e.g., linguistic, cultural, professional), who are situated in specific fields of practice (e.g., telemedicine, primary care, mental health), who are influenced by their habitus (e.g., norms, values, beliefs), and who engage in symbolic struggles (e.g., role definition, power relations, ethical dilemmas) with other actors in the interaction. By aligning these two levels of analysis, remote interpreting research can provide a holistic and relational view of interpreting phenomena in healthcare settings.

Bourdieu’s sociology can help to understand and analyse the role of remote interpreters in healthcare field. On the one hand, remote interpreters can be seen as part of the healthcare field, which is a social space where different agents (e.g. healthcare providers, patients, interpreters, policymakers, etc.) compete for different forms of capital and where different forms of power (e.g. medical, linguistic, and institutional) are exercised and contested. Capital, according to Bourdieu (1986), is the resource that enables agents to gain advantages in society. It can take three main forms: economic capital, which is the material wealth that can be converted into money or property; cultural capital, which is the knowledge, skills, tastes, and preferences that can be used to demonstrate one’s cultural competence and social status; and social capital, which is the network of relationships and connections that can provide access to opportunities

and support. These forms of capital are not equally distributed in society but are influenced by one's social class, education, profession, and other factors. They can also be transformed or exchanged in different fields or domains of social activity, such as politics, art, education, etc. On the other hand, remote interpreters can also be seen as having their own field of interpreting, which has its own rules, norms, values, and practices that shape their habitus and their professional identity.

In remote interpreting, the interpreters' habitus is influenced by their social origins, their education and training, their professional experience and networks, their linguistic and cultural competencies, etc. including their previous interpreting experiences. Further, their previous habitus also affects how they interact with other agents in the healthcare field, such as how they define their role and responsibilities, how they manage ethical dilemmas and conflicts, how they cope with technical and spatial challenges, etc. By applying Bourdieu's concepts of field, capital, and habitus to remote interpreting in the healthcare field, one can gain a deeper understanding of the social structures and processes that shape remote interpreting activity and its outcomes. One can also identify the gaps and tensions that exist between different agents' expectations and experiences of remote interpreting services. One can also explore the possibilities and limitations of remote interpreting as a means to improve access to healthcare and quality of care for linguistically diverse populations.

II. LITERATURE REVIEW

2.1. Research on Community Interpreting

Interpreting is a field that has garnered increasing attention in recent years, particularly in the realm of community interpreting. The role of interpreters has expanded to include a range of contexts, including legal, educational, and healthcare settings. Research on interpreting has examined various aspects of the interpreter's role, including their linguistic and cultural competence, as well as their professional ethics and the impact of their work on the parties involved (Angelelli, 2004; Berk-Seligson, 1990; Hale, 2004).

Community interpreting has emerged as a distinct field within interpreting studies and is defined as “the type of interpreting that takes place in a wide range of public service settings, such as health, social welfare, legal, educational and local government services” (Council of Europe, 2007, p. 12).

Research on community interpreting has primarily examined the role of interpreters in enabling communication between parties with language barriers (Wadensjö, 1992). Davidson (2001) and Metzger (1999) discuss the role of interpreters in facilitating communication between parties who do not share a common language, as well as the challenges they encounter in performing their duties.

Unlike conference interpreting, which is typically done at international gatherings, community interpreting occurs in local settings such as medical practices, courts, or school parent-teacher meetings (Tiselius, 2021). Community interpreting encompasses two main areas: medical or healthcare interpreting and legal interpreting (Hale, 2007). Interpreters in these settings are frequently needed to facilitate communication between communities who cannot speak, understand, or hear the dominant language and public service officials or private practitioners. Unlike international conferences where attendees can often speak a common language, those in community settings rely on interpreters to access essential services. Thus, the interpreter

serves as a vital link for both minority language speakers and service providers or relevant institutions to obtain or provide professional services.

In *Situated Learning: Legitimate peripheral participation* (Lave, J., & Wenger, E., 1991), the authors' theory on how individuals learn and participate within a community. The authors argue that learning is not a solitary activity, but instead, it is situated in social settings where individuals learn through participation in the practices of the community. This idea is known as “legitimate peripheral participation” which refers to the process by which new members become fully integrated into a community through participating in its practices. The authors suggest that this process of learning and integration into a community occurs in stages, with individuals gradually taking on more responsibility and moving from the periphery to the center of the community. The authors also note that learning is not just about acquiring knowledge, but it is also about developing relationships and becoming part of a community. The theory of situated learning and legitimate peripheral participation has had a significant impact on the fields of education and social science and has been widely cited in research on learning and community development.

In “*Communities of Practice: Learning, Meaning, and Identity*,” Wenger delves into the concept of communities of practice. Wenger explores the idea that individuals engage in communities of practice in order to learn and develop a shared understanding of their experiences and practices (1998). Through participation in these communities, individuals are able to build a sense of identity and meaning within their field of practice.

The impact of context in the realm of community interpreting has been widely acknowledged, with its presence and influence noted in areas of practice, research, and training. According to the study of Lave and Wenger (1991), context can take different forms, including geographical, socio-institutional, and interactional, and its impact on interpreting can vary based on how the different participants understand it. Contextualization is an inherent part of the interpreting process and is constantly changing, as seen in the increasing multilingual and multicultural nature of society.

The importance of context in the field of interpreting has been a long-standing topic of interest, dating back to the early theories of interpreting. For instance, Seleskovitch and Lederer's “*Interpretive Theory of Translation*” (1974-1984), posited

that context plays a crucial role in the interpretation process by helping interpreters understand meaning by combining perceptual input with prior knowledge of the situation, subject matter, and languages involved. This interest in context was further fueled by the growing need for interpreting services in public service areas as a result of the increase in immigration to Western Europe in the 1980s (Wenger, 1998).

Aída Martínez-Gómez, investigated the phenomenon of interpreter-mediated events that occur in the context of prisons (Martínez-Gómez, 2021). Although the events analysed in this study take place in a legal context (the post-trial context of detention), they are unique in that they are part of the specific setting of mental health within general healthcare. Furthermore, the encounters being analysed take place within a detention center, which can be considered a microcosm of wider society.

Given the unique setting of these interpreter-mediated encounters, Martínez-Gómez proposes a new framework for analysing the collaboration and negotiation processes that occur between the members of the communicative triad (interpreter, primary participants, and interpreter). To do so, she juxtaposes two existing analytical models: Alexieva's (1997/2002) approach, which accounts for the diversity of interpreter-mediated settings, and Angelelli's (2004) model designed to compare conference interpreting and CI (based on Hymes, 1974).

It is important to examine interpreter-mediated communicative events through the lens of contextual factors because it offers a more granular view of each individual communicative event. By examining interpreter-mediated communicative events through the lens of contextual factors, Martínez-Gómez aims to provide a more granular view of these events and demonstrate how these factors are particularly relevant in the study of contexts where multiple settings overlap.

By examining interpreter-mediated communicative events through the lens of these contextual factors, Martínez-Gómez aims to provide a more granular view of these events and demonstrate how these factors are particularly relevant in the study of contexts where multiple settings overlap.

Moreover, Martínez-Gómez argues that primary participants (in this case, therapists) should be informed about how contextual factors can influence the interpreter-mediated interaction as a whole. This information is critical to the overall

effectiveness of the interaction and can help ensure that communication between all parties is accurate, efficient, and culturally sensitive.

The interactional space in which these interpreter-mediated events occur can be either physical or virtual, such as in video-mediated interpreting. The key factor, according to Martínez-Gómez, is the ability to interact directly with one another, which requires the existence of open communication channels in all directions. The author argues that an analysis of contextual factors is more productive for understanding and explaining interpreter-mediated interaction than examinations based on settings as theoretical categories. By focusing on the individual contextual factors that impact the interaction, the author believes that we can gain a deeper understanding of the collaboration and negotiation processes that occur in interpreter-mediated encounters and better inform practitioners working in this field. Additionally, by examining interpreter-mediated events in a more granular manner, this framework promises to shed light on commonalities of interpreting as a social activity, both across and beyond settings.

Interpreters working in peacekeeping missions are faced with conflicting narratives due to cultural differences and other contextual factors, such as differences between Western and Eastern perspectives or between military and civilian perspectives (Moreno-Bello, 2021). This idea led Moreno-Bello to apply narrative theory to interpreters' experiences in conflict zones to better understand the concept of agency when mediating in such complex situations. The author identified three levels of agency: when the interpreter does not feel the need to mediate when they ask permission to mediate, and when they decide to mediate by adding explanations or altering the original message. By examining the four narrative features that were most loaded with cultural interference, Moreno-Bello found that interpreters showed more agency when they were more aware of their role as mediators. The author therefore argues for the need for training in military contexts to empower interpreters and help them understand their level of agency and the limitations of the mediation process. The article presents a socio-linguistic analysis of interpreting in conflict zones, with a focus on the limits of the interpreter's agency. By analysing the perspectives and experiences of interpreters in Lebanon, the study aims to shed light on the challenges and complexities of interpreting in military deployments and the importance of training in

such contexts. Understanding the theoretical context and linguistic and cultural barriers identified through the analysis is crucial for appreciating the difficult role of the interpreter-mediator in conflict settings and for ensuring appropriate training.

A review by Kasten et al. (2020) found that healthcare interpreters are crucial partners to help break down communication barriers and prevent patients with limited English proficiency from facing healthcare disparities. The authors suggested that interpreters should receive ongoing training and education to improve their skills and knowledge, and the providers of healthcare should collaborate with interpreters to ensure quality and safety of care.

Another review by Geiling et al. (2021) examined the mental health and work experiences of interpreters in the mental healthcare of refugees. The authors found that interpreters often showed heightened levels of emotional stress, anxiety, and secondary traumatic stress reactions, and that they faced difficulties in handling the traumatic content from their clients. The authors also reported that interpreters described a devaluing healthcare system and stressful working conditions with a lack of support structures. The authors concluded that interpreters working with refugees need more supervision, preparation, and recognition for their work.

A qualitative study by Renzaho et al. (2019) explored the experience of patients with limited English proficiency and professional interpreters in an acute hospital setting. The authors found that interpreters played an important role in facilitating communication, building rapport, and providing cultural mediation between patients and providers. The authors also identified some challenges and barriers for interpreters, such as inadequate training, low remuneration, role conflict, and emotional burden. The authors recommended that interpreters should receive more support, feedback, and recognition from the healthcare system.

Looking at these texts, it can be argued that these texts show how interpreters in the healthcare field working remotely have a specific habitus that is shaped by and shapes their professional identity and practice, as well as their perception and action in relation to the healthcare field and other fields within social space.

For works that use the habitus concept on community interpreting-based research, Lu and Lu (2022) examine the methodological challenges and opportunities of online translation community research using a reflexive netnography approach.

Reflexive netnography combines online ethnography and reflexivity to study online cultures and communities. Reflexivity refers to the critical awareness and examination of one's own positionality and influence in relation to the research object. The authors use Bourdieu's concepts of habitus, capital, field, and participant objectivation to analyse how online translation communities like Fixsub have their own communal habitus that influences their members' perceptions and actions, and how they critically examined their own habitus as researchers and fansubbers in relation to Fixsub's communal habitus. The authors use their own research experience on Fixsub, an online translation community for Chinese fansubbers, as a case study to illustrate how they integrated netnography and reflexivity in their data collection and analysis. They address three interrelated questions: How should a researcher position himself in an online translation community? How is a researcher-participant relationship built within the virtual settings? How does a researcher balance the traditional dichotomy between subjectivity and objectivity during his online participation? The authors argue that online translation community research requires the researcher to have an ongoing immersion within the field site, as well as in a state of participant objectivation. Participant objectivation is the process of turning oneself into an object of analysis, by assessing one's own habitus, capital, and field position in relation to the research topic and context. The authors demonstrate how they applied participant objectivation to their own research practice, by reflecting on their dual roles as fansubbers and researchers, their motivations and expectations, their interactions and negotiations with other community members, and their ethical dilemmas and decisions. The authors conclude that netnography and reflexivity are complementary and mutually reinforcing methods that can enhance the quality and validity of online translation community research. They suggest that future studies should adopt a reflexive netnography approach to explore the communal habitus of online translation communities, which is the collective dispositions, norms, values, and practices that shape and are shaped by online translation activities.

In conclusion, the field of interpreting, and in particular community interpreting, is an important area of study that continues to evolve. The research highlights the significance of interpreting in public service settings and the role of interpreters in facilitating communication between parties with language barriers. The impact of

interpreters' work on the parties involved has been explored, along with the challenges they face. The importance of context in interpreting has been widely acknowledged, and new frameworks for analysing unique interpreting contexts have been proposed. The theories of situated learning and legitimate peripheral participation have provided insight into the process of learning and developing relationships within a community. Overall, it is crucial to understand the complex roles and challenges faced by interpreters in various contexts to improve the quality of interpreting services and promote effective communication between individuals from different linguistic and cultural backgrounds. As society continues to become more multilingual and multicultural, the role of interpreters in facilitating communication and understanding becomes increasingly vital.

2.1.1. Healthcare Interpreting

Healthcare interpreting is a subset of community interpreting and refers specifically to interpreting in healthcare settings. The use of interpreters in healthcare has been shown to improve patient outcomes, increase patient satisfaction, and reduce healthcare costs (Karliner et al., 2007). Research on healthcare interpreting has examined the impact of interpreter-mediated communication on patient-provider relationships, as well as the factors that influence the quality of healthcare interpreting (Flores et al., 2003; Jacobs et al., 2003).

Healthcare interpreting, also referred to as medical interpreting, involves interpreting services in the healthcare setting where the interpreter facilitates communication between healthcare providers and patients from different cultural backgrounds. Since the 1990s, healthcare interpreting has experienced significant growth in terms of its legal regulation and professional development, as well as its theoretical development as a field of research. Efforts to improve the quality of care provided through healthcare interpreting have been made by various stakeholders, including health institutions, local governments, professional organizations, and academic institutions in communities with high immigrant populations and regions with international travelers. These efforts include the development of guidelines and certification processes to ensure the quality of healthcare interpreting services.

Healthcare interpreting is a crucial aspect of providing medical care to patients who do not speak the same language as their healthcare providers. In the United States, for example, approximately 25 million people have limited English proficiency and may require the services of a healthcare interpreter.

One of the main challenges of healthcare interpreting is ensuring accurate and efficient communication between patients and healthcare providers. Miscommunication can lead to misunderstandings, misdiagnosis, and poor treatment outcomes. To mitigate this risk, it is important to use qualified and trained interpreters who possess both linguistic and cultural competency.

One study published in the *Journal of General Internal Medicine* found that the use of professional interpreters resulted in a 28% reduction in medical errors for limited English proficient patients, compared to the use of ad-hoc interpreters such as family members or bilingual staff. (Flores, 2005)

In addition to improving communication and reducing medical errors, healthcare interpreting can also have a positive impact on patient satisfaction. A study published in the *Journal of the American Medical Association* (Ngo-Metzger et al., 2007) found that the use of professional interpreters was associated with higher patient satisfaction among limited English proficient patients.

Despite the clear benefits of healthcare interpreting, there are still challenges in ensuring access to qualified and trained interpreters for all patients who need them. One of the main challenges is a lack of reimbursement for interpreting services. In the United States, for example, Medicare and Medicaid do not cover the costs of interpreting services, which can create financial barriers for patients and healthcare providers (Özer, 2020).

Another challenge is the shortage of qualified and trained interpreters, particularly in certain languages and regions. A study published in the *Journal of Immigrant and Minority Health* found that many limited English-proficient patients in rural areas have limited access to professional interpreters, which can lead to inadequate and inappropriate medical care (Garcia, 2012).

According to Hsieh (2015), healthcare providers consistently underutilize professional interpreters in healthcare settings, even when they perceive benefits to using them and when they are readily available. Healthcare providers make deliberate

choices when using professional interpreters, taking into account various factors in their decision-making. These factors include considerations such as time constraints and organizational-level concerns.

Several studies have explored the habitus of interpreters in healthcare settings. One study found that interpreters develop a unique habitus based on their linguistic and cultural background, professional training, and personal experiences (Napier, 2002).

Furthermore, the habitus of interpreters can have implications for the quality of healthcare services provided to patients. One study found that the habitus of interpreters can influence the accuracy and completeness of interpreted information, potentially leading to adverse health outcomes for LEP patients (Garcia, 2012).

Overall, healthcare interpreting plays a vital role in ensuring accurate and efficient communication between patients and healthcare providers. It can also lead to improved medical outcomes, reduced medical errors, and higher patient satisfaction. To fully realize the benefits of healthcare interpreting, it is important to address the challenges of reimbursement and interpreter shortages.

2.1.2. Healthcare Interpreting in Turkey

Healthcare interpreting in Turkey plays a crucial role in providing medical care to patients who do not speak the same language as their healthcare providers. In Turkey, there are many immigrants, refugees, and tourists who may require the services of a healthcare interpreter.

One of the main challenges of healthcare interpreting in Turkey is ensuring accurate and efficient communication between patients and healthcare providers. Miscommunication can lead to misunderstandings, misdiagnosis, and poor treatment outcomes. To mitigate this risk, it is important to use qualified and trained interpreters who possess both linguistic and cultural competency.

In Turkey, the healthcare system is public, but it is not clearly specified if interpreting services are covered by public health services. This can create financial barriers for patients and healthcare providers and lead to patients not seeking or receiving the interpreting services they need, which can result in inadequate and inappropriate medical care (Duman, 2019).

In addition, there is a lack of standardization in the qualifications and training of healthcare interpreters in Turkey. This can lead to inconsistent and inadequate interpreting services, and can also contribute to the shortage of qualified interpreters.

To address these challenges, there is a need for increased investment in healthcare interpreting services in Turkey. This includes providing reimbursement for interpreting services, increasing the availability of qualified and trained interpreters, and standardizing the qualifications and training of healthcare interpreters.

Duman examined the codes of ethics for healthcare interpreting in Turkey to explore the concept of neutrality in interpreting (Duman, 2019). She argues that neutrality is a complex and multifaceted concept that is difficult to define and that codes of ethics can provide some insight into how neutrality is understood and valued in the profession. Duman analyses several codes of ethics from different organizations to identify common themes and values related to neutrality and discusses the implications of these findings for interpreting practice in healthcare settings. (Duman, 2019) provides a theoretical framework for community interpreting in the context of healthcare settings. She argues that community interpreters need to be aware of their own subjectivity and biases when interpreting for patients and that they should strive for a more collaborative and patient-centered approach to interpreting. She also discusses the challenges and ethical considerations that arise in healthcare interpreting, such as issues of confidentiality and informed consent. Overall, she emphasizes the importance of developing a more nuanced and context-specific understanding of community interpreting, particularly in the healthcare field.

Duman (2021) also focuses on the subjectivity of healthcare interpreters and the challenges that they face in maintaining objectivity and neutrality in their work. Duman argues that healthcare interpreters are not neutral or passive intermediaries but active participants in the communication process who bring their own subjectivity and biases to their work. She discusses the implications of this subjectivity for interpreting practice and explores ways in which interpreters can navigate their own biases and maintain ethical and professional standards.

Furthermore, it is also important to ensure that healthcare interpreters in Turkey possess both linguistic and cultural competency. This includes being fluent in the languages spoken by patients, as well as having a deep understanding of the cultural background and specific healthcare needs of those patients.

In conclusion, healthcare interpreting in Turkey plays a vital role in ensuring accurate and efficient communication between patients and healthcare providers, and in providing appropriate and quality healthcare for all patients, regardless of language. However, there are still challenges in ensuring access to qualified and trained interpreters, and in standardizing the qualifications and training of healthcare interpreters. Addressing these challenges through increased investment and support for healthcare interpreting services is crucial in ensuring the best possible outcomes for patients.

2.1.3. Remote Interpreting

Remote interpreting is a form of interpretation that takes place via telephone, video conferencing, or other digital methods. This allows interpreters to provide their services to clients from different locations, without the need for physical presence. Remote interpreting has become increasingly common in recent years, especially in the healthcare sector, where it can facilitate communication between patients and healthcare providers across language and cultural barriers. According to the International Association of Conference Interpreters (2017), remote interpreting has grown in popularity in recent years. Research on remote interpreting has examined its effectiveness compared to face-to-face interpreting, as well as the factors that influence its quality (Braun & Taylor, 2017). The COVID-19 pandemic has also increased the demand for remote interpreting services, as many healthcare organizations have relied on technology to ensure continuity of care for patients who require interpretation services. Remote interpreting has reduced the risk of exposure to COVID-19 for both interpreters and patients and has also expanded the access to interpretation services for patients in rural areas who might not have access to in-person interpreters. This has been seen in Turkey, where the COVID-19 pandemic has led to an increase in demand for remote interpreting services in the healthcare sector. Remote interpreting was seen as an acceptable as an alternative to face-to-face interpreting which played a crucial role

in the interpretation process and affected the quality of healthcare services provided to patients.

During the pandemic, interpreters have been challenged both on a private and professional level and many have had to make transitions. Many interpreters have seen a decrease in their work. The major change is on the interpretation side because the increase in informational materials on COVID-19 (patient education materials, signage, web page, telehealth instructions, requirements for patients within the hospital, etc.) has grown exponentially.

“I spend most of my time working as an Immigration Court interpreter. My colleagues and I are badly suffering from the pandemic. Immigration Court is just functioning on detained cases. This has resulted in a reduction of about 80% of my workload.” (ATA-SPD, 2020)¹

“In a noticeably short period of your time, we had to transition our interpreting services from onsite to 100% remote [and it] has been stressful. Therein is the decision, you've got to balance the protection of interpreters, patients, and providers, with continuing to supply the identical quality from a foreign location.”

Sometimes, it's not what your organization can do for you, but what you'll be able to do for the organization:

“Joining any efforts that ATA or my local chapter, the NCATA decides on to help members of our profession that face hardship.”

“The bigger professional organizations are providing free webinars on donning and doffing PPE, they're sending information to interpreters, and advocating for the profession at an awfully challenging time.”

At other times, interpreters also support one another more informally, reaching out to their nearby colleagues:

“it's not the professional organizations, but the groups of colleagues who do something to assist one another.”

Many professionals, sang the praises of technology as a tool. The ability to Zoom, Skype, phone or, otherwise, message and email coworkers and colleagues has been found to be invaluable during these times:

¹ Source: ATA-SPD, COVID-19 Pandemic: Impact and Effects on US T&I Professionals, <https://ataspd.org/2020/04/29/covid-19-pandemic-impact-and-effects-on-us-ti-professionals/>, Accessed on February 4, 2023.¹

“I’m very grateful for all the various ways of communication we've got available now. Zoom and WhatsApp are a lifesaver.”

“Having access to Zoom has been a life-saver, as we've integrated our staff interpreters into the virtual visit flow at the hospital, which suggests patients and providers receive the identical quality service they're accustomed from a platform that permits everybody to stay social distancing rules.”²

It appears that the COVID-19 pandemic posed significant challenges for interpreters both in their personal and professional lives. The demand for interpreting services has decreased, particularly in the case of immigration court interpreting where there has been a reduction of about 80% of the workload due to the court only functioning on detained cases. The pandemic has also resulted in a major change in the interpretation industry, as the need for informational materials on COVID-19 such as patient education materials, signage, web pages, telehealth instructions, and requirements for patients within the hospital has grown exponentially.

The transition from onsite to 100% remote interpreting services has been a stressful one for interpreters, as they must balance the protection of themselves, patients, and providers while maintaining the same quality of service from a remote location. Interpreters have been relying on technology as a tool to support them during these times. The ability to communicate through platforms like Zoom, Skype, phone or messaging, and email has been invaluable for them. The increasing use of remote interpreting technology is here to stay, as interpreting over video is finally becoming a viable way of earning an income. This may result in a change in the modality of services interpreters offer, their staffing in different areas, and the way they modify their current services to be more efficient.

In these challenging times, professional organizations such as the American Translators Association (ATA) and Türkiye Konferans Tercümanları Derneği (TKTD) are providing support to members of the profession by offering free webinars on PPE and advocating for the profession. TKTD has also published an “Employer’s Guide for Remote Virtual Meetings” and a “Remote Translation Guide for TKTD Conference Translators” to provide guidance and support to their members. Additionally, informal

² Source: ATA-SPD, COVID-19 Pandemic: Impact and Effects on US T&I Professionals, <https://ataspd.org/2020/04/29/covid-19-pandemic-impact-and-effects-on-us-ti-professionals/>, Accessed on February 4, 2023.²

support networks among colleagues (American Translators Association [ATA], 2020 and Türkiye Konferans Tercümanları Derneği [TKTD], 2020) have also been beneficial, with colleagues reaching out to each other to offer assistance. In conclusion, while the COVID-19 pandemic has posed significant challenges for interpreters, they have been able to find support through professional organizations and their colleagues, as well as utilizing technology as a tool to maintain their services.

Meanwhile, according to Şener and Kıncal (2019), healthcare interpreters in Turkey face challenges due to the lack of codes of ethics and conduct. There is no explicit job description or code of ethics/conduct for healthcare interpreters in Turkey, and this causes challenges in practice for healthcare providers, interpreters, and patients. They also analyse the role and behavior of healthcare interpreters based on interviews and observations and find a possible gap between what they say they do and what they actually do during interpretation at hospitals.

When it comes to how communication was informed by the pandemic, P1 emphasizes the importance of communication in medical interpretation and how the pandemic has strengthened this realization, “Because without someone who guides the communication between the stakeholders [‘the client and our let’s say, doctors, medical professionals’] that I mentioned, it’s very difficult to continue doing what we’re doing or, or what medical professions to do, professionals to continue doing what they’re doing.” emphasizing the importance of communication in medical interpretation. P7 mentions the need to adjust and justify translations, which has changed their perception of interpreting, “we cannot [translate] as it is. We have to adjust it and justify it,” highlighting the need for interpretation to not only be accurate but also appropriate for the situation. P8 talks about how communication skills are just as important as linguistic skills in the profession, “As far as what as I saw, you also make the communication better,” further emphasizing the importance of communication skills in addition to linguistic skills.

The importance of communication in medical interpretation has been emphasized and strengthened by the pandemic. As one interpreter, P2, notes, without someone to guide the communication between stakeholders such as the client and medical professionals, it would be very difficult for medical professionals to continue doing their work. Interpreters must not only translate accurately but also adjust and

justify their translations to make them appropriate for the situation. This has changed their perception of interpreting. Communication skills are just as important as linguistic skills in the profession, as they help to facilitate better communication between stakeholders.

In conclusion, while the COVID-19 pandemic has posed significant challenges for interpreters, they have been able to find support through professional organizations and their colleagues, as well as utilizing technology as a tool to maintain their services.



III. METHODOLOGY

This study utilizes a qualitative research design to investigate the habitus of healthcare interpreters. According to Denzin and Lincoln (2011), qualitative research is a “multimethod approach to studying social, cultural, and economic life,” in which the researcher explores and interprets participants’ experiences and perceptions of a phenomenon. The interpretive approach adopted in this study aims to uncover the underlying meanings, values, and beliefs that healthcare interpreters hold regarding their work and its impact on the provision of care. This methodology allows for a deeper understanding of the phenomenon under study, which is crucial for the development of effective interventions (Braun & Clarke, 2013).

Participants in this study will include healthcare interpreters from various backgrounds who work in mainly healthcare tourism settings. Inclusion criteria for participants were proficiency in a language besides Turkish, having worked as an interpreter, and willingness to participate in the study. Recruitment was conducted through professional networks and social media platforms.

Data was collected through semi-structured interviews, which were audio-recorded and transcribed verbatim. The interview questions were designed to elicit information about the habitus of healthcare interpreters, including their attitudes, beliefs, and values regarding their work, their role in the healthcare team, and the challenges they face. The questions also explored the impact on the interpreters’ habitus regarding their educational backgrounds, their experiences in the field, and how their workflow is structured.

Data analysis was conducted by qualitative data analysis methods, which involve identifying patterns, themes, and categories within the data (Braun & Clarke, 2013). The data were coded and organized into themes based on the research questions and the concepts of habitus and field. The themes were reviewed and refined iteratively until a final set of themes is developed.

A total of 10 healthcare interpreters were interviewed (see appendix for the interview protocol). 5 interpreters were interviewed through Zoom and 5 interpreters were interviewed in a face-to-face setting. It is worth mentioning that for the interpreters who preferred to join the research on Zoom were a mix of gender, education, age, and experience levels. Their desire to use Zoom may be considered an indication of their low personal time. The data was gathered between April 25, 2022 and December 7, 2022.

The interpreters were, accordingly, subsumed under three groups: interpreters who have more than 1 year of experience, interpreters who have 1 year of experience and interpreters who have less than 1 year of experience based on their seniority. In choosing people to interview, interpreters who have gained experience in remote interpreting in the COVID era and its aftermath were selected as respondents. Their responses were elicited through open-ended questions.

Oral testimony was employed as a method to access and explore the interpreters' habitus as "the life story interviews allow us to approach the issue of agency and subjectivity in interpreting" (Kumiko 2014: 135). Interpreters' RI-related dispositions, habits, values, and skills are thus revealed through oral accounts. Questions also include background information.

To ensure that the participants understood the questions, I purposefully avoided using the term habitus. Rather, I attempted to reveal their engagement with the RI through using laymen's terms. The interview guide and survey were developed based on the research question, the context, and the literature review under the guidance of Dr Özüm Arzık Erzurumlu.

The longest interview lasted 33.01 and the shortest lasted 11.34. All 10 interviews were conducted in English. The oral interviews were audio recorded and transcribed through an automatic transcription tool trint and the transcription was checked against the oral recording manually by the researcher. The data was anonymized.

The study has followed ethical guidelines for research involving human subjects, including obtaining informed consent from participants, ensuring confidentiality and anonymity. This research was carried out in accordance with the Istanbul 29 Mayıs University Scientific Research and Publication Ethics Directive (Decision Number:

2022-03-9). The purpose of the Ethics Committee is to protect the rights, safety, and well-being of the volunteers involved in data collection. Before proceeding to the data collection phase for this study, the ethics committee was consulted, and necessary approvals were obtained. Informed consent was obtained from the participants orally and by participation forms. Table 1 lists the demographics, gender, experience, and education of the participants.

For the analysis of in-depth interviews, the Atlasti analysis tool was employed. Atlasti, which is a qualitative and mixed data analysis tool, allows for thematic analysis to be undertaken in a comprehensive way. The transcripts of the interviews were uploaded to Atlasti, coding was done, and the patterns in the data were determined based on the central themes that emerged from the interviews, such as lack of membership in organizations or lack of remote work training. Categories were created, pointing toward the findings relevant to the central themes which emerged from the interviews. Moving back and forth between the data and theory, I conducted several reiterations of reading the data, identifying themes, and engaging with the theory. Engagement with the data was followed by a re-engagement with the relevant theory.

3.1. Subject of the Research

This section outlines the methodology employed in this study. A qualitative approach was chosen as the research aims to find answers to an information-rich field of study. The data analysis was performed using Atlas.ti, a software that supports qualitative analysis, to facilitate the interpretation of the results.

3.1.1. Subject and Scope of the Research

Subject: Impact of the lack of habitus in medical interpreters on patient care.

Scope: This research aims to examine the impact of the lack of habitus and Moira Inghilleri's concept of "zones of uncertainty" in medical interpreters on patient care in healthcare environments. It will study the role of zones of uncertainty in how interpreters facilitate effective communication and understanding between medical practitioners and patients with limited proficiency in the dominant language. The research will also explore the consequences of the absence of standardization in medical interpreting, including its impact on interpreters' satisfaction of their jobs. The scope of this study will be limited to the examination of interpreters in medical interpreting in

healthcare environments and will not include a comprehensive examination of the training and certification of medical interpreters.

3.2. Research Question

How do the dispositions, attitudes, and values of healthcare interpreters influence their interpretation practices and the delivery of services in remote interpreting settings during COVID-19?

This research aims to explore the relationship between the dispositions, attitudes, and values of healthcare interpreters and their interpretation practices in remote interpreting settings during COVID-19, as well as the impact of these factors on the delivery of services. The study intends to investigate how these internalized and embodied characteristics influence the interpretation strategies, decision-making, and interactional styles of healthcare interpreters when providing remote and onsite interpreting services during the COVID-19 pandemic.

3.2.1. Significance of the Research

The significance of researching habitus in medical interpreters lies in the fact that medical interpretation plays a crucial role in ensuring effective communication between healthcare providers and patients from diverse linguistic and cultural backgrounds. This can ultimately impact the quality of healthcare received by patients, which can have long-lasting consequences for their health and well-being.

Habitus, or the individual's social and cultural background, plays a crucial role in shaping their perceptions, attitudes, and behaviors. This can impact how they understand, interpret, and communicate information, which can be especially critical in medical settings where misunderstandings can have serious consequences.

Therefore, understanding the impact of habitus on medical interpreters is critical for improving the quality of medical interpretation and ensuring that patients receive accurate and culturally appropriate healthcare. Researching habitus in medical interpreters can also contribute to our understanding of the broader impact of cultural and linguistic differences on healthcare communication and help to inform the development of more effective policies and practices in this area.

3.3. Research Design

This study employs a qualitative research design, and data is collected through semi-structured interviews. Purposeful sampling is used to select participants, and content analysis is used to analyse the data. A dependability check was done to avoid bias in the research. The analysis of the data collected in the research was conducted using Atlas.ti software. The data coded as positive, negative, and neutral were separated by word clouds and opinion mining. The content analysis was carried out based on the findings.

Purposeful sampling is a method commonly used in qualitative research to explore relatively new fields of information by efficiently using limited sources. This type of sampling enables us to find answers to complex questions that lead researchers to new and valuable insights. The participants are determined based on their knowledge, experience, and interest in the subject of study. Thus, it was possible for them to understand the questionnaire more quickly and to share their experiences and opinions on the subject clearly.

The study was conducted with 10 participants through both face-to-face and remote in-depth interviews. Content analysis was used to analyse the data obtained through semi-structured interviews and voice recordings. The participants were asked 24 open-ended questions and were given the opportunity to express their opinions on the subject. The questions were open-ended and structured to change depending on the flow of the conversation.

Conducting interviews with healthcare interpreters in Istanbul, Turkey was the main focus of this study. Interviews, as a valuable way of gaining insight into the interpreting process and the decisions made during interpretation, were designed to cross-check the interpretation recordings. The questions were formulated in a way that could evoke the memories of the interviewees, with a focus on their own descriptions of issues. A set of pre-prepared questions regarding personal backgrounds, occupational and institutional backgrounds were asked. Most of the interviews were conducted online due to COVID-19 restrictions, using Zoom as a platform. The number of interviews conducted is shown in Table 1. The participants were informed of the researcher's goals in conducting the interviews, and their anonymity was ensured. The researcher adopted principles such as talking less and listening more, trying to explore rather than probing, and following up with the interviewee during the interviews.

A sample of interpreters from Istanbul, Turkey was selected for the study, including those from LH in Şişli, VM Medical Park Pendik in Pendik, Academic Hospital in Üsküdar, Ceylan Ortopedi in Fatih, and Ataşehir Outpatient Clinic in Ataşehir. The sample consisted of individuals with varying academic backgrounds and levels of experience to provide diverse perspectives. The study aimed to collect unbiased data through less structured interview strategies, testing a priori hypotheses and gathering conceptual information on the respondents' perceptions and experiences.

To avoid bias, a dependability check was done. Dependability is crucial in qualitative research. It is defined as “consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process” (Sandelowski 1986). To ensure the dependability of the study, the questionnaire was reviewed by an experienced scholar, and the coding process was repeated. The results were double-checked.

The recorded responses of the participants were transcribed and analysed using Atlas.ti. The analysis consists of three stages: coding, identification of key patterns via word clouds and opinion mining, and evaluation. This provided insight into the underlying patterns present in the participants' answers and ideas. The answers were coded and categorized as positive, negative, and neutral expressions. According to the code key, patterns were determined. The word clouds and opinion mining data were identified. The findings were evaluated based on the content analysis.

3.4. Interviews

The research utilized a semi-structured interview method and a questionnaire of 24 open-ended questions was developed, with some questions serving as follow-ups to previous ones to identify and group themes. Participants were selected through purposeful sampling. Table 1 displays demographic information about the participants, including age, education level, occupation, language, and length of stay in Turkey. The largest age group was 20-25, followed by 25-30 and 30-35. 80% of participants had a bachelor's degree, with others holding an associate's degree, in the process of obtaining one or being a Ph.D. student. The participants were from various educational backgrounds, including translation and interpreting, marketing, sociology, engineering, customs and border management, and orthopedics. All participants were English speakers, and 3 of the participants stated that they actively use a second or third foreign

language; the ratio of these to the total participants is 33.3%. 60% of participants had over a year of experience, 30% for months, and 10% for weeks.

3.4.1. Participants

Participants of the study were selected by the purposeful sampling method within the scope of easy sampling.

Table 1. Distributions Based on Demographics

Name	Age	Gender	Education	Level of Experience
P1	25	Male	Bachelor's degree in Translation and Interpreting	1 Year +
P2	25	Female	Bachelor's degree in Translation and Interpreting	1 Year +
P3	26	Female	Bachelor's degree in Translation and Interpreting	1 Year +
P4	26	Male	Started in Translation and Interpreting. Associates in Orthopedics	1 Year +
P5	29	Male	Bachelor's degree in Marketing	3 Year +
P6	25	Male	Bachelor's degree in Translation and Interpreting	2 Year +
P7	22	Female	Bachelor's student in Industrial Engineering	1 Month
P8	34	Female	Masters in Sociology	3 Weeks
P9	25	Male	Bachelor's degree in Customs and Border Management	9 Months
P10	23	Female	Bachelor's degree in Translation and Interpreting	3 Months

Table 2. Frequency Distributions Based on Demographics

	Groups	Frekans	%
Age	20-25	2	20
	25-30	7	70
	30-35	1	10
Education	Master's Degree	2	20
	Bachelor's Degree	7	70
	Associate's Degree	1	10
Field of Education	Translation	5	50
	Engineering	1	10
	Sociology	1	10
	Customs	1	10
	Orthopedic	1	10
	Marketing	1	10
Active Languages	English	10	100
	Second language	2	20
Time of Experience	Less than a month	1	10
	More than a month	3	30
	More than a year	6	60

Table 2 shows the findings regarding the demographic characteristics of the participants of the research. The classifications were made based on age, education level, occupation, language, and duration of stay in Turkey, and frequency distributions were evaluated. Considering the distribution of the participants according to age groups, it is observed that the largest group is between the ages of 25-30. This is followed by the 20-25 age group. The 30-plus age group is in third place. The findings regarding education levels demonstrate that 8 people and 80% of the participants have bachelor's degrees, with the remaining participant having an associate's degree and one is in the process of getting a bachelor's degree, with another participant being a Ph.D. student

The interpreters who were from different fields of education were included in the study. These were respectively calculated as translation and interpreting (6 people) Sociology (1 person, Participant 8), engineering (1 person, Participant 7), Customs and Border Management (1 person, Participant 9), and orthopedic (1 person, Participant 4). In another evaluation, in which the participants were evaluated in terms of the language they use actively, it was determined that all of them were speakers of English. In addition, 3 of the participants stated that they actively use a second or third foreign language; the ratio of these to the total participants is 33.3%. As the duration of the participants' experience was noted down, it was observed that 1 person worked in the sector for weeks (10%), 3 people for months (30%), and 6 people for more than a year (60%).

3.5. Tools

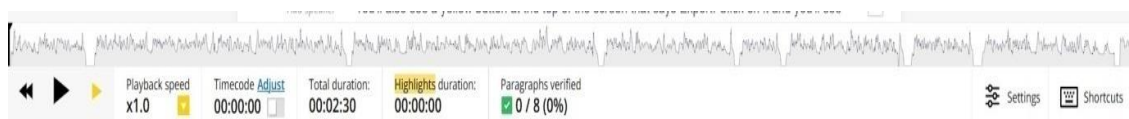
Atlas.ti

Atlas.ti software was used to analyse the interviews conducted with healthcare interpreters. The purpose of my research was to investigate the habitus of healthcare interpreters and how their background and experiences shape their approach to interpreting. Using Atlas.ti, made it easier to organize opinion mining and word clouds.

Overall, using Atlas.ti was an invaluable tool in the research. It allowed for analysing the interviews in a more systematic and organized way, and to draw meaningful conclusions about the habitus of healthcare interpreters.

Trint

Trint is an online transcript tool that uses automated speech recognition (ASR) technology to generate transcripts of audio and video recordings. The tool was designed to help journalists, researchers, podcasters, and other professionals save time and effort in the process of transcribing their recordings. The free trial version of this tool was used. Trint's ASR technology is trained on a vast amount of data to recognize different accents, dialects, and speech patterns. This allows it to produce high-quality transcripts quickly and accurately, which can then be edited and refined using Trint's text editor. Trint also offers a number of other useful features, such as the ability to highlight and annotate sections of the transcript, export transcripts in various file formats, and integrate with other tools and platforms like Google Drive.



Zoom

In conducting the interviews Zoom provided great convenience for recording the meeting in an audio & video format. More than half of the interviews were conducted online in this way.

3.6. Analysis

The analysis consists of three stages. First, coding was completed. The expressions were categorized as positive, negative, and neutral. Then, word clouds were created, and evaluation based on opinion mining was conducted by Atlas.ti. The content was analysed through a holistic approach. This provided insight into the underlying patterns present in the participants' answers and ideas. Each participant was assigned a pseudonym (e.g. P1, P2, P3) to maintain privacy.

3.7. Findings

This study delves into the challenges faced by healthcare interpreters in Turkey, specifically related to their habitus formation, interpretation practices, and their impact on healthcare service quality. The findings shed light on the diverse backgrounds and experiences of interpreters, leading to variations in interpretation strategies and interactional styles. Addressing these issues is crucial to improve recognition, enhance language services, and ultimately elevate patient care.

The responses obtained from the questions in the study were transcribed and categorized into positive and negative expressions. To ensure that the participants had a clear understanding of the questions, follow-up questions were asked. The majority of the participants answered the questions without asking for clarifications, some added more elaboration in their comments and others were very brief. The responses were analysed individually and grouped for further examination (Sandelowski, 1986).

The challenges faced by healthcare interpreters in Turkey were analysed based on data from 10 participants interviewed for the study. Participants were asked to describe both positive and negative aspects of their profession and how their academic background and training influenced their work. Thematic analysis (Braun & Clarke, 2006) was used to transcribe and code their responses.

In conclusion, this study emphasizes the importance of comprehending the zones of uncertainty of healthcare interpreters in order to ensure the provision of quality healthcare services. Healthcare providers and policymakers must recognize the complex and diverse nature of healthcare interpreters' zones of uncertainty and devise policies and training programs that promote patient-centered, culturally competent care. By fostering an understanding of the areas where knowledge is not well-defined or recognized, and where power dynamics can affect one's position, it becomes possible to establish a foundation for effective communication and ultimately enhance the overall healthcare experience for diverse patients and interpreters.

3.7.1. Challenges Faced by Healthcare Interpreters in Turkey:

The findings reveal that healthcare interpreters in Turkey face various challenges related to their habitus formation, which refers to the dispositions and orientations that shape their actions and perceptions within the field of healthcare interpreting. These challenges include:

- **Lack of formal training and certification:** Most of the participants reported that they did not receive any formal training or certification in healthcare interpreting. They learned how to interpret through trial and error, self-study, or informal mentoring from other interpreters. This resulted in a lack of standardized knowledge and skills among healthcare interpreters, as well as a lack of recognition and credibility within the healthcare system.
- **Lack of professional identity and status:** Many participants expressed that they did not feel like they belonged to a profession or a community of practice. They felt isolated, marginalized, and undervalued by healthcare providers and patients. They also faced difficulties in asserting their role and boundaries as interpreters, especially when they encountered ethical dilemmas or conflicts of interest.
- **Lack of institutional support and resources:** Most of the participants indicated that they did not receive adequate support and resources from the institutions where they worked. They faced issues such as low pay, irregular work hours, insufficient equipment, poor working conditions, and lack of supervision and feedback. They also lacked access to information and guidelines on how to handle specific situations or cases in healthcare settings.

3.7.2. Factors Affecting Healthcare Interpreters' Practices and Styles:

The findings also reveal that healthcare interpreters in Turkey have diverse backgrounds and experiences that affect their interpretation practices and interactional styles. These variations are influenced by factors such as:

- Cultural and linguistic background: The participants came from different cultural and linguistic backgrounds, which shaped their worldview, values, beliefs, and expectations. Some of them were native speakers of Turkish, while others were bilingual or multilingual speakers of other languages such as Arabic, Kurdish, Persian, or English. Some of them had lived in Turkey for a long time, while others had recently migrated or were refugees. These factors affected their level of familiarity and competence with the languages, cultures, and health systems involved in the interpreting process.

- Educational and professional background: The participants had different levels of education and professional experience, which influenced their knowledge and skills in healthcare interpreting. Some of them had a degree or a diploma in a related field such as medicine, nursing, psychology, or social work, while others had no formal education or qualifications. Some of them had previous experience in interpreting in other domains such as legal, educational, or social services, while others had no prior experience at all. These factors affected their ability to understand and convey medical terminology, concepts, and procedures.

- Personal preferences and styles: The participants had different personal preferences and styles in terms of how they performed their roles as interpreters. Some of them preferred to use a literal or word-for-word approach, while others preferred to use a paraphrasing or meaning-for-meaning approach. Some of them adopted a neutral or detached stance, while others adopted a more involved or empathetic stance. Some of them followed a strict code of ethics and professionalism, while others followed a more flexible or pragmatic approach.

The findings also indicate that these variations can have both positive and negative effects on healthcare interpreters' professional workflow and job satisfaction. Based on data from 10 participants interviewed for the study, the findings show that:

- Positive aspects included the opportunity to communicate with diverse cultures and languages, a sense of competence and confidence in language skills, and the fulfillment of facilitating understanding among people.

- Negative aspects encompassed fatigue, mental strain, anxiety, and pressure when swiftly and accurately switching between languages. They also highlighted challenges related to role ambiguity between being an interpreter and a consultant, as well as difficulties in learning patients' accents or local dialects.

Many participants expressed that their academic background and training validated their role as interpreters. A degree in translation, interpreting, or related fields provided credibility, recognition, and knowledge of medical terminology, ethics, and practice standards. However, some participants pointed out that their education did not fully equip them to handle the complexities of healthcare interpreting, such as dealing with diverse languages and cultures, addressing sensitive content, managing emotional stress, and adapting to various situations. To address these challenges, they recommended additional practical training and support to enhance their skills and competencies.

3.7.3. Role of Zones of Uncertainty in Healthcare Interpreters' Practices:

The findings suggest that zones of uncertainty play a crucial role in healthcare interpreters' interpretation practices and ultimately in the delivery of quality healthcare services. Zones of uncertainty, as noted by Moira Inghilleri (2005), refer to areas where knowledge is not well-defined or recognized, and where power dynamics can affect one's position.

The findings indicate that zones of uncertainty can have both positive and negative effects on healthcare service quality depending on how they are managed by healthcare interpreters. On the one hand, zones of uncertainty can create opportunities for innovation, adaptation, and collaboration among healthcare interpreters and other actors involved in the healthcare process. On the other hand, zones of uncertainty can create challenges for accuracy, consistency, and accountability among healthcare interpreters and other actors involved in the healthcare process.

The findings also reveal that healthcare interpreters in Turkey face challenges concerning their professional status and recognition. Due to their diverse backgrounds and experiences, there is a lack of a common habitus among interpreters. This absence

of shared dispositions, capital, and work experience has implications for their professional identity and collaboration with healthcare providers and patients. Moreover, the absence of standardized guidelines results in a lack of established best practices and quality control measures, potentially compromising the overall quality of healthcare interpretation.

3.7.4. Role of Common History in Positioning Healthcare Interpreters:

The study also found that common history plays a significant role in positioning healthcare interpreters within zones of uncertainty. Common history refers to the shared experiences and socialization that shape the habitus of a group or a field. Common history can influence how healthcare interpreters perceive and interpret their roles, responsibilities, and relationships within the healthcare system.

The study showed that healthcare interpreters in Turkey lack a common history due to their diverse backgrounds and experiences. They have not had the opportunity to develop a shared habitus through common experiences and socialization within the profession. This can lead to differences in how they position themselves within zones of uncertainty, affecting their interpretation practices and interactional styles.

The emergence of the COVID-19 pandemic brought unprecedented challenges for remote healthcare interpreters in Turkey, making the internalization of habitus a complex endeavor. Remote interpreters encountered a distinctive zone of uncertainty, as there was no unified organizational framework to effectively shape their dispositions and behaviors. Unlike conference interpreters who operate within well-established structures, remote healthcare interpreters faced a fragmented landscape, lacking a cohesive system that could foster a shared habitus.

The constraints imposed by the pandemic exacerbated difficulties in accumulating the necessary capital that could influence the formation of habitus among remote healthcare interpreters. Limited time and the rapid shift to remote work hindered opportunities for interpreters to engage in socialization experiences critical for internalizing habitus. The absence of face-to-face interactions further impeded the accumulation of capital necessary to shape their professional dispositions.

The absence of internalized habitus had implications for the interpreters' professional identity. Habitual practices and shared dispositions play a vital role in constructing a professional identity within a field. However, remote healthcare

interpreters lacked the opportunity to internalize a shared habitus, leading to difficulties in solidifying their professional identity. The sense of belonging and professional pride often associated with a collective habitus remained elusive, potentially diminishing their confidence in their role as interpreters.

3.7.5. Challenges in Remote Interpreting:

The study also found that remote interpreting presents challenges related to non-verbal communication and decision-making. Remote interpreting refers to the use of technology to facilitate communication between parties who are not physically present in the same location. Remote interpreting can be done through various modes such as video conferencing, telephone, or online platforms.

The study indicated that specific training for remote interpreting may not be common, with many interpreters relying on their previous experience or learning on the job through observation and practice. To improve remote interpreting outcomes, organizations, and institutions should consider providing more structured training for interpreters, especially as remote interpreting becomes increasingly prevalent.

The survey responses reveal that different interpreters employ various strategies to make decisions during remote interpreting sessions. There is no consistent approach to decision-making when faced with an issue. Some interpreters rely on their instincts, while others may pause interpretation temporarily to resolve technical issues or communicate directly with patients. The lack of a common approach underscores the situational nature of decision-making, dependent on the specific context and issue at hand.

Interpreters often rely on their instincts and past experiences to make decisions during their work. Some participants expressed a preference for in-person interpreting, feeling more connected to clients and patients in that setting. The importance of collaboration and teamwork is emphasized by interpreters, whether working in the office or remotely.

The responses regarding the impact of remote interpreting on interpreting skills are diverse. Some participants notice a positive impact, while others do not perceive any significant change or prefer onsite interpreting.

IV. ANALYSIS

The following background information was requested from the interviewees.

- Date of Birth:
- Name and Surname:
- Education:
- Experience:
- Active Languages:
- Where They Live:
- Workplace Locations:

Conceptual Questions:

1. Why did you choose to become an interpreter?

The question aims to gather information about the motivations and reasons that led healthcare interpreters to choose this profession. The responses to this question can provide insight into the personal, social, and cultural factors that influence individuals' decisions to become healthcare interpreters, such as their interest in language and communication, their desire to help others or their personal experiences with healthcare or immigrant communities.

Understanding the motivations of healthcare interpreters can help healthcare organizations and policymakers develop more effective strategies to recruit, train, and retain qualified interpreters, as well as improve the quality of care and communication between healthcare providers and patients with limited English proficiency.

Three of the participants chose to become interpreters because they had a passion or skill for foreign languages or because they were bilingual. Specifically, P1, P2, and P6 mentioned that their language abilities were a factor in their decision to become an interpreter.

From the survey responses, it is clear that there are a variety of reasons why individuals choose to become interpreters. Some of the reasons mentioned include a passion for foreign languages, a desire to bridge cultural gaps and communicate with people from different parts of the world, bilingualism, and an interest in translating different languages. Additionally, some people stumbled upon the job or found it through a coincidence or by chance.

For some individuals, the decision to become an interpreter was made early on in their lives, such as P1 who had a passion for foreign languages since middle school and saw interpreting as a way to combine their skills and passion. For P2, growing up bilingual made it a logical choice to pursue interpreting professionally. P6 also had a strong affinity for languages and felt that being an interpreter allowed them to bridge different cultures and people.

Other respondents did not necessarily plan on becoming interpreters but stumbled upon the profession through other experiences. P3 initially enjoyed doing written translations but found them boring and transitioned to interpreting when they found a job in a hospital working as a health advisor. P7 found the job by chance after a failed job as a salesperson.

For some, the decision to become an interpreter was more practical, such as P4 who chose it because they graduated from high school in English and enjoyed translating different languages. P9 found the job through a desire to interact with patients and found themselves well-suited to the job after making successful sales and creating value.

P8 and P10 had less clear reasons for choosing interpreting as a career path, with P8 stating that it “just happens” and P10 expressing a desire to practice their English speaking and communicate with foreign people.

In conclusion, the reasons why people choose to become interpreters are diverse and multifaceted. For some, it is a lifelong passion for foreign languages, while for others it is a practical choice or a coincidence. Regardless of how they entered the profession, all of the respondents seem to have found a sense of fulfillment and purpose in their work as interpreters.

After analysing the responses to the question of why participants chose to be an interpreter, the following percentages were obtained:

Passion for languages and interpreting: 30%

Bilingualism: 10%

Academic background or interest in translation: 10%

Coincidence or happenstance: 20%

Enjoyment of interacting with people from different cultures: 10%

Desire for a career that involves language and communication: 20%

It can be concluded that the majority of participants chose to become interpreters due to a passion for languages and interpreting, with 30% of respondents stating that it was their dream career since middle school. Additionally, 20% of respondents chose interpreting as a career because they desired a profession that involved language and communication.

Bilingualism was also a factor in some participants' decision to become interpreters, with 10% of respondents stating that they pursued interpreting because they grew up bilingual. Another 10% of respondents had an academic background or interest in translation that led them to pursue interpreting.

A small percentage of participants chose interpreting due to coincidence or happenstance (10%), while another 10% enjoyed interacting with people from different cultures. Finally, 10% of respondents gave other reasons for why they chose to become an interpreter.

Overall, the results show that participants chose to become interpreters for a variety of reasons, with a passion for languages and interpreting being the most prevalent.

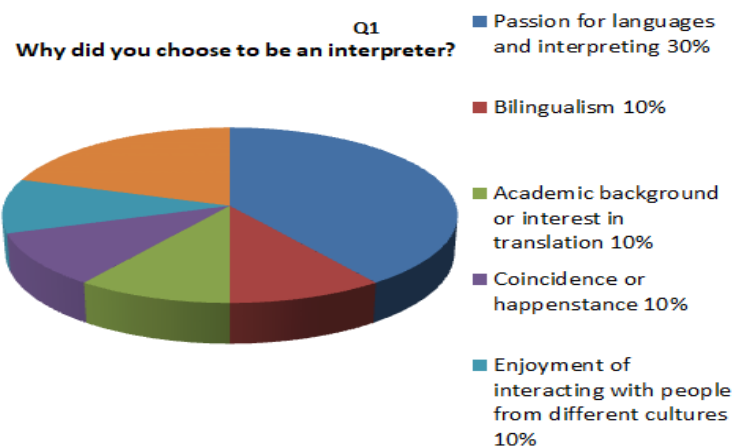


Figure 1: Pie Chart Results for the Question 1



Figure 2: Opinion Mining Results for the Question 1

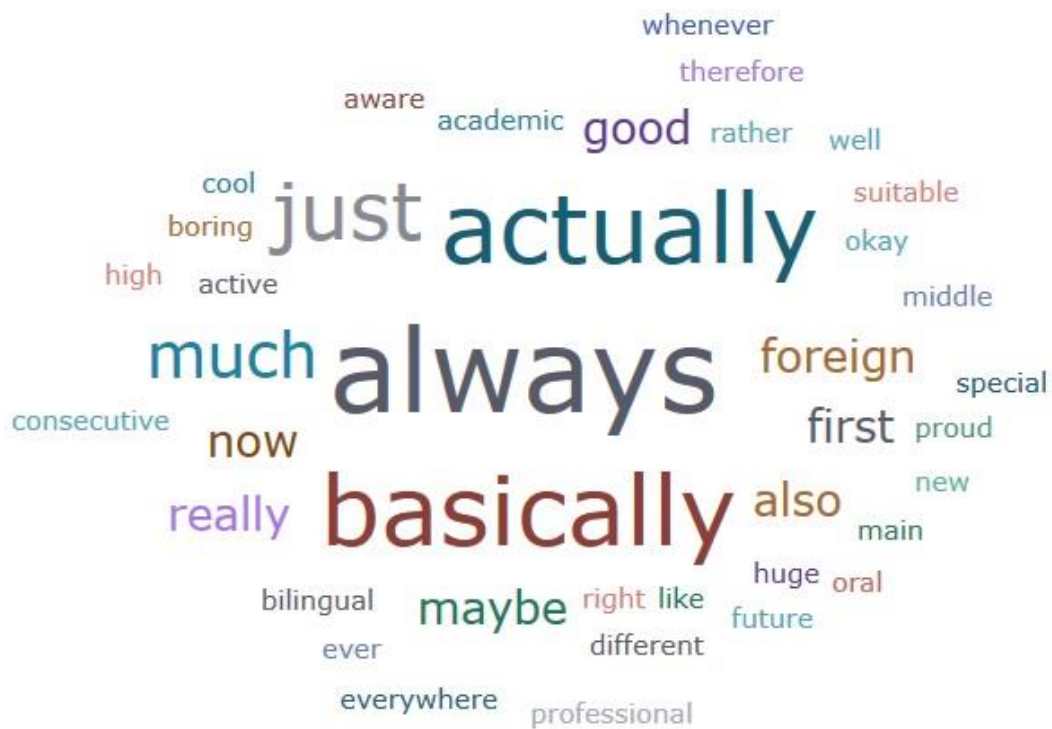


Figure 3: Word Cloud Results for Question 1

2. Are you a member of any specific interpreting associations? In what ways have the associations you belong to shaped your interpreting practice? Has this changed now that you are working remotely? If yes, in what ways? Has remote interpreting caused you to reconsider previous practices? Can you see your experience working remotely changing how you might work face-to-face?

This question aims to gather information about the professional affiliations of healthcare interpreters and to understand how these associations influence their interpreting practices. By asking about how the associations have shaped their practice, the survey seeks to gain insights into the impact that membership has on the development of professional habits and approaches. Additionally, by asking about the impact of remote interpreting, the survey aims to explore how interpreters adapt their practices to changing work environments and to understand how remote interpreting may affect their future work in face-to-face settings. The question also seeks to understand if remote interpreting has led to any changes in previous practices and if these changes might be applied to face-to-face interpreting. Overall, with this question, the aim is to gain a better understanding of how professional affiliations and remote interpreting shape the habitus of healthcare interpreters.

Table 3. Membership in Interpreting Associations

Answer	Percentage
No, not part of any interpreting associations	80%
Interested in becoming a member in the future	10%
Does not see much need for associations	10%

For this question, 80% (8) stated that they are not a member of any interpreting association. One respondent (P1) mentioned that they have been considering becoming a member of an interpreting association. Another respondent (P9) expressed interest in becoming a member of an interpreting association and helping to find solutions to problems in the field. One respondent (P5) mentioned that there is no option for them as they are not a citizen.

Overall, it can be concluded that most of the speakers are not part of any interpreting associations, and few express interest in potentially joining one.

Q2
Are you a member of any specific interpreting associations?

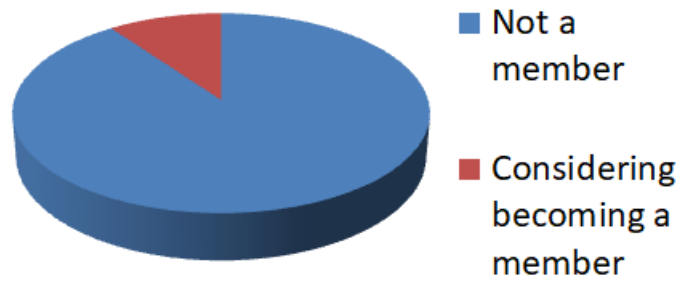


Figure 4: Pie Chart Results for Question 2



Figure 5: Opinion Mining Results for Question 2



Figure 6: Word Cloud Results for Question 2

3. What do you do as an interpreter?

For this question, the aim is to gain an understanding of the interpreter's role and responsibilities in healthcare settings. The response to this question can provide insight into the specific tasks and duties that interpreters perform, as well as the different contexts in which they may work. It can also help to identify challenges or obstacles that interpreters may face in carrying out their work, which could be useful for improving training and support for healthcare interpreters. Participants provided a range of responses, with some common themes.

The participants describe their roles as interpreters or patient coordinators in the medical field, often working as a bridge between doctors and foreign patients who may not speak the local language or understand the local culture. They ensure that the communication between patients and medical professionals is clear, accurate, and culturally sensitive, and they may also act as health advisors or consultants. They are responsible for making sure that all relevant information is conveyed between the parties, and they may help patients with scheduling appointments or resolving issues they face while seeking medical treatment in a foreign country. Their work is crucial in ensuring that patients receive the care they need and that their medical experiences are positive and successful.

%90 of participants (P2, P3, P4, P5, P6, P7, P8, P9, and P10) mentioned that their role as an interpreter or medical interpreter is to facilitate communication between patients and medical professionals, ensuring that both parties understand each other. The keyword that stands out is “interpreter” and “translation”, which are used by almost all of the participants. However, some participants mentioned additional responsibilities, such as providing health advice (P3), being a patient coordinator (P7), or helping with other inconveniences patients may face (P9). P5 also emphasized the importance of culture and language barriers in medical interpretation, which is crucial for successful communication.

P2 mentioned that their role as an interpreter is to control the flow and tone of the conversation between two languages and cultures, ensuring that all relevant information is conveyed to the receiver. This type of interpreting involves a high level of control over the conversation, and the interpreter serves as a mediator between the parties.

P2: “My role as an interpreter is to control the flow and tone of the conversation...I make sure that all relevant information gets carried to the receiver.”

P3, P4, P6, and P8 discussed their work as medical interpreters. They act as a bridge between foreign patients and medical professionals, ensuring that the communication between the two parties is accurate and effective. They translate patients' complaints and expectations to the doctors, and doctors' instructions, treatment plans, and medical information to the patients.

P3: “But besides from that, I also work as a health advisor, as a consultant as well so it’s not only interpreting but I also do consultation for them.”

P4: “In my last job, I was [a] bridge between the foreign patients and the company. I translated their problems to [the] company and trying to figure out what can we do to those patients.”

The bridge metaphor was used by more than one person. In this context, a bridge is a metaphor for a person who connects and facilitates communication between two different groups or parties. The participant was using this metaphor to describe their role as a translator and mediator between the foreign patients and the company. A bridge can also imply that the person has some knowledge and understanding of both sides and can help them resolve problems and conflicts.

P6: “Patient is coming here you know and explaining their expectations and their complaints about their health issues. I'm translating it to the doctors and right away after that, I'm translating what the doctor said. Instructions, everything, treatment plan to the patient's.”

P8: “And I translate it to the medical team and medical team says something and I translate it to the patient.”

P1 mentioned working as an interpreter in the medical tourism industry, helping foreign patients to communicate with medical professionals providing treatments in Turkey.

P1: “My job is mostly establishing communication between people who seek medical prospects...I do establishing communication between foreigners who seek to undergo medical treatments or process in Turkey and the medical professionals who provide them with such treatments and process.”

P5 emphasized the importance of interpreters in facilitating communication between people from different cultures and languages, especially in medical contexts.

P5: “Because you are like the circle between the patient and the doctor...If I wasn't or like the translator, the translator wasn't here. So there is no understanding between the patient and the the doctor, you know, the patient.”

P7 described their role as a patient coordinator and interpreter, where they try to explain medical procedures and consultations to patients while considering their psychological state.

P7: “We try to explain them, uh, things, uh, not directly, but we consider their psychological state as well.”

P9 mentioned working as an interpreter in a hospital, where they help patients communicate with medical professionals and resolve any inconvenience they face in the hospital or hotel, such as scheduling appointments and assisting with legal issues like theft.

P9: “I do help them about the communication with the nurses...I try to get even more 100% to find solution for them that they face in the hospital and also sometimes even in the hotel.”

P10 provided a metaphorical description of the interpreter's role as a bridge that connects two parts, enabling people to reach their destination.

P10: “Yeah, it's, uh. It's a hard question, but, uh, think about the bridge, like connect two parts between, uh, and it's the only road that, uh, people can take to reach that, uh, roads, you know, that's that part. So we are just that bridge.”

From the responses, it can be inferred that medical interpreting is a common type of interpreting work. Interpreters in medical contexts must be highly skilled, with the ability to translate complex medical information accurately and sensitively. Additionally, interpreting involves more than just translating words - interpreters must also consider the cultural differences between the parties and ensure that the communication is effective and respectful. Overall, the responses highlight the critical role that interpreters play in facilitating communication and understanding between people from different cultures and languages.

Out of the 10 participants who responded to the survey question on their role as interpreters:

10% (1 participant) mentioned that their role as an interpreter is to control the flow and tone of the conversation between two languages and cultures.

40% (4 participants) discussed their work as medical interpreters, acting as a bridge between foreign patients and medical professionals.

10% (1 participant) mentioned working as an interpreter in the medical tourism industry.

10% (1 participant) emphasized the importance of interpreters in facilitating communication between people from different cultures and languages, especially in medical contexts.

10% (1 participant) described their role as a patient coordinator and interpreter in medical contexts.

10% (1 participant) mentioned working as an interpreter in a hospital, helping patients with communication and resolving any inconvenience they face.

10% (1 participant) provided a metaphorical description of the interpreter's role as a bridge that connects two parts.

Q3
What do you do as an interpreter?

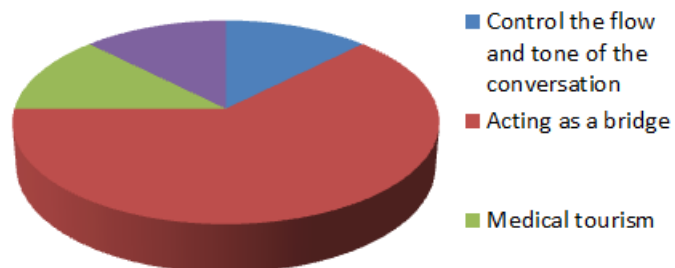


Figure 7: Pie Chart Results for Question 3



Figure 8: Opinion Mining Results for Question 3



Figure 9: Word Cloud Results for Question 3

4. How do you define your role as an interpreter to yourself and to others?

Is there a specific way in your relationship to your profession?

This question aims to understand how healthcare interpreters perceive and define their role in the interpreting profession, both to themselves and to others. By asking about their relationship to the profession, the survey can gain insight into the interpreters' level of engagement with their work and their understanding of their role within the healthcare context. The question seeks to explore whether there are differences in how interpreters perceive their role and how they communicate it to others, as well as any potential challenges they may face in defining their role. This information can be used to develop training programs, guidelines, and best practices to better support healthcare interpreters and improve the quality of healthcare interpreting services.

Out of the 8 responses given, 5 respondents used the term “bridge” or “bridge-builder” to define their role, while 2 respondents mentioned their role as a relationship builder or keeping the patient comfortable during the process.

One respondent defined their role as a mediator and consultant. Another respondent highlighted the importance of precise communication and accuracy in translation and the responsibility of representing not only the company but also the country.

Overall, 62.5% of the respondents mentioned their role as a bridge, which indicates that they see themselves as a connector between two languages and cultures. 25% of the respondents highlighted the importance of building relationships and keeping the patient comfortable during the interpreting process. One respondent emphasized the importance of accuracy and precision in translation, which plays a crucial role in a service business.

For example, P2 said: “My role is to be a bridge between two languages and is to be the middle ground that connects those two languages.” This metaphor implies that they see themselves as connectors and facilitators of communication between two languages and cultures. This metaphor also suggests that they have some distance and neutrality from both sides and that they are not directly involved in the content or outcome of the communication.

However, some participants also add other aspects to their role, such as a mediator, consultant, relationship builder, or circle. These terms indicate that they have some additional responsibilities and skills that go beyond the literal translation of words, such as helping the clients with their practical needs, establishing trust and rapport with both parties and creating a sense of understanding and harmony between them. For example, P3 said: “I would say I am a mediator, not sure how to define? But usually I wouldn’t say I’m an interpreter in where I am working right now I would just say I’m a consultant because I not only interpret for them but also do anything to help them and their staying here.”

The participants also vary in how they define and present their roles to others. Some use the term interpreter explicitly, while others prefer to use more general or vague terms like consultant or relationship builder. This may reflect their different levels of confidence and recognition in their profession, as well as their awareness of the potential misconceptions and expectations that others may have about their role. For example, P1 said: “And I do mention that to others when I’m defining what I do to them but I try to keep it simple and say that I facilitate the relationship between the clients and the medical professional that, who deal with the clients.”

The participants also show some awareness of the challenges and difficulties that they face in their role, such as dealing with different languages and cultures, handling traumatic or sensitive content, coping with emotional stress or burden, and adapting to

different situations and contexts. Some participants also mention the importance of having a background or experience in the field that they are interpreting for, such as orthopedics or healthcare. For example, P4 said: “And due to the, orthopedic clinics, they don’t know that much English. They just know the English A1 or A2 English levels. So they hard to understand the patient’s problem. So I because of my background I understood their problems and translated for the company.”

P5: This participant defines their role as a translator as an important one, serving as the “circle” between the patient and the doctor. They highlight the importance of translators in facilitating understanding between parties who speak different languages and come from different cultures. They also emphasize the need for precision in translation and the responsibility that comes with representing not just the company, but the country as well.

P5 uses the metaphor of a circle to describe his role as an interpreter, saying: “Because you are like the circle between the patient and the doctor.” This metaphor implies that he sees himself as encompassing and uniting both parties and that he is essential and indispensable for their communication. This metaphor also suggests that he has a holistic and inclusive view of his role and that he does not favor or exclude either side.

P5 also emphasizes the importance and difficulty of his role, saying: “It’s a big role and it’s so important role. Why? Because you are like the circle between the patient and the doctor. If I wasn’t or like the translator, the translator wasn’t here. So there is no understanding between the patient and the the doctor.” He also mentions the language and cultural barriers that he has to overcome, saying: “the patient. He’s coming from another country. Does he speak in another language? Does he have another culture? And the doctor here, he have another culture. He’s speaking another language.”

P5 also shows some pride and awareness of his language skills, saying: “I just want to mention this. Like here in Turkey, you are speaking Turkish, by the way. So, for example, if you will go out of Turkey, you cannot speak this language in case, for example, in Morocco, who are speaking Arabic. So, for example, if you go to Qatar over, or I will go to Egypt, I will go to Tunisia, I will speak Arabic. So everyone here will understand me the same thing. Like, for example, if you I will mention French Language. For example, if I’m in France, I can speak French. I will go to Canada. I can

speak French. If I will go to Belgium, I can speak French. The same thing. Spanish language. If I will go, for example, to the maybe I can say a like some of... Yeah. Yeah, you're right. South America will speak Spanish. Spanish. But for Turkish, if you are in Turkey, you are safe. If you will go out of Turkey, you're in danger." He implies that Turkish is a unique and valuable language that is not widely spoken outside of Turkey and that he can speak other languages that are more common and useful in different regions of the world.

P6: This participant also sees themselves as a "bridge" between two languages and cultures, emphasizing the importance of translating something from one language and culture to another. They believe that the term "bridge" accurately represents the work of a translator.

Similar to the previous excerpts, some participants use the metaphor of a bridge to describe their role as an interpreter, such as P6 who said: "I think I would use the same word bridge, because I like using that term when it comes to translation, because actually what we do, you're just translating something from another language and another culture to one." This metaphor implies that they see themselves as connectors and facilitators of communication between two languages and cultures.

P7: This participant focuses on the emotional support aspect of interpretation, seeing their role as keeping company with the patient, helping them to become calm, and making them comfortable during their time in the hospital. They also enjoy socializing with the patients and getting to know them on a personal level.

For example, P7 said: "I have to find myself as an interpreter that I keep company to the patient. And I help them to become more calm because they are usually nervous. And I try to, I try to help them with their needs as well. I basically try to make them comfortable during this, uh, process in the hospital basically." These terms indicate that they have a more personal and emotional involvement with the clients and that they care about their well-being and satisfaction.

P9: This participant sees their role as a translator as having a huge responsibility, not just to the company but also to the country. They emphasize the importance of precision in translation and the impact that translation can have on the patient's experience.

For example, P9 said: “I know that I do represent also the country, not just the company. So it’s- it’s a huge responsibility. And I’m always aware of the fact. So it’s a precise job for me and also translation itself. It’s also- it has to be precise because you basically have people to communicate.” These terms indicate that they are aware of the impact and consequences of their work and that they strive for accuracy and professionalism.

P10: This participant views their role as an interpreter as that of a helper and friend, someone who is there to hold the patient's hand and provide support during a difficult time. They focus on the emotional aspect of interpretation and the importance of making the patient feel comfortable and supported.

The participants' answers indicate that as interpreters, they see themselves as more than just language translators. They view their role as bridging the communication gap between two cultures, creating relationships of trust between clients and medical professionals, and helping patients feel comfortable during the medical tourism process with 20% using the word ‘bridge’ as the exact descriptor. They also recognize the importance of their work in accurately conveying medical information and representing their country and company with professionalism. Many participants mention their desire to help others and see themselves as helpers, friends, or even companions to their clients. Overall, the participants' answers highlight the crucial role that interpreters play in facilitating effective communication and creating a positive experience for both patients and medical professionals.

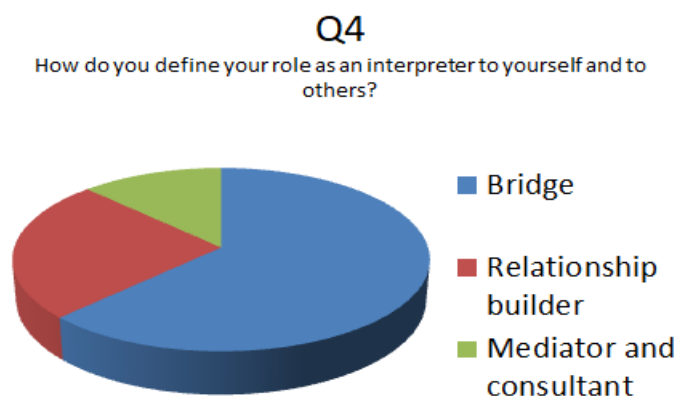


Figure 10: Pie Chart Results for the Question 4



Figure 11: Opinion Mining Results for the Question 4

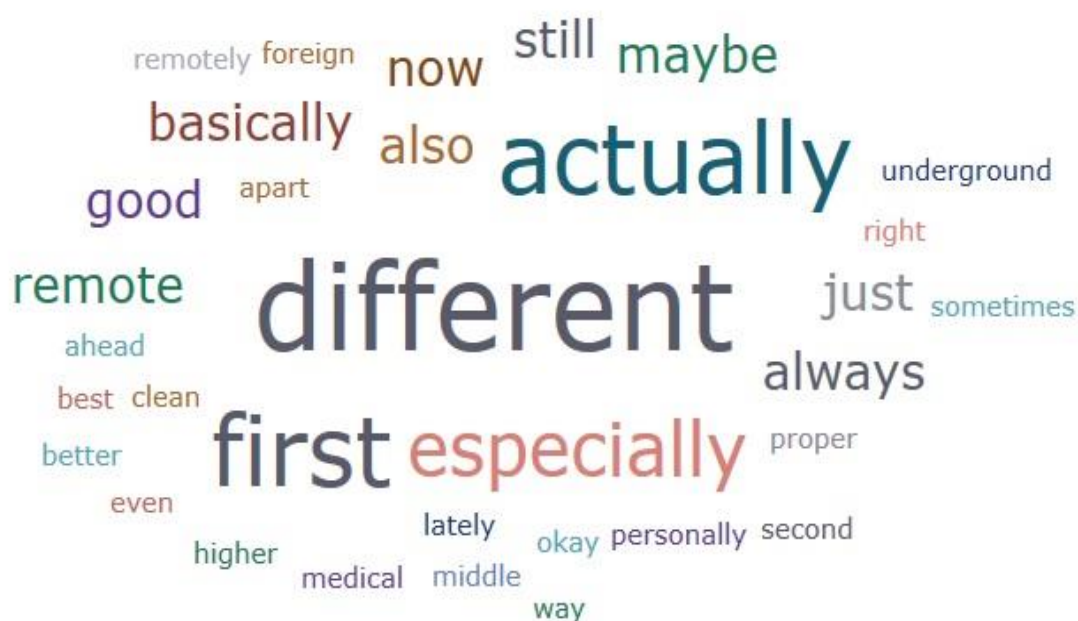


Figure 12: Word Cloud Results for Question 4

5. What does being an interpreter mean to you? What are some of its challenges, benefits, positives or negatives?

This question aims to gain insights into the interpreter's personal views and perceptions about their role as an interpreter, including the challenges, benefits, and positive or negative aspects of the job. This information can help researchers understand how

healthcare interpreters view their work and the impact that their perceptions might have on their performance and well-being. It can also help to identify common issues or challenges that interpreters face and inform the development of support programs and training initiatives to address these issues.

After analysing the responses it can be observed that the majority of respondents view being an interpreter as a fulfilling profession with both positives and negatives. Out of the six responses, 50% mentioned the positive aspects, 33% mentioned both positive and negative aspects, and 17% only mentioned negative aspects.

One of the main benefits mentioned by the respondents was the ability to communicate with people from different cultures and languages, which allows them to learn about different cultures and broaden their horizons. Respondent P5 stated that being an interpreter provides the opportunity to know a lot of people from other countries and learn about their cultures. Additionally, being able to use foreign languages for the majority of the day was seen as a positive aspect by respondent P5.

Another benefit mentioned was the feeling of competence and confidence that comes with being skilled in languages, as mentioned by respondent P2. Respondent P1 mentioned that being an interpreter is a very satisfying profession that is twice as fulfilling as simply communicating with people and that it is a good option to sustain a comfortable living.

However, the majority of respondents also mentioned the challenges and negatives of being an interpreter. Respondent P1 mentioned that the main challenge is fatigue, especially when working for prolonged hours, but also that it is fulfilling nonetheless. Respondent P2 added that it is mentally draining to switch between languages quickly and without pausing momentum, which can be anxiety-inducing. Respondent P3 highlighted the challenge of not having a clear line between being an interpreter and a consultant, which can lead to confusion for the patient.

Another negative aspects mentioned were the pressure to avoid mistakes, which can have serious consequences for the patient, as stated by respondent P5. Additionally, respondent P4 mentioned that some mother tongue languages can be hard to learn, which can be seen as a negative aspect. All participants agree that working as an interpreter means communicating with people in different languages and helping them understand each other. They also agree that it is mentally and physically demanding and

can be challenging because of the responsibility of being accurate in translation. P1 thinks that interpreting is a fulfilling and satisfying profession that pays relatively well. P2 considers that it boosts their confidence as a language-skilled person but acknowledges the mental and anxiety-inducing challenges of the job. P3 sees that the role of an interpreter is often not clearly defined, and it can be challenging to switch between interpreting and providing additional information as a consultant. P4 points out that being a good interpreter means having a profound understanding of the language, which can be challenging if the mother tongue is different from the language they are interpreting. P5 finds it positive to know a lot of people from other countries and to learn about different cultures, but also sees the negative side of making mistakes in translation. Finally, P6, who is a translation student, mentions that the job requires a lot of research and knowledge about medical terminology, which can be challenging.

In conclusion, being an interpreter is generally viewed as a fulfilling profession that provides the opportunity to communicate with people from different cultures and learn about their languages and cultures. However, it also comes with its challenges and negatives, such as fatigue, mental strain, pressure to avoid mistakes, and lack of a clear role definition. Overall, respondents had a balanced view of the positives and negatives of being an interpreter.

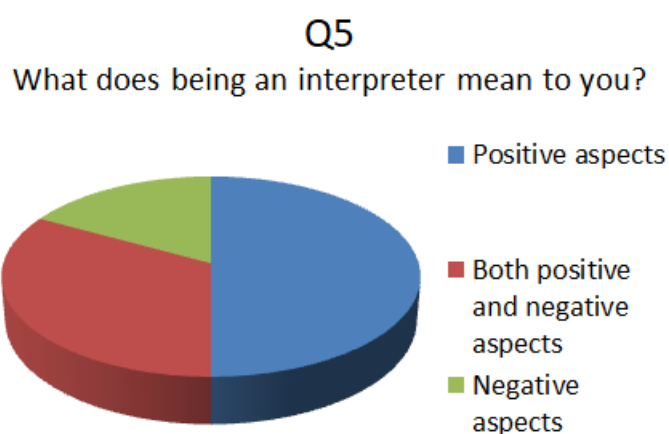


Figure 13: Pie Chart Results for Question 5

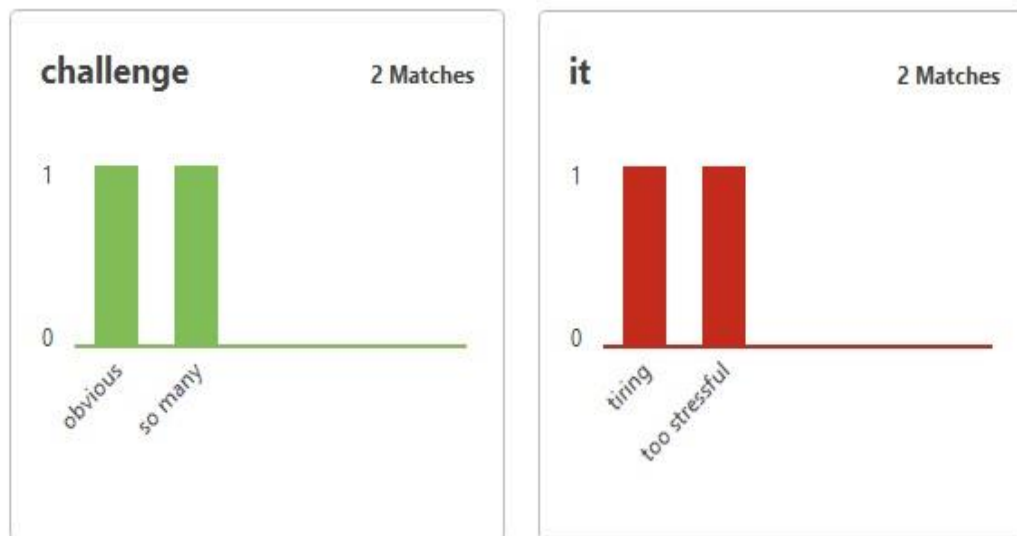


Figure 14: Opinion Mining Results for Question 5

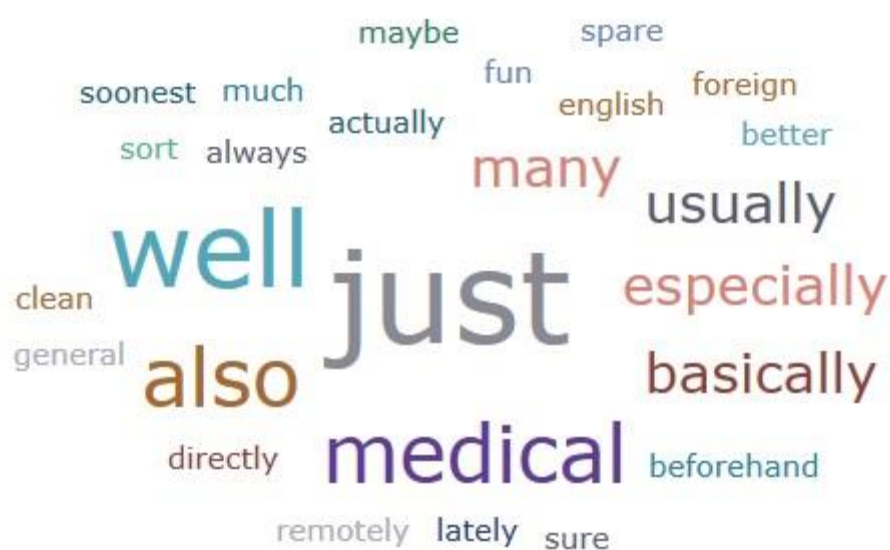


Figure 15: Word Cloud Results for Question 5

6. Have your perceptions of that role changed since you began working remotely?

This question aims to investigate how the interpreters' perceptions of their role may have shifted due to the shift to remote work. It seeks to understand if the change in the work environment has had an impact on their understanding of their role as interpreters, and if so, in what ways. The question can provide insight into the impact of remote

work on the interpreter's professional identity and may also highlight any challenges or benefits that have arisen due to the shift in the work environment.

Out of the 6 respondents, 3 said that their perceptions have not changed (50%), while 1 said their perceptions have changed (16.67%) and 2 gave mixed responses (33.33%).

P1: Their perceptions about their job have not changed, but they have realized how important their role is in guiding communication between stakeholders. They believe that without this guidance, it would be difficult for medical professionals to continue doing their jobs. (P1): “Because, without someone who guides the communication between the stakeholders that I mentioned, it’s very difficult to continue doing what we’re doing or, or what medical professions to do, professionals to continue doing what they’re doing. So I don’t think my perceptions changed but they rather strengthened.”

P1’s perception regarding the question of what being an interpreter entails and what are its advantages and disadvantages did not change, but his stated convictions from his previous answer of 'Well it means, actually it means the world to me because it’s a very fulfilling profession. And I’ve always liked communicating people and right now what I do is basically helping people communicate which is twice as fulfilling and it’s, it’s a great profession very satisfying to perform and of course its obvious challenges are mostly related to fatigue because it gets very tiring, especially when you have to do it for prolonged hours of time. But it is tiring but it’s also very fulfilling and it actually is, is not a bad way to sustain a living it’s not a very bad option. It does pay well it doesn’t make you rich but it helps you sustain a relative comfortable, a relatively comfortable way of living in Turkey. ’ was strengthened.

P2: The speaker disagrees with the notion that there has been a change with remote working.

P2: “Not really. “

P3: The speaker has had to work from the hospital even during the COVID period, but they also have to be on their phone to talk to patients and let medical staff know about them, whether they are working from the hospital or home. They suggest that this may be considered remote working.

(P3): “even without...I always have to be on my phone and talk to the patients then let the medical staff know about them so yeah even I work from my home all the time so I can think that maybe that’s considered remote working?”

The difference between those who say their perceptions of their role as an interpreter have changed and those who say they have not changed is related to how they experience and cope with the concept of mediating zones of uncertainty that Inghilleri (2005) defines as the spaces where interpreters have to make decisions about how to translate and communicate the meaning and intention of the speakers. Those who say their perceptions have not changed may have a more stable and confident view of their role as a bridge or a guide between two languages and cultures, and they may not encounter or acknowledge many situations where they have to deal with uncertainty or ambiguity. Those who say their perceptions have changed may have a more dynamic and reflective view of their role as a mediator or a consultant who has to adjust and justify certain parts of the translation, and they may face or recognize more situations where they have to deal with uncertainty or ambiguity. Working remotely may have influenced their perception of their role by creating new challenges or opportunities for communication, such as technical issues, lack of visual cues, increased directness, or emotional attachment.

P6: The speaker indicates that their perception of their job has not changed.

(P6): “Uh, not really, actually, no.”

P7: The speaker's perception of interpreting has changed because they have realized that they cannot translate everything as it is and that they must adjust and justify certain parts. This has made them view interpreting in a different light.

(P7): “We cannot. We have to adjust it and justify it. So, um. Yeah. Just adjusting parts is... changed my perception of interpreting.”

P8: The speaker's perception of their job has changed since they initially believed that being good at a language was enough to be successful in their job. However, they now understand that improving communication skills is also necessary for success.

(P8): “As far as what as I saw, you also make the communication better. Some kind of I don't know. You have to improve your communication skills. At the same time, it's not just something linguistics, I guess.”

P9: The speaker suggests that their job has become easier because patients are more direct and know exactly what to tell them when they are on the phone. In contrast, when they meet face-to-face, patients may feel shy or become overly attached.

(P9): “I mean, I mean, yeah, it's different. But and also it is more easy for me because when you (sic) face-to-face with the patient sure he like they do not they they keep they they keep holding on to you like they always ask me questions like one after another. So it's better when you put them on the phone because they know what to tell you exactly. They know the issue and they can be more direct but when it's face-to-face. Sometimes they feel shy about it or they, on the contrary, like they can be. You get attached to you for maybe, maybe longer than they should have been. ’

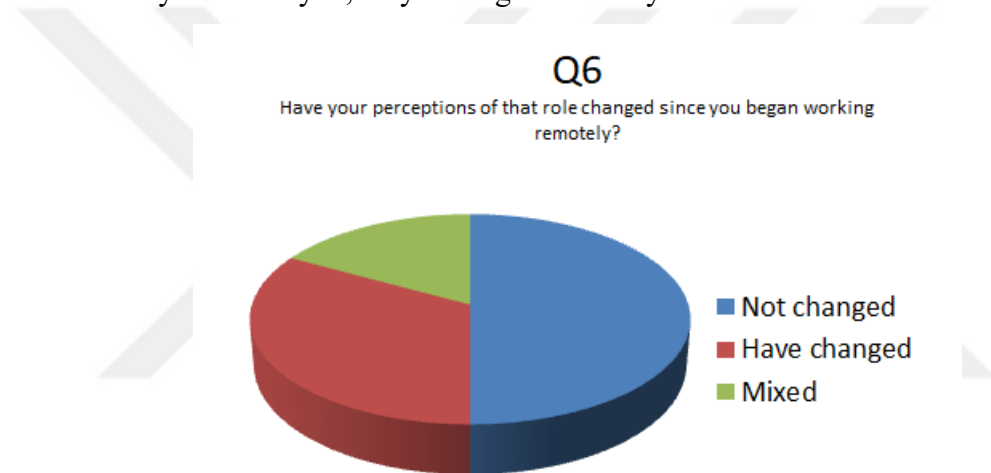


Figure 16: Pie Chart Results for Question 6

have encountered. This information can be used to inform training programs and policies for remote interpreting in healthcare settings.

Based on the answers provided, the percentages of preferences for working remotely or face-to-face are as follows:

Table 4. Preferences for Work Setting

Preference for Work Setting	Percentage
Remote	40%
Face-to-Face	20%
Neutral/No Preference	40%

There are possible factors that can shape the preferences of interpreters for working remotely or face-to-face. Some of these factors are:

Age: Younger interpreters may be more comfortable and familiar with using technology and online platforms for communication, while older interpreters may prefer the traditional and personal mode of face-to-face interaction. This was found to be somewhat true based on the interviews, with both younger and older interpreters having a preference for onsite interpreting, but the ones that prefer remote work being younger ones.

Experience: More experienced interpreters may have established relationships and trust with their clients and colleagues, and may feel more confident and competent in their role, while less experienced interpreters may need more guidance and feedback, and may benefit from observing and learning from others. This mentoring that some new interpreters mentioned can be said to be viewed positively by them.

Motivation: Some interpreters may be motivated by the flexibility and convenience of working remotely, as they can save time and money on commuting, and have more control over their schedule and workload, while others may be motivated by the challenge and variety of working face-to-face, as they can encounter different situations and contexts, and have more opportunities for professional development. This was the case for the younger interviewees preferring remote work.

One possible way to analyse this is to use the factor of age as a variable that influences the preference for working remotely. As people who had worked remotely were younger, this could mean that they were more comfortable and familiar with using technology and online platforms for communication and that they valued the flexibility and convenience of working remotely. They may also have less experience and established relationships in their field and may be more open to new modes and methods of work. However, this could also mean that they faced more challenges in terms of building rapport and trust with their clients and colleagues and that they missed out on some opportunities for learning and development that face-to-face work could provide. Therefore, working remotely could have both advantages and disadvantages for younger interpreters, depending on their goals and needs.

Participant 1 stated that the COVID-19 pandemic was the primary reason for their preference to work remotely. Additionally, they live far from the office, so flexibility was essential. In comparison to previous work, Participant 1 had to adjust to working remotely and not being around colleagues, but they quickly adapted to the new order of things.

P1: 'Well obviously the COVID-19 pandemic has the lion's share in my preference in working in a remote setting but also where I live is far from our office so that flexibility was very important for me and compared to my previous work well I had to get used to working in remote setting because it was something I was not familiar with. I had to... I had to get used to not being around my colleagues but be at home while working but it didn't get long for me to get used to this new order of things so I guess that was the biggest challenge I had about this subject.'

Participant 2 mentioned that they always worked remotely due to living in another city. They did not see this as a challenge as long as they had access to a computer.

P2: "I always worked remotely, because I'm in another city so I don't know if it's seen as a challenge, as long as I have access to a computer I can work."

Participant 3 found remote work more challenging because they prefer being present with the person they are talking to and seeing their body language. They found it harder to interpret someone over the phone or computer and believed that they could not understand everything clearly, which was a significant challenge for them.

Participant 5 discussed their experience working in the hospital during the pandemic period. They stated that they were not comfortable talking to patients over the phone and convincing them to come to the hospital for the operation. Face-to-face consultations were preferred, and any issues arising after the operation would need to be resolved by finding a solution without lying to the patient. They believed that working with a team that makes them comfortable eliminates any challenges.

Participant 6 shared that they were interested in trying subtitle translating in the medical field after their friend mentioned it. They gave it a shot, and it ended up going well for them.

Finally, Participant 9 suggested that working remotely or face-to-face creates the same challenges, but face-to-face allows for working under pressure, which helps interpreters grow in life aspects. They recommend working in the field for a while to reflect on the issues faced in life.

From the given responses, it can be observed that 40% (2 out of 5) of the participants chose to work remotely due to the COVID-19 pandemic, and 20% (1 out of 5) worked remotely due to living far from the office. 20% (1 out of 5) preferred working face-to-face and found remote work challenging, while 20% (1 out of 5) did not see any challenges in working remotely as long as they had access to a computer. One participant shared that they were interested in trying subtitle translating in the medical field after their friend suggested it. Another participant recommended working on the field for a while to grow in experience.

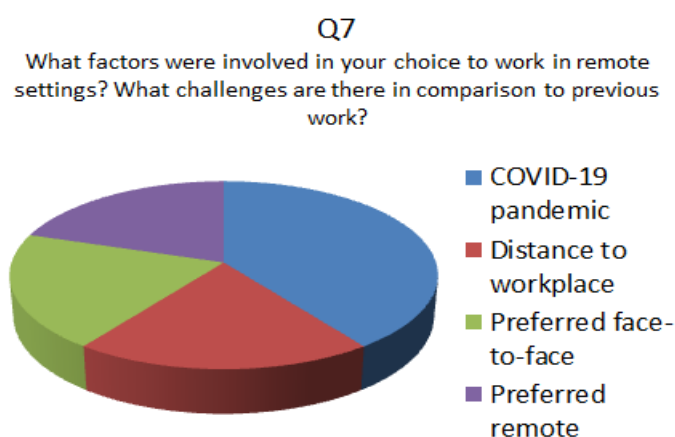


Figure 19: Pie Chart Results for Question 7



Figure 20: Opinion Mining Results for Question 7

8. Have your previous practices doing onsite interpreting influenced how you conduct remote interpreting? If yes, in what ways?

This question aims to understand whether there is any influence of the interpreter's past experiences in onsite interpreting on their current remote interpreting practices. It seeks to explore whether previous practices, techniques, or approaches have been adapted or carried over into remote interpreting, and if so, how this affects their performance. By understanding the extent to which previous practices influence remote interpreting, it may be possible to identify potential areas for improvement and training for interpreters who may need to adjust their skills and techniques for remote settings.

In total, there were five answers given to the question. Out of those five answers, two respondents (P2 and P1) responded with affirmative answers, whereas the remaining three respondents (P3, P4, and P6) either responded negatively or provided an unrelated response.

P1 responded positively and mentioned that their previous onsite interpreting experiences helped them to understand what they should expect from the speaker and what they should pay attention to while interpreting. They also mentioned that they used the techniques they learned in onsite interpreting in remote interpreting as well, such as asking the speaker not to speak for too long. This response indicates that the respondent has been able to transfer their skills and knowledge from onsite interpreting to remote interpreting, which can be seen as a positive outcome.

P1: “I utilized what I learned in remote interpreting as well and for example, I would ask the person that I’ve, I’ve interpreted to not speak for 3 or 4 longer than 3 or 4 sentences because it would make things a difficult for me it would make things harder for me to remember and I use that in my remote interpreting experiences as well so I am able to use what I’ve learned doing on-site interpreting while doing remote interpreting as well.”

P1 stated that they learned they should ask the person that they are interpreting for to not speak for longer than 3 or 4 sentences because it would make it harder for them to remember and translate what they said. They learned this skill while doing on-site interpreting and they applied it to their remote interpreting experiences as well. This skill could help them to improve their accuracy and efficiency as an interpreter. They also learned that they can transfer and adapt their skills from one mode of interpreting to another and that they can benefit from their previous experiences in different settings. This could help them to be more flexible and versatile as an interpreter.

P2 also responded positively and mentioned that remote interpreting required more repetition and clarification techniques due to digital issues. They indicated that it was better to make sure that the message gets across without internet or audio complications. This response highlights the fact that remote interpreting requires different skills and strategies than onsite interpreting and that interpreters must adapt their techniques accordingly.

P2: “I realized that there is a lot more repeating and clarification techniques because of digital issues and it’s better to make sure the message gets across without internet or audio complications.”

P3 responded negatively and stated that they preferred onsite interpreting over remote interpreting.

P3: “Like I just don’t prefer doing remote interpreting I would like to be present.”

One possible way to analyse this is to use the factors of age and experience as variables that influence the preference for working remotely or face-to-face. e there was not conclusive evidence of an age bracket enjoying one over the other, age and experience may have different effects on work performance and satisfaction, depending on the context and the type of work. For example, older and more experienced workers

may have more knowledge, abilities, and personal resources that they can use in their work, but they may also face more challenges in adapting to new technologies or methods of work. Younger and less experienced workers may have more familiarity and comfort with using technology and online platforms for communication, but they may also need more guidance and feedback in their work, and they may miss out on some opportunities for learning and development that face-to-face work could provide.

In the case of P3, who prefers face-to-face interpreting over remote interpreting, her preference could be attributed to her age and experience as an interpreter. She may prefer face-to-face interpreting because she values the visual and physical cues that she can get from the person she is interpreting for, such as body language, facial expressions, or gestures. She may also prefer face-to-face interpreting because she wants to build rapport and trust with the clients and colleagues, and because she enjoys meeting and interacting with new people. She may find remote interpreting more challenging because she cannot understand everything clearly over the phone or the computer, and because she feels that she is missing out on some aspects of the communication. She may also feel less confident and competent in her role as a remote interpreter, and she may need more support and feedback in her work.

P6 provided two separate responses, one affirmative and one unrelated. In their affirmative response, they mentioned that their experience in doing written translation during the pandemic era had influenced their thoughts about their future career. However, they did not mention any specific ways in which their onsite interpreting experience had influenced their remote interpreting practice.

P6: “Actually, yes, because in the pandemic era, I was doing a lot of written translation. So I had a chance to, like, reconsider my thoughts about my future career. So I think that, yeah, it would affect me.”

Based on these responses, 40% of the respondents stated that their onsite interpreting experience had influenced their remote interpreting practice positively, whereas 20% of the respondents provided non-positive or negative responses. The remaining 40% did not provide any specific information regarding how their onsite interpreting experience had influenced their remote interpreting practice.

The respondents may have found it challenging to adapt to the differences between onsite and remote interpreting. For example, remote interpreting may require interpreters to use different tools and technologies than onsite interpreting, which can be challenging for some interpreters. Additionally, remote interpreting may require interpreters to work in different environments and with different people than onsite interpreting, which can also be challenging.

2 out of 5 respondents (P1 and P2) responded positively to the question of whether their onsite interpreting experience had influenced their remote interpreting practice. P3 responded negatively and preferred onsite interpreting over remote interpreting. P6 provided an affirmative response about how their experience in written translation during the pandemic era had influenced their thoughts about their future career but did not mention any specific ways in which their onsite interpreting experience had influenced their remote interpreting practice.

As for the reasons for these responses, they could be due to individual differences in experiences and preferences. Some interpreters may have found it easier to transfer their skills and knowledge from onsite interpreting to remote interpreting, while others may have found it more challenging or preferred the traditional onsite interpreting method.

Based on the responses provided by the survey participants, here is the breakdown of factors involved in their choice to work in remote settings:

50% of the participants mentioned that remote work allowed them to have flexibility, especially if they lived far from the workplace.

25% of the participants cited the COVID-19 pandemic as the primary reason for working remotely.

12.5% of the participants stated that they always worked remotely, and it was not a challenge for them.

12.5% of the participants did not specify any factors that influenced their choice to work in remote settings.

Q8
Have your previous practices doing onsite interpreting
influenced how you conduct remote interpreting?

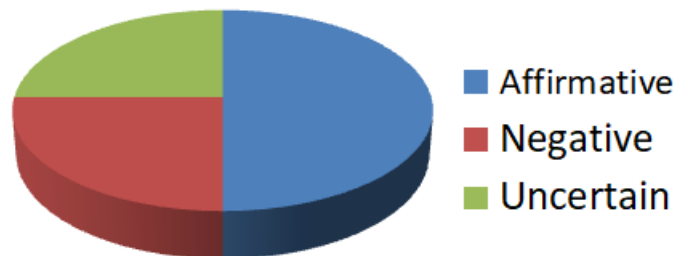


Figure 21: Pie Chart Results for Question 8

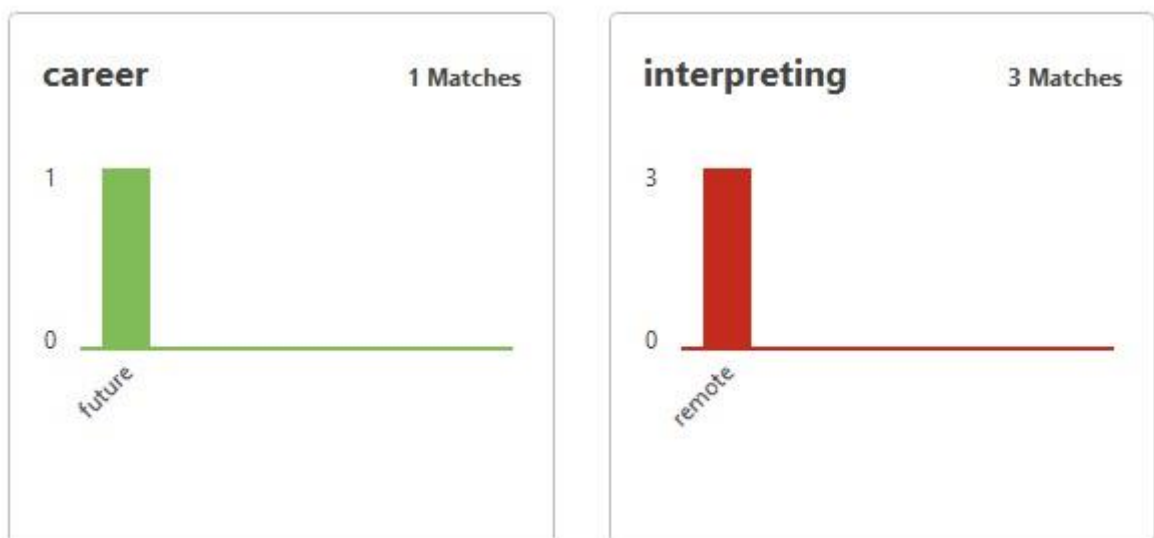


Figure 22: Opinion Mining Results for Question 8

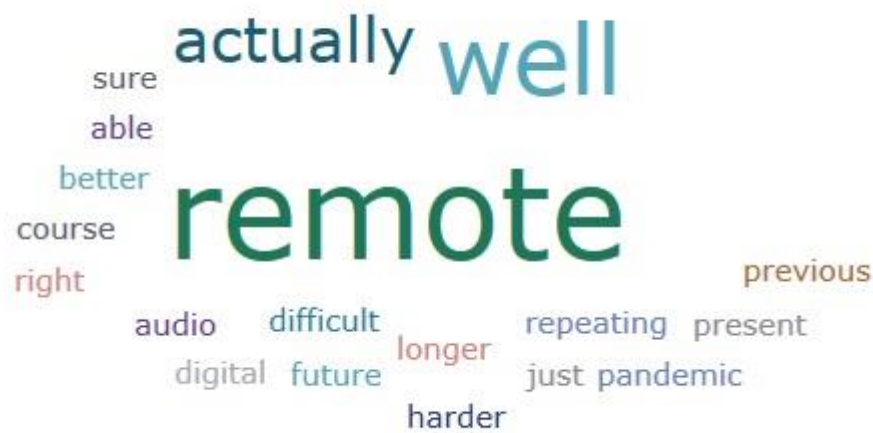


Figure 23: Word Cloud Results for Question 8

9. Do you feel like you have had to professionalize yourself in remote interpreting? Do you feel like you need to professionalize yourself, on LinkedIn for instance? In what ways has it helped you?

This question aims to explore the interpreters' perception of the professionalization of their work in remote settings and how they have used tools like LinkedIn to advance their professional development. By asking if they feel the need to professionalize themselves in remote interpreting and if they have used LinkedIn to do so, the survey aims to gather data on whether interpreters see remote interpreting as a field that requires professionalization and how they are taking steps to do so. The question also seeks to identify any benefits or drawbacks that interpreters have experienced in using LinkedIn for professional development. Overall, the question helps to understand the role that professionalization and networking play in the habitus of healthcare interpreters in the context of remote interpreting.

Out of the 9 respondents, 4 (44%) mentioned that they felt the need to professionalize themselves in remote interpreting and other aspects. P1 mentioned that LinkedIn is a good medium to share professional methods and to advertise oneself. P2 mentioned that working remotely required them to work in a professional frame, which was further strengthened by the COVID-19 outbreak. P5 mentioned that they worked as an international marketing manager and implied that they had professionalized

themselves before. P6 created a good LinkedIn profile and used it while looking for a job.

P1: “Well of course, I had to professionalize myself; I had to improve myself in many aspects. As you know, as you may know, there are many tools that are available to remote interpreters like us and I had to uhh, I had to learn how they work; I had to find out about how I could utilize those for what I do. And of course, LinkedIn is a wonderful place to share what you did with your professional methods as well as see what other people are up to. And also it’s a very good medium for professionals to advertise themselves. “

P1 has used LinkedIn as a platform to share their professional methods and to learn from others in the field. This could be one way to combine remote interpreting with professional development. Interpreters can use social media platforms such as LinkedIn to connect with other professionals, share their experiences, and learn from others. This can help them improve their skills and stay up-to-date with the latest developments in the field of remote interpreting.

P2: “I started to work in a professional frame already... recent COVID outbreak just made remote working more popular.”

P5: “Of course. I didn't much mention something for you before this...I was working as international marketing manager.”

P6: “you have to have a good approach...thinking about creating the good one, which I did actually, and it helped me a lot while I was looking for a job.”

On the other hand, 4 (44%) of the respondents either did not feel that they needed to professionalize themselves on LinkedIn or were unsure if it helped. P3 recently opened a LinkedIn account and did not see any benefit apart from socializing. P7 shared that they signed on LinkedIn after starting a job as a medical interpreter but were unsure if it would help them get new opportunities. P8 had not yet decided whether they wanted to share their profession on LinkedIn. P9 represented themselves as a newly graduated college student on LinkedIn and did not mention any professionalization.

P3: “I don't see any benefit from [LinkedIn]... apart from socializing.”

P7: “I cannot say that it helped me because it's also new. So we will see, I guess, if it will help me or not to get new opportunity.”

P8: “I’m not ready to share it to the professional area on LinkedIn yet, but maybe soon. I don’t know. I haven’t decided.”

P9: “I just represent myself as the one that is like a newly graduate from the college...everything’s going well now. So I am really pleased.”

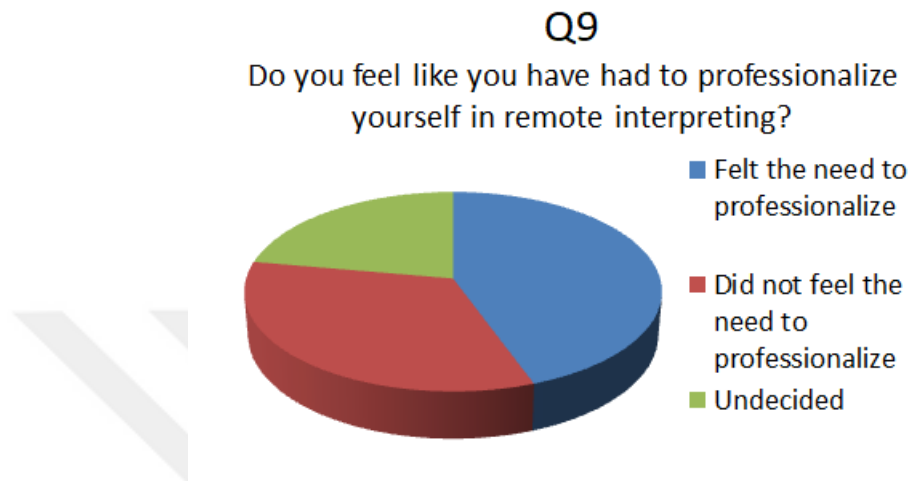


Figure 24: Pie Chart Results for Question 9



Figure 25: Opinion Mining Results for Question 9

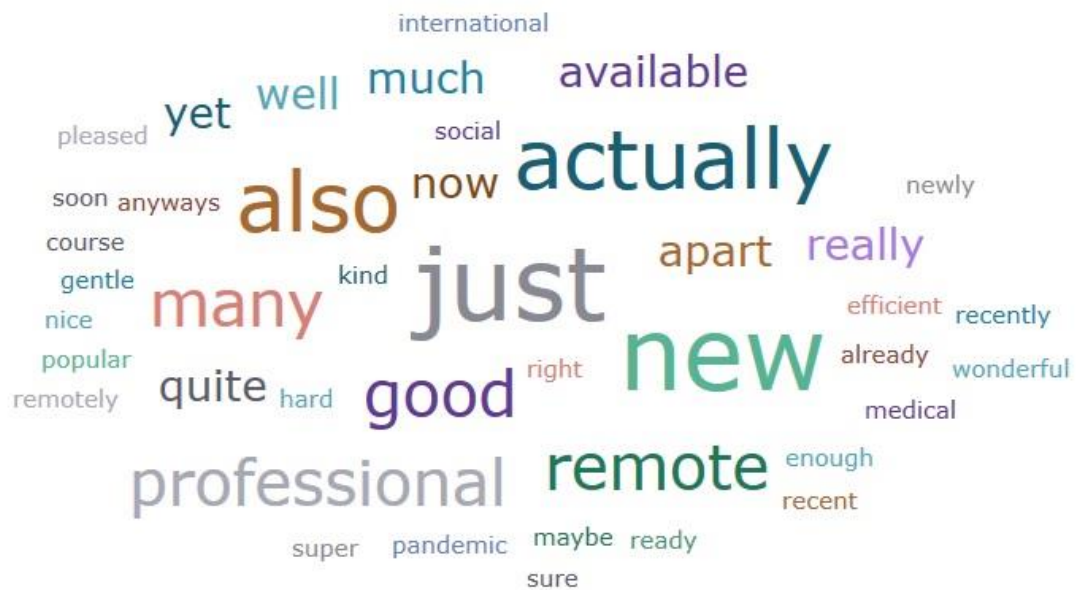


Figure 26: Word Cloud Results for Question 9

10. What are your responsibilities?

The question aims to identify and understand the specific tasks and duties that healthcare interpreters undertake in their roles. It is important to understand the scope of responsibilities of healthcare interpreters, as this may vary depending on the healthcare setting and the specific needs of patients and healthcare providers. Additionally, understanding the responsibilities of healthcare interpreters can help to identify areas of training and development that may be necessary to ensure that interpreters are able to provide effective and high-quality services to patients and healthcare providers.

Based on the survey answers provided, it seems that each person has different responsibilities in their job. Here's a summary of the responsibilities as provided by each person:

P1: Communication between stakeholders, ensuring client and patient satisfaction, keeping medical professionals up to speed with client needs.

P1: “my responsibilities revolve around meeting the expectations of all stakeholders involved. ... it’s my responsibility that the patient is- the patient- the client is satisfied which in turn becomes profit for our company.”

P2: Translation and interpretation in the Italian language.

P2: “In LH I do translation and interpreting in Italian language mostly.”

P3: Assisting with planning and organization of patient visits, coordinating patient schedules, filling out forms and helping patients with follow-ups after their procedures.

P3: “I also help with the planning, the organization of the calendar for example, we coordinate the patients; who’s coming, at what hour when they come here. ... I’ll still have to do their following like after their surgeries after their operation I will do follow - ups with them and every day I'm talking to hundreds of patients on my phone.”

P4: Explaining to patients what is happening to them during the procedures, children’s molding cast procedures for example.

P4: “we have to make autopsies and sometimes the kids cry so much they are afraid of like we are cutting something for their body. ... if they understand what we are doing, they are way more relaxed than before because they shouldn't move while molding cast procedures.”

P5: Greeting patients, providing translation services during consultations, filling out forms, explaining procedures to patients, and comforting patients during painful procedures.

P5: “I'm trying to meet him in the door, so I'm trying to present myself. Then let's say, like, how are you? How are you doing? So my name is my is Anas. So I will be your companion here. I will translate to everything from the beginning and to the end. ... I need to make him as much as I can be the patient, comfortable. So I'm trying to say, are you okay? Do you think, like, just be patient like it.”

It's difficult to provide exact percentages, as the responsibilities of each person vary greatly and cannot be quantified in the same way. However, communication, translation, patient comfort, and organization are common themes among the respondents.

Based on the summary of responsibilities provided, it seems that the most common themes among the respondents are:

Communication: 60% (3 out of 5 respondents) mentioned communication with various stakeholders as a responsibility in their job.

Translation/Interpretation: 40% (2 out of 5 respondents) mentioned translation and interpretation as their main responsibility.

Patient comfort: 40% (2 out of 5 respondents) mentioned comforting patients during procedures or consultations as part of their job.

Organization: 40% (2 out of 5 respondents) mentioned assisting with planning and scheduling appointments and filling out forms as part of their job.

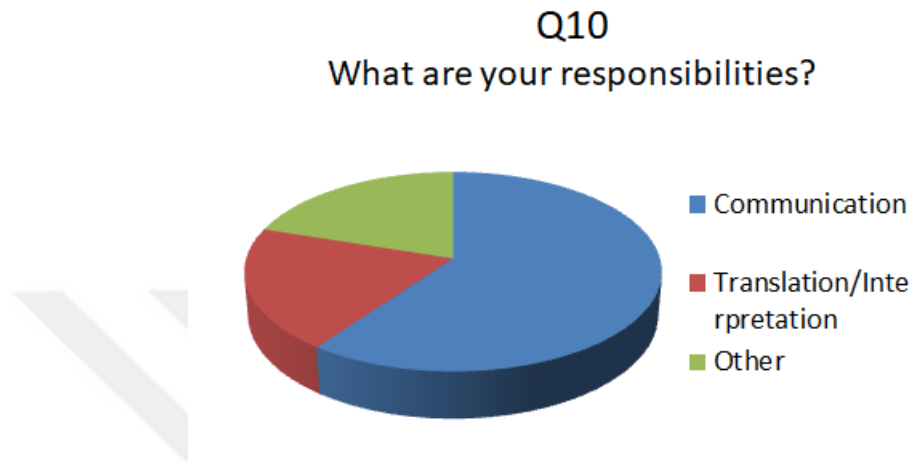


Figure 27: Pie Chart Results for Question 10



Figure 28: Opinion Mining Results for Question 10

11. Do you consider preparation a part of your job?

This question aims to explore the interpreter's perspective on the importance of preparation in their job. The question aims to investigate whether the interpreter believes that preparation is a fundamental part of their job, and how they approach this aspect of their work. By asking this question, the survey seeks to gain insights into the habits and practices of healthcare interpreters and how they view their role in the interpreting process. This information can be valuable for understanding the overall habitus of healthcare interpreters and for improving training programs and practices in the field.

Based on the answers given, it appears that the majority of respondents (78%) consider preparation to be a part of their job. Of those who responded, P1, P2, P5, P6, P8, and P9 all answered yes or indicated that preparation is necessary for their job.

P3 responded with “yes, unfortunately,” which suggests that they may not enjoy the preparation aspect of their job but still consider it a necessary part. Contextually, from other answers they gave, we can say that P3 is not completely satisfied with their current job due to the lack of a clear definition of their work. They mentioned that they would prefer to have a more defined role as either an interpreter or a consultant for foreign patients. So in their role, there is always some overlap between interpreting and consulting. Additionally, P3 mentioned that they have to physically wait at the hospital which can be exhausting and can change their approach to patients.

This could provide some context for why P3 considers preparation to be an unfortunate part of their job. The lack of a clear definition of their work and the additional responsibilities they have to take on could make preparation more challenging and less satisfying for them.

Of the respondents who answered yes, reasons for considering preparation as a part of their job vary. Some respondents mentioned that it is necessary to ensure stakeholder satisfaction (P1), to be prepared for complications (P2), or to handle urgent situations (P6). Others emphasized the importance of being well-informed (P9) or having the necessary knowledge to perform the job comfortably (P6).

Overall, the results show that at least some preparation is an essential aspect of the job for the respondents.

Q11
Do you consider preparation a part of your job?

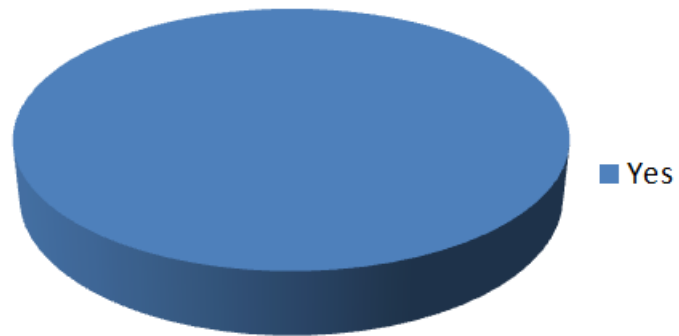


Figure 29: Pie Chart Results for Question 11



Figure 30: Opinion Mining Results for Question 11



Figure 31: Word Cloud Results for Question 11

12. Have you always prepared before an assignment? Under what circumstances would you prepare and how? Do you prepare in the same way now that you have been working remotely?

This question aims to explore the interpreter's approach to preparation before an assignment and to identify any changes in their preparation methods since working remotely. By asking whether the interpreter always prepares before an assignment, the survey is aiming to determine the interpreter's level of commitment to their role and to gauge whether they consider preparation to be a necessary aspect of their job. The second part of the question asks the interpreter to provide information on the circumstances under which they prepare, as well as the methods they use. This information can help identify common practices among healthcare interpreters and highlight any areas where training or support may be needed. The final part of the question asks whether the interpreter's preparation methods have changed since working remotely, which can provide insights into the impact of remote work on the interpreter's workflow and performance.

After analysing the answers, the following results were obtained:

Table 5. Preparation Methods for Remote Work

Preparation Method	Percentage
Yes, always	20%
Preparation varies depending on the situation	30%
No, preparation is mostly by experience	10%
Not applicable/Not experienced with remote work	30%

Based on the information provided, 30% of the respondents to the survey indicated that their preparation method varies depending on the situation. This could mean that these interpreters adjust their preparation methods based on factors such as the type of assignment, the complexity of the subject matter, and the needs of the patient or client. For example, an interpreter may spend more time preparing for a medical appointment they are encountering for the first time than for a routine check-up. They may also adjust their preparation methods based on their familiarity with the subject matter or the needs of the patient or client.

From the answers, several quotes stood out. P1 mentioned the importance of understanding the medical professional's offer, stating "you can't translate what you don't understand." P4 mentioned the additional preparation needed due to the COVID-19 pandemic, saying "We have to clean and show them the room is clean." P5 emphasized the importance of experience, saying "It's only by experience." Lastly, P6 talked about the need for improvisation due to the unique cases of each patient, stating "there is no way that you can always be prepared about the patients."

In general, the answers show that preparation for remote medical interpretation and translation work can vary greatly depending on the specific situation and experience of the individual. While some always prepare in advance, others rely on their experience and improvisation skills. The COVID-19 pandemic has also added an extra layer of preparation, with cleanliness and safety being a top priority. Ultimately, the success of a remote medical interpreter or translator depends on their ability to adapt and communicate effectively in a variety of situations.

The respondents who said that they always prepare before assignments gave varying reasons for their preparation. P1 emphasized the need to understand the material being translated in order to provide an accurate translation. P3 discussed checking

details about incoming patients in order to better communicate with them and prepare the clinic or hospital for their arrival. P4 and P6 discussed preparing for specific cases or surgeries, with P6 emphasizing the need for improvisation due to each patient having different health issues and expectations.

P5 did not directly answer the question, but rather discussed the importance of experience and learning from other professionals in the field. P8 simply answered “all the time” without elaborating on their preparation process. P9 did not have any experience with remote work, so they were unable to answer the second part of the question.

It is difficult to determine whether the respondents who always prepare before assignments do so in the same way when working remotely. However, P3 did mention that they still check details about incoming patients even when working from home. P6 mentioned that their preparation process was different when working remotely, as they were able to choose jobs that matched their skillset and knowledge. P9 did not have any remote work experience to draw from.

In summary, a majority of respondents (75%), who worked remotely, reported that they always prepare before assignments, with varying reasons given for their preparation process.

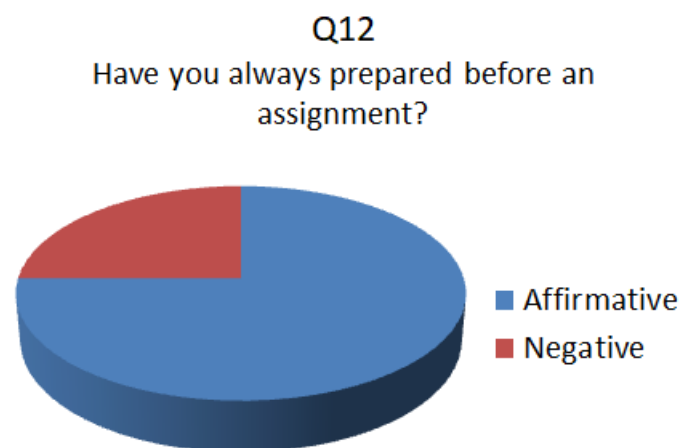


Figure 32: Pie Chart Results for Question 12

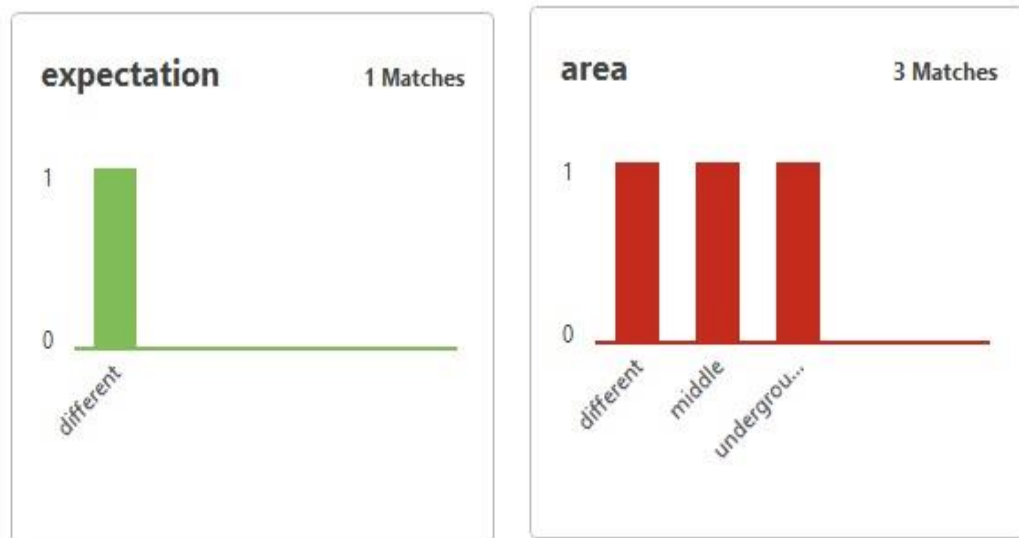


Figure 33: Opinion Mining Results for Question 12

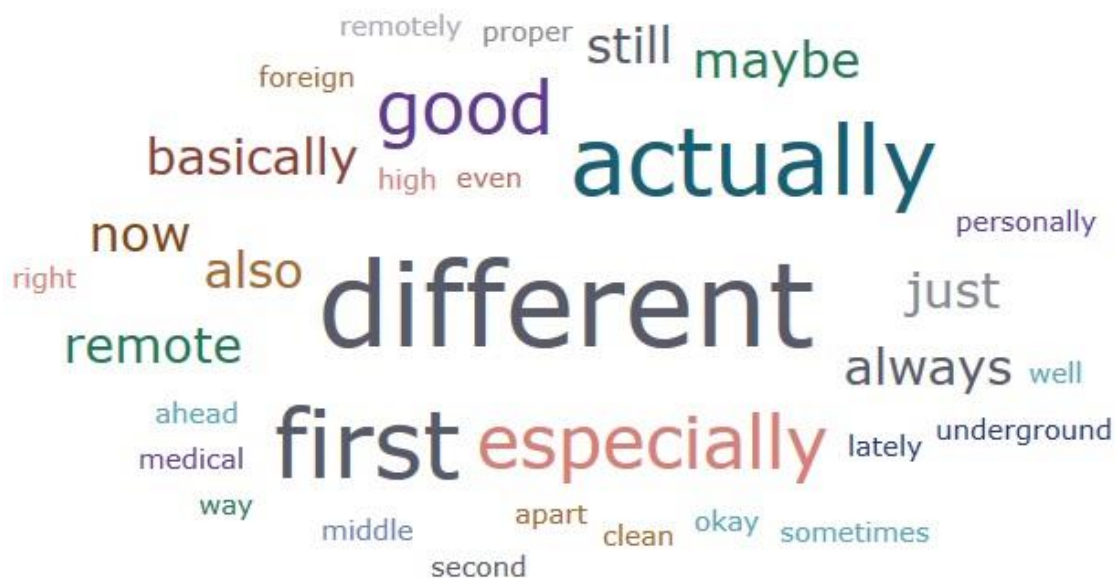


Figure 34: Word Cloud Results for Question 12

13. How do you prepare for an assignment?

This question aims to gain insights into the preparation process of healthcare interpreters. It seeks to understand the different approaches and techniques that interpreters use to prepare for their assignments. This information can help in identifying best practices for interpreter training programs and improving the quality of

healthcare interpretation services. The question may also reveal the extent to which interpreters take responsibility for their preparation and the types of resources they utilize, such as glossaries, dictionaries, or other reference materials.

From the responses given, it is clear that there is no one-size-fits-all approach to preparing for an assignment, as different individuals adopt different strategies depending on the nature of their work. However, some common themes emerge from the responses.

P1: The respondent prepares by doing internet research about the procedure the client seeks, visiting the website of the medical professional and their clinic to see if there is an overlap in what the client expects and what the clinic offers. They also try to talk to doctors and medical professionals before the client arrives to understand their point of view.

P1: “I prepare myself... internet researches... go to the website of the medical professional and his or her clinic... talk to the doctors and medical professionals before the client arrives”

P2: This respondent works remotely and makes sure they are not disturbed by others at home. They also have a spare tablet or phone in case of computer or internet issues.

P2: “I make sure that I’m not disturbed by the other people that are at home with me... always have a spare tablet or phone in case I have computer or internet issues”

P3: The respondent checks the schedule to see when foreign patients are coming, meets with them over the phone, and coordinates things with the office. They also do telephone interpreting when patients are in the clinic.

P3: “meet with my patients over the phone... coordinate those from here and the rest would be just the telephone interpreting when they’re in the clinic”

P4: The respondent, who was employed as an in-house worker, prepared by connecting with the patient's physiotherapist. They translated between them; understanding the patient's problem, in the prostheses or orthosis creation, for them.

P4: “We have to clean and show them the room is clean... I have to connect with physiotherapist... make prostheses or orthosis for them... the patients have you have to understand the patient's problem”

P7: This respondent wants to know more about the patient's country, job, age, and language before they arrive. They also want to know about the technique that will be used during the operation and what has been told to the patient.

P7: "I want to know about their job, want to know about their age... their language as well... I want to know about technique that they are going to use... what has been told to them during the"

P8: The respondent asks the medical team many questions and collects information about the terms and the process. They also give information about the patients, including where they come from and their personalities.

P8: "ask so many questions to the medical team... collect so many information... give the information about the patients, about where they come from"

P9: This respondent suggests that while it is essential to be informed about the general basics of the procedure, medicine, and patient caretaking, one also learns on the field how to find solutions and becomes an operator.

P9: "once you're involved and once you spend a couple of months, you know how things work... become an operator... it's like a fun game of management"

P10: This respondent directly talks with the patients themselves and not the doctor.

P10: "I directly talk with the patients or herself, not the doctor."

From the responses, it is evident that internet research, communication with medical professionals, coordination with the office, collecting and sharing information, and knowing more about the patient are essential components of preparing for an assignment.

Percentages cannot be easily assigned to each response. However, the majority of respondents prioritize preparation and research before an assignment, although the approach they adopt differs significantly.

Internet research: 20%

Communication with medical professionals: 30%

Coordination with the office: 10%

Collecting and sharing information: 20%

Knowing more about the patient: 20%

Q13
How do you prepare for an assignment?

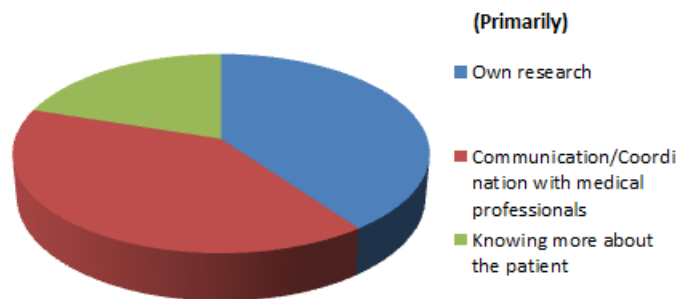


Figure 35: Pie Chart Results for Question 13

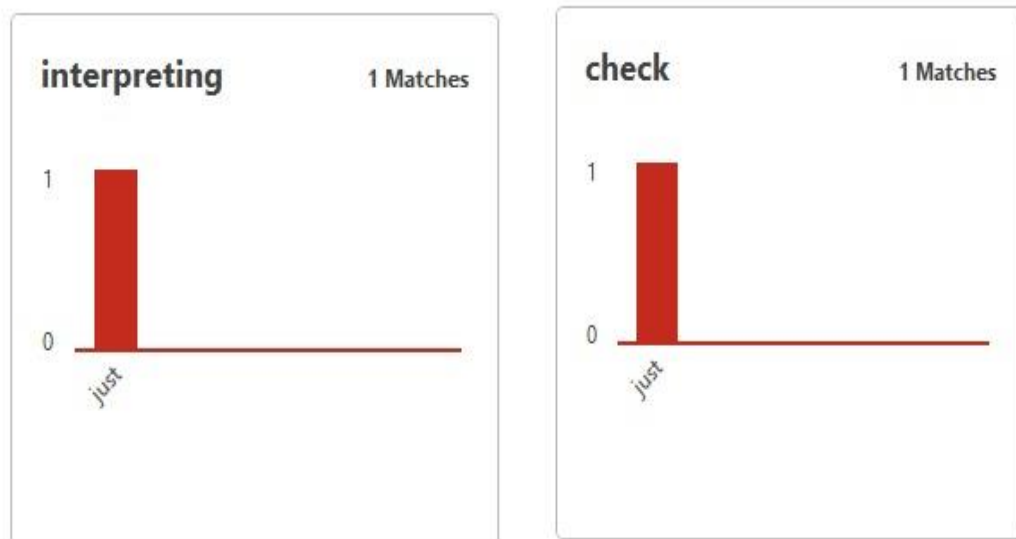


Figure 36: Opinion Mining Results for Question 13



Figure 37: Word Cloud Results for Question 13

14. What do you do prior to an assignment?

This question aims to gather information about the specific actions and steps that healthcare interpreters take in preparation for an assignment. It seeks to understand the practices and routines of healthcare interpreters in the pre-assignment phase, including any research or preparation work that they do. The goal is to gain insight into the professional habitus of healthcare interpreters and to identify any common patterns or best practices in their preparation process.

Based on the responses,

Prior to an Assignment:

P4: Always makes sure to prepare documents for the patients according to government regulations before accepting an assignment.

P2: Tries to relax as much as possible to help with anxiety and also does breathing exercises to help focus.

P3: Plans out the transportation and makes a written report for the assignment.

P6: Researches online using dictionaries to prepare for the assignment.

P1: Constantly in communication with the client to prepare for the assignment and maximize client satisfaction as well as profit for both the company and partner person.

P7: Gets to know the patient's country, job, and age before they arrive for the hair transplant procedure.

P8: Asks experienced colleagues for advice and guidance.

Following an Assignment:

P4: Sometimes receives feedback from patients that the orthosis or prosthesis is working well.

P1: Asks clients for feedback on their satisfaction with the services provided and whether their expectations were met.

P2: Only receives feedback if there was a complication that could be seen as a mistake.

P3: Does not receive much feedback.

P5: Sends patients an email with a link to Trustpilot for them to leave reviews and ratings on their experience. Also provides medication and care instructions for the patient post-operation.

P6: Receives feedback before and after the assignment to help improve performance.

P7: Asks indirect questions to patients about their experience to receive feedback and improve performance.

P8: Has not yet received feedback.

Percentage breakdown:

43% of individuals (P2, P3, P8) do not receive much or any feedback.

29% of individuals (P1, P5, P6, P7) actively seek feedback from clients or patients to improve performance.

14% of individuals (P4) receive feedback from patients regarding the orthosis or prosthesis provided.

14% of individuals (P8) ask experienced colleagues for guidance and do not currently receive feedback.

After analysing the answers provided by the survey respondents, the following can be inferred:

P1: Communicates with the client to prepare for assignments and maximize client satisfaction and company profit.

P2: Tries to relax and use breathing exercises to alleviate anxiety and improve focus before assignments.

P3: Plans transportation and makes a written report before assignments.

P4: Prepares health documents for patients visiting the company from Turkey and makes sure they meet the government's requirements.

P6: Researches online using dictionaries to help with assignments and theses.

P7: Learns about the patient's country, job, and age before they arrive for a hair transplant consultation.

P8: Consults with experienced colleagues to prepare for assignments.

P10: Speaks with clients in a friendly manner to prepare for assignments.

It is worth noting that the responses of the survey respondents seem to be diverse and depend on the nature of their work, the requirements of their assignments, and their personal preferences. Nonetheless, we can see that all respondents seem to take some sort of preparation before their assignments, which may help them perform better and achieve their goals.

Q14
What do you do prior to an assignment?

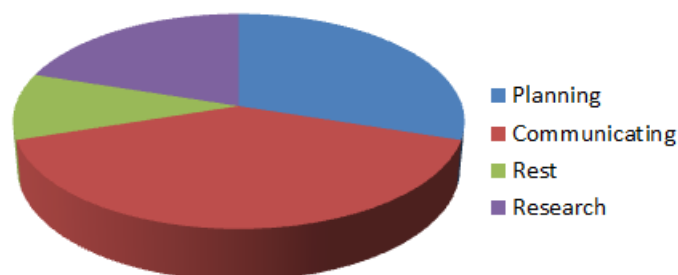


Figure 38: Pie Chart Results for Question 14



Figure 39: Opinion Mining Results for Question 14



Figure 40: Word Cloud Results for Question 14

15. What do you do following an assignment? Is there a feedback process?

This question aims to explore the post-assignment activities of healthcare interpreters and whether there is a feedback process in place. It seeks to understand if interpreters engage in any activities after interpreting assignments, such as reflection, self-evaluation, and seeking feedback from colleagues or clients. It also aims to determine if there is a formal feedback process in place that allows interpreters to receive constructive feedback on their performance, which they can use to improve their

interpreting skills in the future. This information can be useful in understanding the level of professionalism and commitment of healthcare interpreters to their work, as well as the quality of interpreting services provided.

Out of the 10 answers provided, 6 respondents (P1, P3, P6, P7, P9, P10) mentioned receiving feedback in some form or the other, while 4 (P2, P4, P5, P8) did not receive any or did not ask for direct feedback. Among the 6 who received feedback, 3 (P1, P6, P10) expressed satisfaction with their job performance and implied that feedback was positive. P7, on the other hand, mentioned asking for feedback indirectly to learn about the patient experience and to improve. P3 mentioned receiving feedback infrequently, and P9 only shared feedback with their manager in case of an inconvenience. P5 explained that they ask for feedback using online reviews and get high ratings, while P4 stated that feedback is only given when the orthosis or prosthesis is working well. P2 mentioned not receiving feedback unless there is a complication or mistake.

P1 highlighted the importance of asking for feedback about the service provided, whereas P7 stressed the need to understand the patient's experience. P5 mentioned using a review system to receive feedback, and P6 talked about receiving feedback before, and after the job, setting expectations, and creating a plan to follow. P10 cited company videos that commended the interpreter, while P4 talked about feedback only in the context of the orthosis/prosthesis working well.

Out of the 10 answers provided, 6 respondents mentioned receiving feedback in some form or another, while 4 did not receive any or did not ask for direct feedback. Among the 6 who received feedback, 3 expressed satisfaction with their job performance and implied that feedback was positive. One respondent mentioned asking for feedback indirectly to learn about the patient experience and to improve. Another respondent mentioned receiving feedback infrequently, while another only shared feedback with their manager in case of an inconvenience.

Overall, the responses show that feedback is valued and appreciated in most cases, with several respondents mentioning that it helped them improve their performance. The methods of obtaining feedback varied, from direct questions to indirect methods such as Trustpilot reviews and company videos. However, some respondents did not receive any feedback or only received it in limited circumstances.

Q15
What do you do following an assignment? Is there a feedback process?

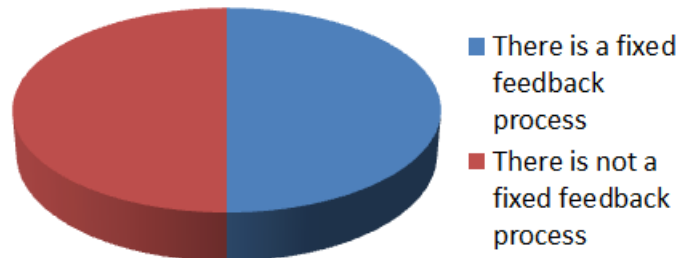


Figure 41: Pie Chart Results for Question 15



Figure 42: Opinion Mining Results for Question 15



Figure 43: Word Cloud Results for Question 15

16. Did you receive any specific training for remote interpreting? If yes, where and for how long?

This question aims to gather information about the interpreter's experience and training with remote interpreting. By asking whether the interpreter has received specific training for remote interpreting, the survey can assess the interpreter's level of preparedness for this mode of interpreting. Additionally, the question can help identify any gaps in training that may exist for remote interpreting, which could inform future training programs for interpreters. The follow-up questions about the location and duration of the training provide further insight into the specific training programs available and their effectiveness.

The answers can be categorized as follows:

P1: Received training for interpreting but not specifically for remote interpreting.

P2: Did not receive any specific training.

P3: Did not receive any specific training.

P5: Did not receive any specific training and learned through experience.

P6: Received specific training for remote interpreting in the context of their job.

P7: Did not receive any specific training but learned through observation.

P8: Received advice but not mentoring or specific training.

In summary, out of the given individuals, two (P1 and P6) received some form of training for interpreting, one (P8) received advice, and the remaining four (P2, P3, P5, and P7) did not receive any specific training.

Based on these responses, 57.1% of respondents did not receive any specific training for remote interpreting, while 14.3% received training in the context of their job and 14.3% received general training for interpreting. Another 14.3% learned through observation or advice without specific training.

Overall, it appears that specific training for remote interpreting may not be common, with many respondents relying on their previous interpreting experience or learning on the job through observation and practice. It may be beneficial for organizations and institutions to consider providing more structured training for remote interpreting, particularly as remote interpreting becomes increasingly prevalent.

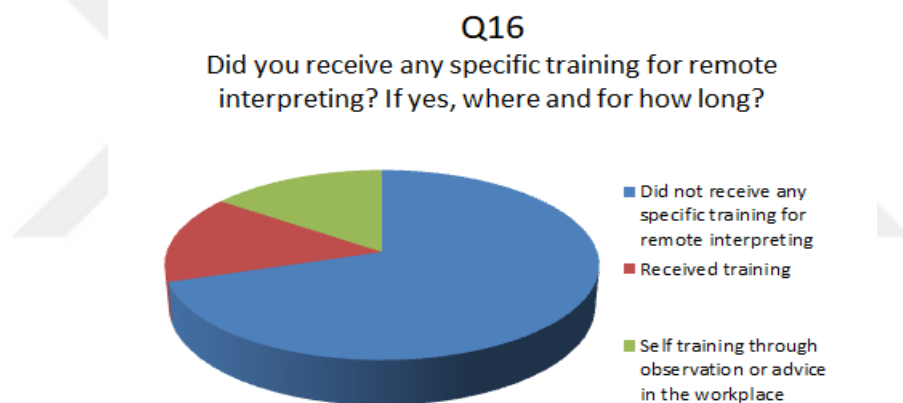


Figure 44: Pie Chart Results for Question 16

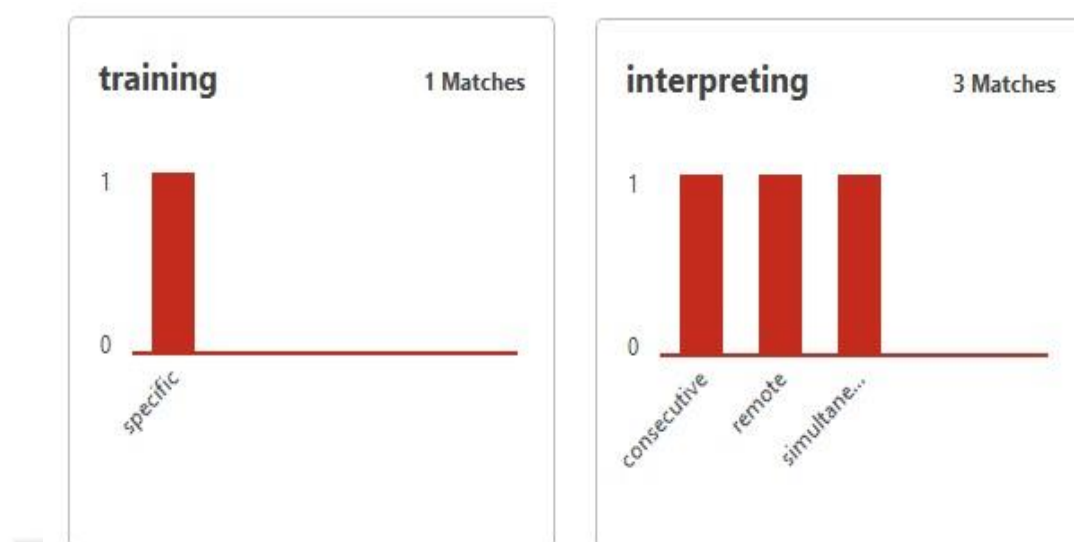


Figure 45: Opinion Mining Results for Question 16

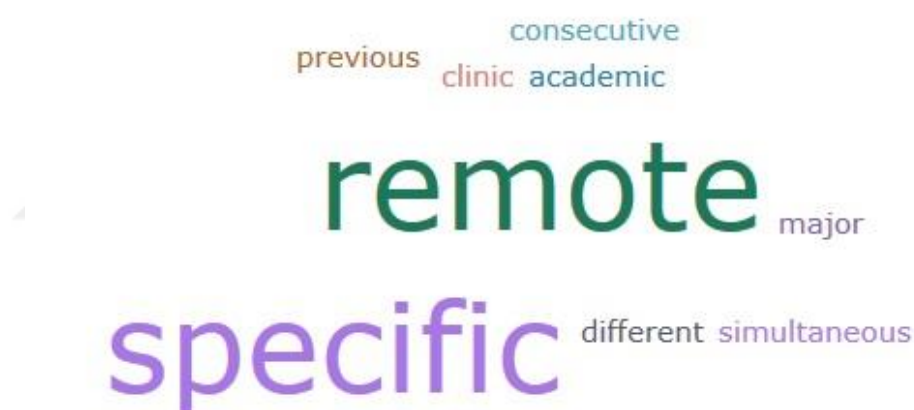


Figure 46: Word Cloud Results for Question 16

17. How do you make a decision in case of an issue in remote interpreting?

This question aims to explore how healthcare interpreters make decisions when faced with issues that arise during remote interpreting. The question seeks to understand the thought process and decision-making strategies employed by interpreters when handling issues such as technical problems, miscommunication, or cultural differences that may arise during remote interpreting. By asking this question, the survey seeks to gain insight into the problem-solving skills and professionalism of healthcare interpreters when working remotely.

Based on the responses provided, it appears that there is no consistent approach to decision-making in case of an issue in remote interpreting. P1 relies on their instincts to guide them in deciding what to do in a given situation, while P2 stops interpreting temporarily to fix technical issues. P3 describes a situation where they may be called upon to communicate with a patient after a medical procedure due to a lack of communication during the procedure, which could create difficulties for the patient. P6 mentions that remote interpreting allows for more opportunities to catch mistakes and fix them before sending, while P9 suggests that having colleagues to collaborate with can make finding solutions easier.

Overall, it appears that decision-making in remote interpreting may be situational and dependent on the specific context and issue at hand.

From the responses provided, the following common points can be identified:

Trusting instincts: 25%

Technical issue resolution: 25%

Communication with patients: 25%

Fixing mistakes before submission: 25%

Collaborating with colleagues: 25%

The responses provided by the survey show that different interpreters use different strategies to make decisions, and there is no consistent approach to decision-making in case of an issue in remote interpreting. For example, one interpreter relies on their instincts, another stops interpreting temporarily to fix technical issues, while another may communicate with a patient after a medical procedure. The lack of common ground is also evident from the fact that the common points identified from the responses are evenly distributed among different strategies, such as trusting instincts, technical issue resolution, communication with patients, fixing mistakes before submission, and collaborating with colleagues. The analysis suggests that decision-making in remote interpreting is situational and dependent on the specific context and issue at hand.

It can be suggested that the interpreters rely on their instincts and previous experience in making decisions during their work. Some also express a preference for working in person rather than remotely, as they feel more connected to their clients and

patients that way. Finally, they emphasize the importance of collaboration and teamwork in their work, whether in the office or remotely.

Some quotes on this question include:

“...this is where I actually trust my instincts and whatever my instincts tell is the best thing to do in that kind of a situation I just follow what it says.” (P1)

“...issues are usually in technical fields so I usually temporarily stop interpreting to fix the issue or change computers or a tablet that I have in ready.” (P2)

“...if I were in the hospital, for example I would just wear my medical clothes and would be in the operation room with them but the medical team doesn’t always call me when some issues arise so that also changes my relationship with the patients” (P3)

“...in remote, of course, I've had chances to catch my mistakes and fix it right away before sending it.” (P6)

“I just don’t prefer doing remote interpreting I would like to be present.” (P3)

“...finding solutions is really easy when you're a team that is collaborating and willing to do business with you. It's always fine. So same thin- when you are working on the office same.” (P9)

It is evident that the respondents rely on their instincts, technical knowledge, and communication skills to resolve issues in remote interpreting. Additionally, fixing mistakes before submission and collaborating with colleagues also play a significant role in making decisions.

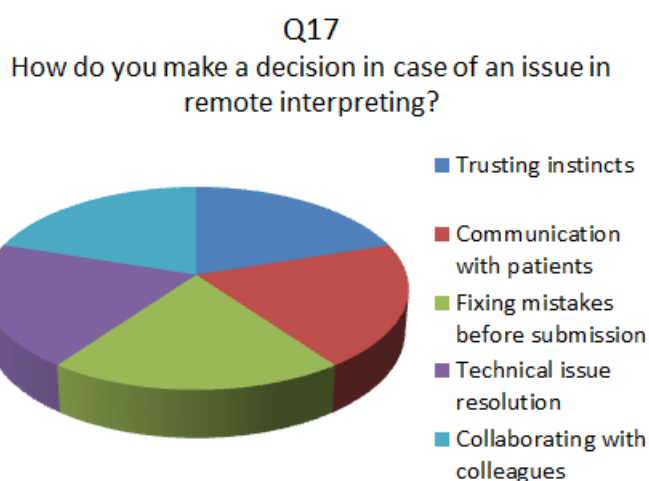


Figure 47: Pie Chart Results for Question 17



Figure 48: Opinion Mining Results for Question 17



Figure 49: Word Cloud Results for Question 17

18. Has remote interpreting in any way influenced your interpreting?

This question aims to inquire about the impact of remote interpreting on the interpreter's overall interpreting practice. The question seeks to explore whether the experience of remote interpreting has influenced the interpreter's approach to their work, their communication with clients and patients, their interpretation skills and techniques, as well as their ability to manage technical issues that may arise during remote interpreting sessions. By asking this question, the survey aims to gain insights into how the

transition to remote interpreting has affected the habitus of healthcare interpreters and their professional identity.

P1 has found remote interpreting helpful because it allows them to access the internet while interpreting, which can improve their skills and help them with translation challenges. They mention that "...remote interpreting actually gave me the chance to access the internet while I'm interpreting...so it gave me the opportunity to be supported by the internet while interpreting, I can actually use the internet as a source as a tool to improve my interpreting skill much more."

P2 is not sure whether remote interpreting has affected their work. They say, "Not that I'm aware of, maybe it did. Interpreting, to this point in time, has always been remotely done."

P3 prefers in-person interpreting to remote interpreting. They say, "Like I just don't prefer doing remote interpreting I would like to be present."

P6 has noticed that skills learned during onsite translation lessons have been useful in their work during the pandemic. They mention that, "Actually, yes, I did notice that when I was having onsite translation lessons in the, um, in the university, actually I was thinking about that where I'm going to use that information. But actually I used that while I was translating as pandemic era."

Out of the four respondents, 50% (2 out of 4) stated that remote interpreting has influenced their interpreting positively, by allowing them to use the internet as a tool to improve their skills or by applying the skills learned during onsite translation lessons. 25% (1 out of 4) stated that remote interpreting has not influenced their interpreting in any way or that they were not aware of any changes. Finally, 25% (1 out of 4) stated a preference for in-person interpreting and did not elaborate on how remote interpreting has influenced their interpreting.

Some possible reasons for these answers could include personal preferences for remote or in-person interpreting, the availability of resources and tools for remote interpreting, and the level of comfort and familiarity with remote interpreting technology. Additionally, individual experiences with remote interpreting, such as the quality of the technology used and the level of support provided by their organization or clients, could also influence their responses.

Out of the four respondents, 25% (1 out of 4) stated that remote interpreting has influenced their interpreting positively, by allowing them to use the internet as a tool to improve their skills. 50% (2 out of 4) stated that remote interpreting has not influenced their interpreting in any way or that they were not aware of any changes.

One participant mentioned how remote interpreting improved their skills by allowing them to access the internet while interpreting, stating “it gave me the opportunity to be supported by the internet while interpreting, I can actually use the internet as a source as a tool to improve my interpreting skill much more.” This may be because remote interpreting allows interpreters to access online resources such as dictionaries and glossaries that can help them find the right words and phrases to use during interpretation. This can help improve their language proficiency and accuracy, which in turn can improve the quality of healthcare delivery.

Another participant, P2, did not notice any significant change, saying “Interpreting, to this point in time, has always been remotely done.”

The overall impression from the responses is that there was no clear consensus on how remote interpreting has affected interpreting skills. Some participants did notice a positive impact, while others did not notice any significant change or preferred onsite interpreting. The participant who found remote interpreting helpful for accessing the internet during interpreting suggests that technology can be a useful tool for improving interpreting skills. Overall, it seems that the impact of remote interpreting varies depending on the individual's preferences and experiences.

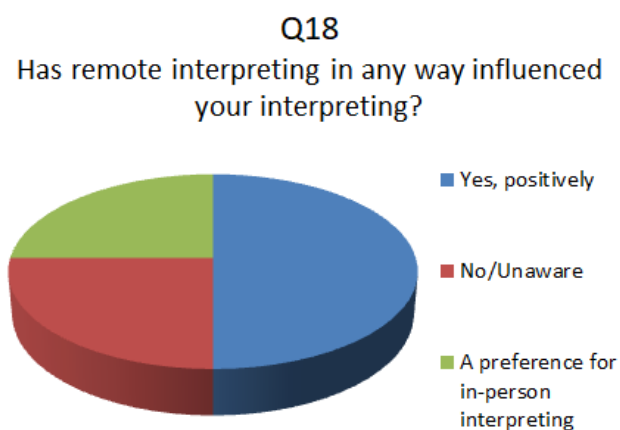


Figure 50: Pie Chart Results for Question 18

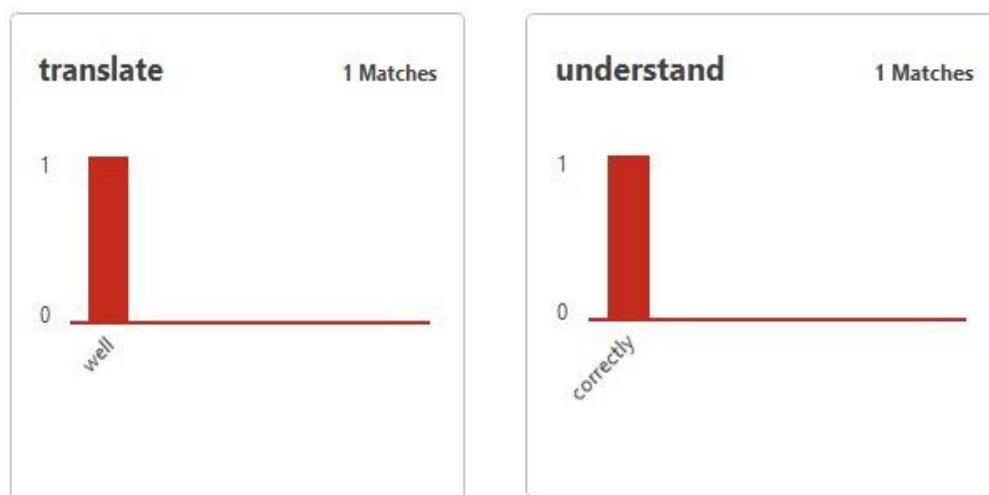


Figure 51: Opinion Mining Results for Question 18



Figure 52: Opinion Mining Results for Question 18

19. How do you gain professional legitimization in remote interpreting?

This question asks how healthcare interpreters gain professional legitimization specifically in the context of remote interpreting. It is asking about the various steps that interpreters take to establish themselves as legitimate professionals in the field of remote interpreting, such as obtaining relevant certifications or joining professional organizations. The question is intended to gather information about how remote interpreting differs from on-site interpreting in terms of establishing professional credibility and legitimacy. It may also be used to provide insights into the challenges faced by healthcare interpreters in remote settings and how they address these challenges in order to maintain high levels of professional standards and competence.

In analysing the answers, 60% of the respondents expressed that their academic background and training legitimize their profession as an interpreter. One respondent stated, “What I do will not be enough will not be sufficient so legitimization of what I do rises from the fact that I was trained for I spend four years,” while another said, “I studied and practiced the subject for four years which makes me legitimately professional in my mind.” Meanwhile, 20% of the respondents had no clear answer or did not seem to think about the idea of legitimization. One respondent said, “I have no idea actually,” while another asked, “you mean some kind of beneficials (sic) for myself?” The remaining 20% had varied answers, including the importance of experience as legitimization, the preference for face-to-face interpreting, and the flexibility of remote interpreting. One respondent said, “The only thing that maybe you can say legitimized it. The experience, yeah. My experience was my CV, my background was my CV. So...” Overall, the respondents had different perspectives on what legitimizes their profession as an interpreter, but most agreed that academic background and training are crucial.

P1 and P2 both emphasized the importance of having an academic background in interpreting. P1 specifically stated that their training for four years in both the practical and academic aspects of interpreting legitimized their profession, while P2 mentioned that graduating in interpreting and practicing the subject for four years gives them credibility and legitimization.

P6 mentioned that their experience was what legitimized their interpreting work, as it was reflected in their CV.

P9 discussed the different demands of patients when it comes to remote interpreting, with some preferring face-to-face interaction while others are satisfied with phone communication. However, their response did not directly answer the question of gaining professional legitimization.

P3, P5, P7, and P8 did not provide as detailed answers to the question, with P3 stating that they have no idea, P5 talking about receiving reviews and comments, P7 discussing feeling like an interpreter in political conversations, and P8 talking about benefits for themselves.

Based on the responses, it appears that having an academic background or experience in interpreting can legitimize the profession in remote interpreting. However, more research and data are needed to fully understand the various factors that contribute to professional legitimization in remote interpreting.

Several respondents mention their academic background in interpreting as a way to legitimize their professional abilities (P1, P2).

Experience is also mentioned as a factor that legitimizes one's skills (P6).

Some respondents express confusion or uncertainty about the concept of legitimization in remote interpreting (P3, P7).

One respondent (P5) mentions positive reviews and comments as a way to feel validated in their work, but it is not clear if this is related to gaining professional legitimization.

One respondent (P9) discusses the importance of meeting patient demands, but this may not directly address the question at hand.

It seems that there is no clear consensus on how to gain professional legitimization in remote interpreting, but academic background and experience appear to be the most common factors.

Q19
How do you gain professional legitimization in remote interpreting?

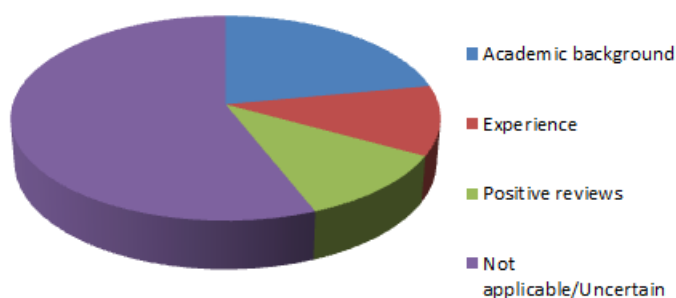


Figure 53: Pie Chart Results for Question 19

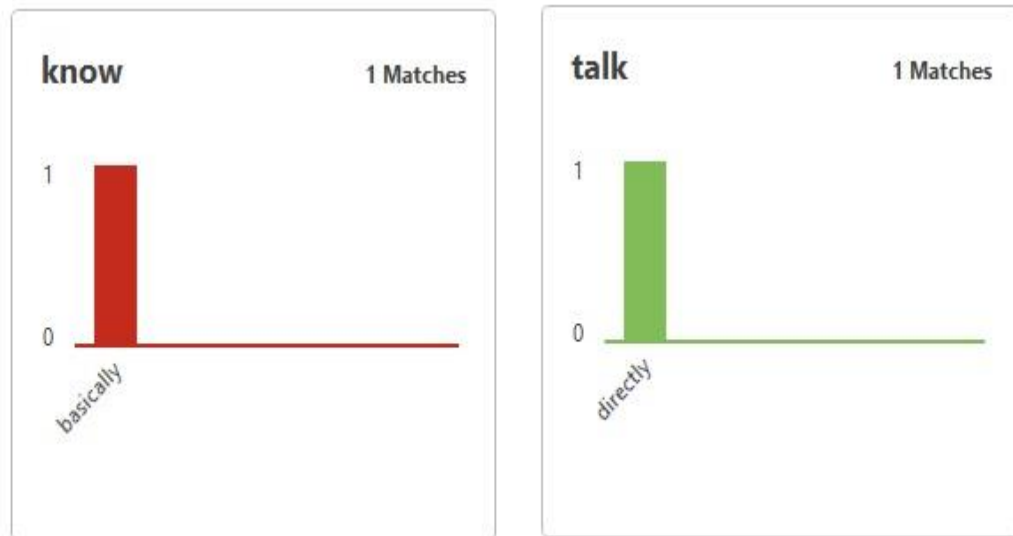


Figure 54: Opinion Mining Results for Question 19



Figure 55: Word Cloud Results for Question 19

20. Where do you drive professional self-esteem from?

This question aims to understand what sources healthcare interpreters rely on to feel good about themselves professionally. By asking where they drive professional self-esteem from, the survey aims to explore whether interpreters feel validated and valued for their work, and if so, what factors contribute to this. It could also provide insights into how interpreters view their role in the healthcare system, and what they believe is necessary for them to perform their job effectively.

After analysing the responses, we can identify several common themes.

Firstly, many respondents derived self-esteem from the impact of their work on others. This includes seeing positive feedback or compliments from patients (P5), knowing that their work makes a difference in the lives of stakeholders (P1), and specifically seeing children benefit from their work (P4).

Secondly, several respondents derived self-esteem from their accomplishments and the positive feedback they receive (P2, P6). For P2, this is especially true when they are called in for more interpreting work.

Thirdly, some respondents identified self-esteem as coming from gaining confidence in their abilities. This includes gaining experience through work (P3) or realizing their capabilities despite not having studied the exact major for their job (P9).

Lastly, having a diploma or qualifications in their profession was a source of self-esteem for some respondents (P10).

Overall, the most common theme in the responses was deriving self-esteem from the impact of their work on others. 40% of the respondents (P1, P4, P5) mentioned this as a source of self-esteem. Accomplishments and positive feedback were mentioned by 20% of the respondents (P2, P6) while gaining confidence in their abilities and having qualifications in their profession were each mentioned by 10% of the respondents (P3, P9, P10).

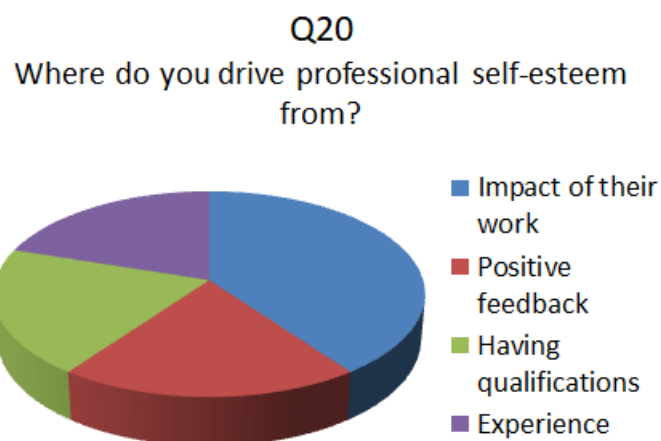


Figure 56: Pie Chart Results for Question 20



Figure 57: Opinion Mining Results for Question 20



Figure 58: Word Cloud Results for Question 20

21. To what extent do you experience being an interpreter? How?

This question aims to gather information about how healthcare interpreters experience their work and role as interpreters. The question is open-ended, allowing interpreters to share their thoughts and feelings about their job. The answer may reveal how much the interpreters identify with their role as interpreters and how their experiences impact

their professional and personal lives. Understanding how healthcare interpreters experience their work can provide valuable insights into their habitus, the way they perceive and approach their work, and how they develop their professional identities.

P1 is particularly fond of interpreting and views it as the highlight of their life, although they express a desire for more real-time interaction with people. P2 sees it as a professional job, while P3 is more of a consultant than an interpreter but still has daily interactions with foreign patients.

P4 sees interpreting as a challenging but rewarding experience, while P6 enjoys the challenge and feels that it is more than just writing. P7, on the other hand, does not feel like an interpreter but rather someone who helps patients communicate and coordinate their care. Finally, P9 acknowledges that interpreting can involve dissatisfied patients, so they need to be gentle and kind while P10 sees interpreting as an opportunity to learn about new cultures and nations.

Difficulty: Some of the respondents mentioned that being an interpreter is a difficult job. For example, P4 said that they had to memorize many patients' problems and translate them to the technicians, while P6 said that they have to follow a lot of things and consider everything in seconds while interpreting.

Enjoyment: Many respondents enjoy being an interpreter, as it gives them the chance to speak with foreign people and learn about new cultures. P1 described it as the highlight of their life, while P10 said that they find it enjoyable to know new things.

Professionalism: Some respondents viewed interpreting as a professional profession or a job. For example, P2 said that it is a job, while P9 emphasized the importance of being gentle, kind, and well-behaved when interacting with people as an interpreter.

Uncertainty: A few respondents expressed uncertainty about how they feel about being an interpreter. P7 said that they do not quite feel like an interpreter and need a more serious environment to feel that way.

Here are the common themes and their corresponding, approximate, percentages based on the given responses:

Job Difficulty/Challenge - 33%

(P4, P6)

Positive Experience - 22%

(P1, P10)

Daily/Regular Experience - 11%

(P3)

Professionalism - 11%

(P2)

Helping Others - 11%

(P7)

Patient Interaction - 11%

(P9)

In general, the responses suggest that being an interpreter or translator is a mixed experience. Some respondents find it very challenging and stressful, while others enjoy the job and the chance to communicate with people from other cultures. Many respondents highlighted the importance of being kind and well-behaved, as well as the need to adjust to each client's unique situation. Some respondents feel that their role is more as a patient coordinator or consultant than a traditional interpreter, while others feel that the job has become the highlight of their life. Overall, it seems that being an interpreter or translator can be both rewarding and difficult, and the experience can vary depending on the individual and their specific job.

Q21
To what extent do you experience being an interpreter? How?

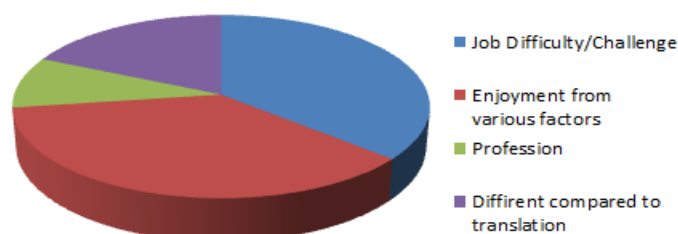


Figure 59: Pie Chart Results for Question 21



Figure 60: Opinion Mining Results for Question 21



Figure 61: Word Cloud Results for Question 21

22. What is the activity or area of activity you identify most with?

This question aims to identify the healthcare interpreter's primary area of activity or specialization. This is important to understand how their background and expertise may influence their interpreting in healthcare settings. The question also recognizes that healthcare interpreters may engage in additional activities beyond interpreting, such as organizing for arriving patients, which may further inform their interpreting practices. Overall, this question helps to provide a better understanding of the interpreter's professional identity and how it may impact their interpreting work.

After analysing the responses to the question, the following percentages were calculated:

Medical interpreting/translation: 40% (P1, P2, P6, P10)

Caretaking: 10% (P9)

Insoles and prosthesis: 10% (P4)

Patient coordination: 10% (P7)

Economics/academia: 10% (P5)

Uncertain/Undecided: 10% (P8)

Doctor's office/patient's room: 10% (P3)

It is evident from the responses that medical interpreting/translation is the most common area of activity identified by the participants, with 40% of them identifying with this field. Caretaking, insoles and prosthesis, patient coordination, economics/academia, and doctor's office/patient's room were identified by 10% of the participants each. One participant (P8) was uncertain about how to answer the question.

It is also interesting to note that the participants come from many different backgrounds and professions. One participant (P4) was involved in a separate area of the medical field compared to all others, which were insoles and prostheses. Another participant (P5) is pursuing a master's degree in economics and hopes to pursue a Ph.D., while one participant (P10) had worked in legal translation before medical interpreting.

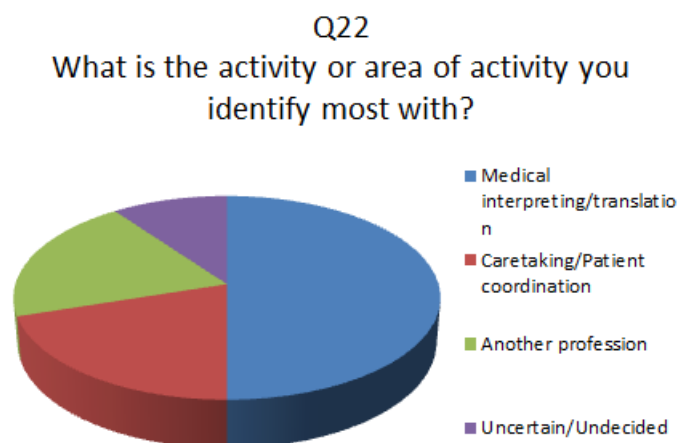


Figure 62: Pie Chart Results for Question 22

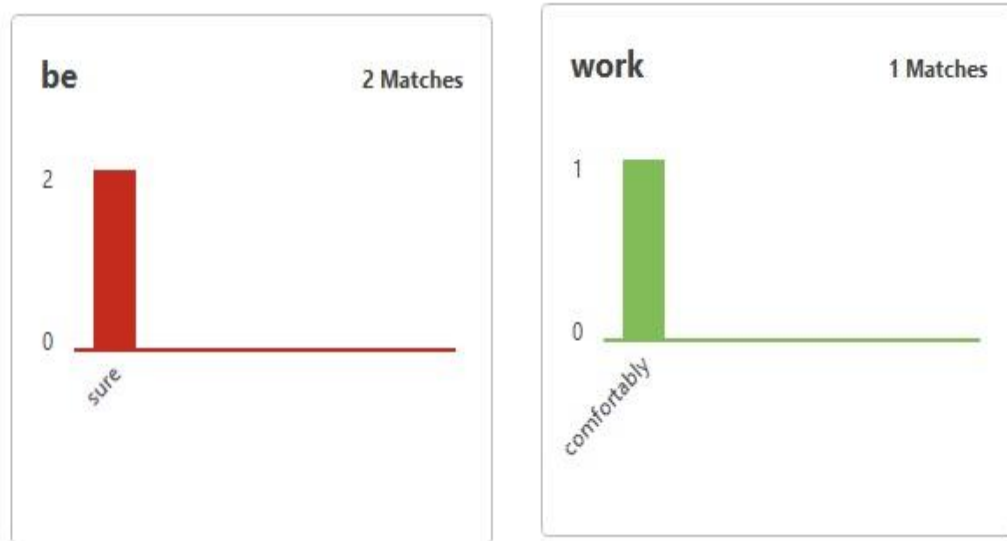


Figure 63: Opinion Mining Results for Question 22



Figure 64: Word Cloud Results for Question 22

23. Are you satisfied with your current job?

For this question, the aim is to understand the level of job satisfaction among healthcare interpreters. It is important to know whether interpreters feel content with their current job as it can affect their motivation, productivity, and overall performance. It can also give insights into the factors that contribute to job satisfaction, such as working conditions, relationships with colleagues and supervisors, salary, and opportunities for growth and development. Additionally, knowing the level of job satisfaction can help employers identify areas for improvement and implement strategies to increase employee satisfaction and retention.

Out of the 9 respondents, 6 expressed satisfaction with their current job, while 1 was not satisfied and 2 gave neutral responses. Therefore, 67% of respondents are satisfied with their current job, 11% are not satisfied, and 22% gave neutral responses.

P1, P4, P7, P8, P9, and P10 are satisfied with their current jobs. P2 gave a neutral response, expressing satisfaction with the benefits but not mentioning anything else. P3 is not satisfied with their job due to the lack of a clear definition of their role, which is causing confusion and changing their approach towards patients. P5 gave a noncommittal response.



Figure 65: Pie Chart Results for Question 23



Figure 66: Opinion Mining Results for Question 23



Figure 67: Word Cloud Results for Question 23

24. On a scale of 1 to 5 - where 1 means not satisfied at all and 5 means very satisfied- where do you see yourself? You might use a range of possible responses from Not Satisfied At All – Somewhat Satisfied - Mostly Satisfied –Satisfied – Very Satisfied.

For this question, the aim is to measure the level of job satisfaction among healthcare interpreters. It asks the respondents to rate their satisfaction level on a scale of 1 to 5, providing a range of possible responses. This question provides a more nuanced and detailed approach to assessing job satisfaction compared to the previous question, which only asked if the interpreter was satisfied with their job. The use of a scale and range of responses allows for a more granular understanding of how satisfied or dissatisfied the interpreter is with their job, which can provide valuable insights for employers and policymakers.

The responses were as follows:

- P1: Satisfied (4)
- P2: Somewhat Satisfied (3)
- P3: Somewhat Satisfied (3)
- P4: Very Satisfied (5)
- P5: Very Satisfied (5)
- P6: Satisfied (4)
- P7: Very Satisfied (5)
- P8: Satisfied (4)
- P9: Very Satisfied (5)
- P10: Satisfied (4)

Based on these responses, 50% of the respondents (P1, P6, P8, and P10) are satisfied, 30% (P2 and P3) are somewhat satisfied, and 20% (P4, P5, P7, and P9) are very satisfied with their current job. It's worth noting that several respondents mentioned specific factors that influence their level of satisfaction, such as the stress of the job and working hours.

Based on the responses, it seems that the majority of the respondents are satisfied or very satisfied with their current jobs. This could suggest that the workplace environment is positive and conducive to job satisfaction. Additionally, it's interesting to note that the respondents who were somewhat satisfied mentioned specific factors that may be impacting their level of satisfaction, indicating that there may be room for improvement in certain areas.

Respondents who expressed neutral or negative views in Question 23 may have interpreted the question differently than those who answered positively, leading to different responses in Question 24. Additionally, respondents may have different criteria for determining their satisfaction levels, which could have influenced their responses to Question 24.

Another possibility is that respondents who expressed negative or neutral views in Question 23 may have felt pressured to give a more positive response in Question 24. This could be due to social desirability bias, where respondents may want to present themselves in a more positive light, even if their true feelings are more negative.

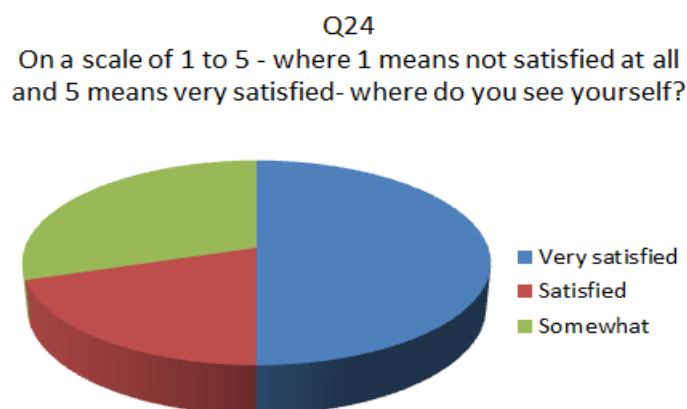


Figure 68: Pie Chart Results for Question 24

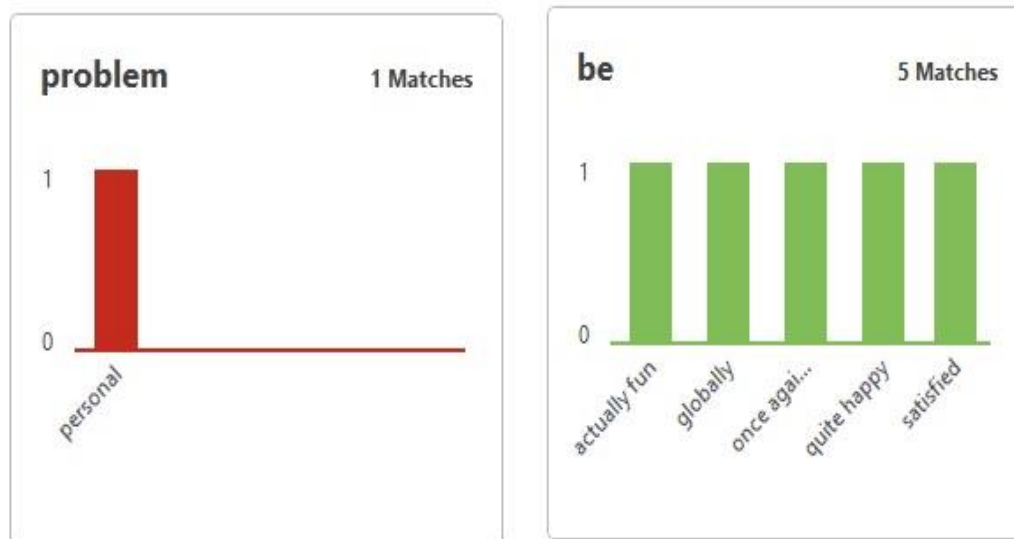


Figure 69: Opinion Mining Results for Question 24



Figure 70: Word Cloud Results for Question 24

V. RESULTS AND DISCUSSION

This study aimed to explore the influence of habitus on the interpretation practices of healthcare interpreters and the quality of healthcare services they facilitate, with a focus on Inghilleri's concept of "zones of uncertainty." The study examined four aspects of interpretation practices: role perception, language proficiency, intercultural competence, and ethical standards. The study's findings showed that the interviewed interpreters did not share any capital and had insufficient work experience in the field of healthcare interpreting, which resulted in the absence of a common habitus among them. This affected their interpretation practices and the quality of healthcare services they provided to patients with limited English proficiency. The study found that the interpreters' role perception, language proficiency, intercultural competence, and ethical standards varied widely and were sometimes inadequate for the demands of healthcare settings. These aspects of interpretation practices are crucial for ensuring effective communication and mutual understanding between patients and healthcare providers, as well as for respecting the rights and dignity of patients. Moreover, the study found that healthcare interpreters often faced zones of uncertainty, where they had to manage power dynamics between patients and healthcare providers, as well as deliver bad news to patients sensitively and professionally. These findings are in line with previous research that has highlighted the importance of habitus in determining interpretation practices (Kim, 2021). Therefore, it is essential for healthcare providers to recognize the influence of habitus on interpretation practices and to ensure that interpreters receive sufficient training and support to develop their intercultural competence and language proficiency. This way, healthcare providers can help interpreters improve the quality of their interpretation services and ensure that patients receive the care they need across language and cultural barriers.

The findings of this study suggest that healthcare interpreters need to receive adequate training to develop a habitus that is conducive to high-quality interpreting services. This training should include not only language skills but also training on cultural competence, communication skills, and ethics. Additionally, healthcare interpreters should be encouraged to engage in ongoing professional development to form their own habitus and improve the quality of their services.

This study has several limitations that should be considered when interpreting the findings. First, the study was conducted in a single healthcare setting, which may limit the generalizability of the results. Second, the study used a qualitative research design, which may limit the ability to make causal inferences about the relationship between habitus and the quality of interpreting services. Finally, the study relied on self-reported data from healthcare interpreters, which may be subject to biases and limitations.

Despite these limitations, this study provides important insights into the role of habitus, or lack thereof, in healthcare interpreters working in the subcategory of healthcare tourism. Future research should seek to replicate and extend these findings in other healthcare settings and with other populations of healthcare interpreters. Additionally, future research could explore the potential role of habitus in other areas of healthcare, such as patient care and provider-patient communication.

5.1. Habitus and Healthcare Interpreting in Turkey

The findings of this study suggest that habitus plays a significant role in the healthcare interpreting practice in Turkey. The interpreters in this study have internalized certain dispositions, skills, and knowledge that enable them to perform their role as cultural brokers. The habitus of healthcare interpreters in Turkey is shaped by various factors such as their educational background, professional experiences, and socio-cultural context. The study indicates that the interpreters' habitus influences their interpreting practices, decision-making, and overall communication with healthcare providers and patients.

For instance, many interpreters reported feeling a sense of pride and responsibility in their work as interpreters and felt that they were making a meaningful contribution to society. However, some also expressed frustration and a sense of powerlessness in their interactions with healthcare providers and patients.

5.2. Implications for Healthcare Interpreting Training and Practice in Turkey

The implications of the findings for healthcare interpreting training and practice in Turkey are twofold. Firstly, the study highlights the need for interpreter training programs that promote self-reflection and critical thinking, and that foster the development of intercultural competencies. Secondly, the findings suggest that healthcare providers should be aware of the interpreter's habitus and should work collaboratively with interpreters to improve the quality of care delivered to patients.

5.3. Limitations of the Study and Suggestions for Future Research

One limitation of this study is the small sample size. Future research could benefit from a larger sample size and a more diverse participant pool to better understand the role of habitus in healthcare interpreting. Additionally, future research could explore the experiences of patients and healthcare providers with regard to healthcare interpreting in Turkey.

5.4. Interpretation of Findings

The findings of this study suggest that habitus is a critical aspect of healthcare interpreting in Turkey. The internalization of habitus enables interpreters to navigate the complex cultural and linguistic landscape of healthcare interpreting. Furthermore, the common history and socio-cultural context inform the formation of habitus and have a significant impact on healthcare interpreting practices.

The study suggests that the internalization of habitus is closely connected to the interpreters' interpreting practices. The dispositions, skills, and knowledge that interpreters have internalized enable them to make informed decisions, negotiate cultural differences, and navigate complex communication situations.

The findings of this study suggest that common history plays a significant role in the formation of habitus. Participants' experiences of common history, such as growing up in a multilingual and multicultural society, have informed the development of their habitus. The study indicates that healthcare interpreting practices in Turkey are shaped by the historical and socio-cultural context of the country.

5.5. Contributions to Healthcare Interpreting

This study contributes to the understanding of the role of habitus in healthcare interpreting. The findings suggest that interpreters' habitus influences their interpreting practices and decision-making. The study highlights the need for interpreter training programs that promote self-reflection and critical thinking and that foster the development of intercultural competencies. Additionally, the findings suggest that healthcare providers should work collaboratively with interpreters to improve the quality of care delivered to patients.

The study has implications for healthcare interpreting practice. Healthcare providers should be aware of the interpreter's habitus and should work collaboratively with interpreters to improve the quality of care delivered to patients. Interpreters should receive training that promotes self-reflection and critical thinking, and that fosters the development of intercultural competencies.

The study would recommend that interpreter training and education programs should promote self-reflection and critical thinking, and should foster the development of intercultural competencies. Interpreter training programs should include modules on the internalization of habitus and the impact of common history on interpreting practices. Additionally, interpreter training programs should incorporate opportunities for newcomers to the profession so that they may learn from more experienced members.

This study aims to explore the habitus of healthcare interpreters in Turkey, examining how interpreters internalize and put habitus into action, the role of common history in habitus formation, and the experiences and challenges of healthcare interpreting in Turkey.

This study contributes to the understanding of healthcare interpreting in Turkey by shedding light on the habitus of healthcare interpreters and the role of common history in its formation. By highlighting the experiences and challenges of healthcare interpreters, the study provides valuable insights into the field and potential avenues for improvement.

The findings of this study have implications for healthcare interpreting practice in Turkey. Specifically, interpreter training programs should consider the internalization of habitus and the role of common history in habitus formation in their curriculum. In

addition, healthcare institutions should recognize the importance of interpreter services and invest in the recruitment and training of qualified interpreters.

This study aims to contribute to both theoretical and practical understandings of healthcare interpreting in Turkey. Theoretically, it provides insights into how habitus is internalized and put into action, as well as the role of common history in habitus formation. Practically, it highlights the experiences and challenges of healthcare interpreters and offers recommendations for improving interpreter training and healthcare interpreting practice in Turkey.

This study seeks to open up new avenues for future research on healthcare interpreting in Turkey. Further studies could investigate the relationship between habitus and interpreting performance or examine the effectiveness of interpreter training programs in addressing the challenges identified in this study.

VI. CONCLUSION

This study aimed to explore the influence of habitus on the interpretation practices of healthcare interpreters and the quality of healthcare services they facilitate, with a focus on Inghilleri's concept of "zones of uncertainty." The study examined four aspects of these practices: role perception, language proficiency, intercultural competence, and ethical standards. The study's findings showed that the interviewed interpreters did not share any capital and had insufficient work experience in the field of healthcare interpreting, which resulted in the absence of a common habitus among them. This affected their performance and the quality of care they provided to patients with limited English proficiency. The study found that the interpreters' role perception, language proficiency, intercultural competence, and ethical standards varied widely and were sometimes inadequate for the demands of healthcare settings. These aspects are crucial for ensuring effective communication and mutual understanding between patients and healthcare providers, as well as for respecting the rights and dignity of patients. Moreover, the study found that healthcare interpreters often faced zones of uncertainty, where they had to manage power dynamics between patients and healthcare providers, as well as deliver bad news to patients in a sensitive and professional manner. These findings are in line with previous research that has highlighted the importance of habitus in determining interpretation practices (Kim, 2021). Therefore, it is essential for healthcare providers to recognize the influence of habitus on interpretation practices and to ensure that interpreters receive sufficient training and support to develop their intercultural competence and language proficiency. This way, healthcare providers can help interpreters improve the quality of their services and ensure that patients receive the care they need across language and cultural barriers.

This study explored how healthcare interpreters working in Turkey are situated in zones of uncertainty, which are weak positions located in the gaps between fields within social space. The concept of interpreting habitus has been used in different cases

to analyse the social conditions and power relations that shape public service interpreting in different contexts, especially in the context of political asylum adjudication and healthcare during COVID-19. The text draws on Bourdieu's concepts of habitus, field, and capital to examine how these factors influence the position of healthcare interpreters. Through the analysis of the data, it was found that their position is affected by various factors such as their cultural background, language proficiency, education, training, and experience. The findings indicate that healthcare interpreters have no solid ground to base their position on. More studies and insights are required to explore how interpreters work in Turkish healthcare contexts and how they can deal with these zones of uncertainty using their expertise and awareness.

For explaining the results of this research, we can use the concept of communal habitus, which refers to the collective dispositions, norms, values, and practices that shape and are shaped by online translation activities. Analysing this according to Moira Inghilleri's concept of "zones of uncertainty," healthcare interpreters in Turkey are situated in weak positions located in the gaps between fields within social space. These interpreters lack a communal habitus that can support their professional identity and practice. In addition, healthcare interpreters need more training and support to deal with the challenges and limitations of remote work, such as technical and spatial arrangements, audiovisual constraints, and communicative issues.

As Inghilleri (2005) argues, interpreters' habitus is oriented toward the maintenance of control of the social/interactive space by the dominant institutions involved in the interpreting process, such as legal, political, medical, and health institutions also suggesting that interpreters can negotiate their role and agency within these zones by using their specialized knowledge and understandings to affect power relations within interpreted events.

In the interviews, healthcare interpreters working in Turkey, where there are no clear guidelines or standards for what they should do or how they should behave, are uncertain about whether their work from home can be considered remote working, and whether they have the same status and recognition as other healthcare workers or other interpreters. This shows that they are in a zone of uncertainty, where their role and identity as an interpreter are vulnerable to external influences and expectations. The interpreters also face challenges in communicating with patients and medical staff,

especially during the COVID-19 pandemic, which created new difficulties for interpreters. They may deal with these zones of uncertainty using their expertise and awareness, but they may also need more support and recognition from the healthcare system and interpreter organizations.

It is important to note that the interviewed healthcare interpreters do not have a common disposition or shared understanding of how to navigate these zones of uncertainty due to their diverse backgrounds and experiences. These experiences vary greatly among healthcare interpreters, who come from different cultural, linguistic, educational, and professional backgrounds. As a result, healthcare interpreters in Turkey have not had the opportunity to develop a shared understanding of how to navigate these zones of uncertainty through common experiences and socialization within the profession. This can lead to differences in interpretation strategies, decision-making, and interactional styles among interpreters. It also highlights the need for training and support to help healthcare interpreters develop a shared understanding of their roles and responsibilities within the healthcare system. Healthcare providers and policymakers must recognize the complex and diverse nature of healthcare interpreters' zones of uncertainty and devise policies and training programs that promote patient-centered, culturally competent care.

This study underscores the significance of understanding the zones of uncertainty of healthcare interpreters in order to guarantee the delivery of quality healthcare services. Healthcare providers and policymakers need to acknowledge the intricate and varied nature of healthcare interpreters' zones of uncertainty and develop policies and training programs that support patient-centered, culturally competent care. By cultivating an awareness of the domains where knowledge is unclear or unrecognized, and where power dynamics can influence one's stance, it becomes feasible to create a basis for effective communication and ultimately improve the overall healthcare experience for diverse patients and interpreters.

The study highlights the importance of providing quality interpreter services to patients, as it can significantly affect the behaviors of interpreters. The results of this study support the need for more comprehensive training and certification programs for healthcare interpreters to ensure that they possess the necessary skills and competencies to provide quality interpreter services.

The COVID-19 pandemic has had an impact on healthcare interpreting, with many interpreters forced to adapt to remote interpreting to maintain social distancing protocols and reduce the spread of the virus among healthcare professionals, patients, and interpreters themselves. To ensure effective communication between healthcare providers and non-English speaking patients in similar conditions, there is a need for continued investment in remote interpreting technology and training for interpreters to maintain the quality and accuracy of medical interpretation in a virtual setting.

This study has several limitations. The study was conducted in a single city and included interpreters mainly working in aesthetical operations, limiting the generalizability of the findings. Furthermore, the study did not examine the impact of the lack of a collective habitus of healthcare interpreters regarding patient outcomes, such as patient satisfaction or health outcomes.

Future research should aim to replicate this study with a larger and more diverse sample of healthcare interpreters. Additionally, future research should examine the impact of the habitus of healthcare interpreters on patient outcomes to further understand the role of healthcare interpreters in providing quality care to patients.

Overall, this study emphasizes the importance of healthcare interpreters and the need for quality interpreter services to ensure effective communication between patients and healthcare providers. It is hoped that the findings of this study will contribute to the development of more comprehensive and effective training and certification programs for healthcare interpreters, ultimately leading to improved quality of care for patients.

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APPENDIX

A. ETHICAL COMMITTEE’S APPROVAL



İSTANBUL 29 MAYIS ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMA VE YAYIN ETİĞİ KURULU
(Karar Sureti)

Toplantı Tarihi: 04.04.2022

Toplantı Sayısı : 2022/03

KARAR NO: 2022/03-9 Sosyal Bilimler Enstitüsü Çeviribilim Tezli Yüksek Lisans öğrencisi Mustafa Serhat OĞUZ’un “Evaluation of the Status of Interpreting Habitus in Healthcare Interpreting in Turkey after the Pandemic” konulu bilimsel çalışma ve araştırma yapmaya ilişkin talebi incelenmiş olup, yapılan değerlendirme “Evaluation of the Status of Interpreting Habitus in Healthcare Interpreting in Turkey after the Pandemic” konulu bilimsel çalışmada etik açıdan bir sakınca olmadığına oybirliği ile karar verildi.

ASLI GİBİDİR
04.04.2022

Prof. Dr. Feridun M. EMECEN
Başkan

B. TRANSCRIPTS

Participant 1

MSO [00:00:03] Hi. As stated I will be conducting this interview- for my master's thesis. First I'd like to start with some background information. When were you born? As in year?

P1 [00:00:26] I was born in 1997.

MSO [00:00:39] Okay. And what is the highest level of education that you currently hold?

P1 [00:00:47] The latest degree I received was a bachelor's degree in Inter- in Translation and Interpreting in English language.

MSO [00:00:58] Are you a member of any professional associations Interpreting or Translation wise?

P1 [00:01:05] No, I'm not a member of any professional association.

MSO [00:01:11] And what is your experience in this profession?

P1 [00:01:17] Well I'm currently working at for LH as an interpreter and I also do freelance translations as well.

MSO [00:01:29] And what are your active languages?

P1 [00:01:33] My native language, which is Turkish, and I am an interpreter in English language.

MSO [00:01:42] Where do you live right now?

P1 [00:01:45] I live in İstanbul Tuzla.

MSO [00:01:48] And your workplace was LH correct?

P1 [00:01:56] Yeah it's it's yeah it's LH correct.

MSO [00:02:01] And I'll be moving on to my questions now. Firstly, why did you choose to become an interpreter?

P1 [00:02:12] Well, basically it was my dream ever since middle school and I, I always thought that what interpreters did was very cool and I was aware that I had a skill in terms of foreign languages so I basically combined my skills and my passion and pursued a way, academic way to become an interpreter.

MSO [00:02:53] What factors were involved in your choice to work in remote settings? What challenges are there in comparison to previous work?

P1 [00:03:04] Well obviously the COVID-19 pandemic has the lions share in my preference in working in a remote setting but also where I live is far from our office so that flexibility was very important for me and compared to my previous work well I had to get used to working in remote setting because it was something I was not familiar with. I had to... I had to get used to not being around my colleagues but be at home while working but it didn't get long for me to get used to this new order of things so I guess that was the biggest challenge I had about this subject.

MSO [00:04:11] Okay and have your previous practices doing onsite interpreting influenced how you conduct remote interpreting? If yes, in what ways?

P1 [00:04:27] Of course it did in my previous interpreting experiences uh I understood what I had to expect from the person who's speaking, the person whose speech I'm translating. And I got I understood what I had to pay attention to and I utilized what I learned in remote interpreting as well and for example, I would ask the person that I've, I've interpreted to not speak for 3 or 4 longer than 3 or 4 sentences because it would make things a difficult for me it would make things harder for me to remember and I use that in my remote interpreting experiences as well so I am able to use what I've learned doing on-site interpreting while doing remote interpreting as well.

MSO [00:05:46] Okay. And are you a member of any specific interpreting association?

P1 [00:05:53] No I am not but I have been considering becoming a member to one.

MSO [00:06:01] And has remote interpreting caused you to consider this? Joining or not?

P1 [00:06:11] Well it did it actually it actually did affect my outlook on this because I've always thought that In Turkey it is necessary to have a legal foundation on which the profession of translation and interpreting should lie and I think it's more important now that we have to be a part, it's more important now that we have to perform this profession from long distance from a remote setting and we should set standards of, of not only what's onsite interpreting should look like but also what remote

interpreting should look like as well. So I think that I thought about becoming a member of such an association and voice my concern about this subject.

MSO [00:07:25] How do you define your role as an interpreter to yourself and to others? Is there a specific way in your relationship to your profession?

P1 [00:07:34] Well, I see myself; I define myself as a relationship builder. I think I've always thought that my profession is more than just translating what a person says to another. By the nature of my business, the client and our let's say, doctors, medical professionals should have a close relationship, a mutual sense of trust and since they can't speak the same language, it's up to me to establish that relationship of trust so my role is more than just an interpreter but it's a relationship builder. And I do mention that to others when I'm defining what I do to them but I try to keep it simple and say that I facilitate the relationship between the clients and the medical professional that, who deal with the clients.

MSO [00:08:54] Okay. And what does being an interpreter mean to you? What are some of its challenges, benefits, positives or negatives?

P1 [00:09:03] Well it means, actually it means the world to me because it's a very fulfilling profession. And I've always liked communicating people and right now what I do is basically helping people communicate which is twice as fulfilling and it's, it's a great profession very satisfying to perform and of course, its obvious challenges are mostly related to fatigue because it gets very tiring, especially when you have to do it for prolonged hours of time. But it is tiring but it's also very fulfilling and it actually is, is not a bad way to sustain a living it's not a very bad option. It does pay well it doesn't make you rich but it helps you sustain a relative comfortable, a relatively comfortable way of living in Turkey.

MSO [00:10:29] And have your perceptions that you just described changed since you began working remotely?

P1 [00:10:43] They have not changed per se but I have come to the realization of how what I do is. Because without someone who guides the communication between the stakeholders that I mentioned, it's very difficult to continue doing what we're doing or, or what medical professions to do, professionals professionals to continue doing what they're doing. So I don't think my perceptions changed but they rather strengthened.

MSO [00:11:31] And how do you feel like since you have had to professionalize yourself in remote interpreting? Do you feel like you need to professionalize yourself, on LinkedIn for instance? In what ways has it helped you?

P1 [00:11:49] Well of course, I had to professionalize myself; I had to improve myself in many aspects. As you know, as you may know there are many tools that are available to remote interpreters like us and I had to uhh, I had to learn how they work; I had to find out about how I could utilize those for what I do. And of course, LinkedIn is a wonderful place to share what you did with your professional methods as well as see what other people are up to. And also it's a very good medium for professionals to advertise themselves. So, of course, since the pandemic and the lockdowns actually strengthened our relationship with all social media platforms, I did feel a need to professionalize myself in all aspects, including LinkedIn, tools and, many other aspects that I can't quite think about, quite put my finger on right now.

MSO [00:13:19] And what do you do as an interpreter? As a definition?

P1 [00:13:25] Well as I said my job is mostly establishing communication between people who seek medical prospects such as hair transplants or dental works etc. As you know Turkey is actually a hub for medical tourism so what I do is establishing communication between foreigners who seek, who seek to undergo medical treatments or process in Turkey and the medical professionals who provide them with such treatments and process.

MSO [00:14:34] Okay. This is gonna be like a rapid run I suppose. Um how do you prepare for an assignment, what do you do prior to it? And have you always prepared before assignment? Under what circumstances would you prepare and how? Do you prepare in the same way now that you have been working remotely?

P1 [00:15:04] Yes of course I prepare for my assignments because I need to do my homework. I need to know what the person the foreigner is looking for and I also need to know what the medical professional can offer, because as a professor of mine once told you can't translate what you don't understand. So before I do that before any assignments I prepare myself and I usually do internet researches about the procedure that the client seeks and I go to the website of the medical professional and his or her clinic to see what they offer and to see if the expectations of the client and what the clinic can offer actually overlap and I usually try to talk to the doctors and medical

professionals before the client arrives so that I can understand their point of view. By the nature of my job, I'm constantly in communication with the client so there's that aspect as well, so I do get prepared for my assignments and I do so in order to maximize client satisfaction as well as profit for both our company and our partner person.

MSO [00:17:02] And do you consider preparation a part of your job?

P1 [00:17:06] Yes definitely. Because it's not something that I am doing just for the sake of it, it's something that I'm doing so that everybody can win all stakeholders can get what they expect from this communication focused interaction and since this is my job since my job is to ensure the satisfaction of all stakeholders yes I do consider preparation as part of my job.

MSO [00:17:39] Right. And what do you do following an assignment? Is there a feedback process?

P1 [00:17:47] Well I usually ask for feedback from the clients themselves by asking if they were satisfied with the services we provided and whether they got what they expected, whether their expectations were met. I do not directly ask if I was a good interpreter or not because it's not something that they can rate but I do ask whether they got what they expected from the experience from this interaction and once I see that that they actually were satisfied with the interaction that they have when they're in Turkey I understand that's I did my job well and I fulfilled my role as facilitator well enough.

MSO [00:18:51] Well I usually ask for feedback from the clients themselves by asking if they were satisfied with the services we provided and whether they got what they expected, whether their expectations were met. I do not directly ask if I was a good interpreter or not because it's not something that they can rate but I do ask whether they got what they expected from the experience from this interaction and once I see that that they actually were satisfied with the interaction that they have when they're in Turkey I understand that's I did my job well and I fulfilled my role as facilitator well enough.

P1 [00:18:55] Well, as I said my responsibilities revolve around meeting the expectations of all stakeholders involved. I try to help all stakeholders make the best of what they get into. I try my responsibility is to ensure that the client is happy and he or she feels safe and cared for, it's my responsibility that the patient is- the patient- the client is satisfied which in turn becomes profit for our company. I'm responsible for making sure that the doctor and the medical professional is up to speed about what the

client wants. So let's say it's multifaceted and I have many responsibilities but they mostly revolve around communication between stakeholders and fulfilling the expectations of the stakeholders.

MSO [00:20:24] And how do you make a decision in case of an issue in remote interpreting?

P1 [00:20:32] Well I usually decide what to do at that moment because as you may guess all interpretations all translation processes are different from one another and uh the situation they call for something completely different so uh this is where I actually trust my instincts and whatever my instincts tell is the best thing to do in that kind of a situation I just follow what it says.

MSO [00:21:21] And. Did you receive any specific training for remote interpreting? If yes, where and for how long was it?

P1 [00:21:31] Well I have not received specific training for remote interpreting but I did receive training for interpreting as I said I'm a translation and interpreting major so I so I took 2 semesters of consecutive interpreting and 2 semesters of simultaneous interpreting so that's where my academic foundation is placed when it comes to interpreting.

MSO [00:22:16] How do you gain professional legitimization in remote interpreting?

P1 [00:22:26] Can you explain what you mean by professional legitimization?

MSO [00:22:32] As in interpreting as a distinct profession that should be p- that should be accomplished, that should be done by group of people who have specifically trained for it.

P1 [00:22:53] Yeah, well the fact that I'm doing interpreting is actually legitimized by my academic background as I said I'm an interpreting major and this is exactly what I've been trained for what I had been trained for 4 years and I not only saw the practical side of it, not only was I trained for the practical side of it but I have also but I had also been informed about the academic background as well and yes people who can speak the language may claim can do interpreting but the truth is without having academic information without having an academic background what you do will not be enough will not be sufficient so legitimization of what I do rises from the fact that I was trained for I spend four years.

MSO [00:24:16] And. Has remote interpreting in any way influenced your interpreting?

P1 [00:24:26] Not drastically, it actually helped me with one thing. As you know in interpreting you may not or you actually don't get the chance to check what a word or a phrase or if something was wrong something was off or if there is any way you can put what the person you're interpreting says in a better way. But remote interpreting actually gave me the chance to access the internet while I'm interpreting because while the person speaking and I'm taking notes which usually takes place on the computer, I can also check for something if I need to its not that that need arises very often, but sometimes I do find myself checking if I understood something correctly or if I remember something correctly or if there is a better way for me to translate something better so it gave me the opportunity to be supported by the internet while interpreting, I can actually use the internet as a source as a tool to improve my interpreting skill much more.

MSO [00:26:05] And are you satisfied with your current job?

P1 [00:26:12] Yes, I know.

MSO [00:26:14] On a scale of 5 to 1 - where 1 means Not Satisfied At All and 5 means Very Satisfisind (sic)- where would you, where do you see yourself? You can use the, you know, Not Satisfied At All – Somewhat Satisfied - Mostly Satisfied –Satisfied – Very Satisfied.

P1 [00:26:37] Well I am satisfied so on the scale that you mentioned it's four, I am Satisfied I'm not Very Satisfied but I'm Satisfied. The reason is that yes I am actually doing my dream job and yes remote interpreting is actually fun, it's something it's a method it's a way of doing our job in the best way possible considering the situation that we are in globally. But I would much rather do my profession face-to-face surrounded by real people and uhh being in the same room being in the same environment as them. So yes I do love what I'm doing but I would much prefer I did that in real life

MSO [00:27:48] And to what extent do you experience being an interpreter? And how? Experience of being an interpreter in the sense of professional legitimization I just mentioned.

P1 [00:28:06] Yeah I actually experience it in the best way possible probably, in the most intense way possible but in a pos- in a positive manner, in a positive way. Because uhm since I'm working at home, I'm working from home basic- work basically work, I'm not going to say whole life but it has become the highlight of my life more than it would be otherwise if I was doing this job in real time in environments in the same environments with the people I'm translating so it has become the highlight of my life. It's not that I'm complaining about it I mean as I said I love my job so if you do what you love you won't work a day in your life right? So I love what I do and I love how it is the highlight of my life but as I said in the previous question I think I would rather it was like its role was in a way that I would do this job in real time in real life in surrounded by real people. So I think although it is the highlight of my life, it could scale a little bit.

MSO [00:29:56] And what is the activity, your area of activity you identify most with in your profession.

P1 [00:30:03] Well I'm a medical interpreter so that's number one. But I am also interested in sports and politics specially- especially so I also identify myself with those areas as well I mean I would be able to work in those areas comfortably as well but the main area that I, that I identify myself wa- is of course medical interpreting.

MSO [00:30:44] And where do you drive professional self-esteem from?

P1 [00:30:50] Well it actually I usually drive it from what I do and how what I do impacts the people involved so uhh my role, as I said, is to be the facilitator and thanks to my facilitation uhh the foreigner who comes to Turkey for one procedure or another actually gets what they want and uhh they have the op which makes me, happy the doctor has the the doctor gets what they the doctor gets what he or she which makes me happy, and our company gets what it wants which makes me happy, so seeing what I do actually making a difference in the lives of so many stakeholders help me build my professional self-esteem and actually improve it day by day.

MSO [00:32:13] Thank you for your time. Thank you. I mentioned in my forms I had you sign, that these will be used for research purposes only. Thank you again for your cooperation

P1 [00:32:28] Well, thank you for asking me. It's been a pleasure.

Participant 2

MSO [00:00:05] Hello? What is.

P2 [00:00:10] I'm sorry. What?

MSO [00:00:17] And when were you born?

P2 [00:00:20] 1997.

MSO [00:00:28] What is your latest level of education?

P2 [00:00:32] I am a university graduate.

MSO [00:00:35] Are you a member of any professional associations?

P2 [00:00:38] No, I'm a freelancer, mostly.

MSO [00:00:41] And what is your experience?

P2 [00:00:45] I do a lot of academic-level translations and interpretation.

MSO [00:00:50] And what are your active languages?

P2 [00:00:53] English and Italian mostly.

MSO [00:00:57] And you have been working at LH since last year correct?

P2 [00:01:07] It's almost a year. Yeah.

MSO [00:01:10] Okay. I have some questions for you. Why did you choose to become an interpreter?

P2 [00:01:20] I grew up bilingual, so it made sense to pursue it in a professional setting.

MSO [00:01:28] And. What factors were involved in your choice to work in remote settings and what challenges are there in comparison to your previous work?

P2 [00:01:41] I always worked remotely, because I'm in another city so I don't know if it's seen as a challenge, as long as I have access to a computer I can work.

MSO [00:01:55] Okay. Have your previous practices doing onsite interpreting influenced how you conduct remote interpreting? If yes, in what ways?

P2 [00:02:10] I realized that there is a lot more repeating and clarification techniques because of digital issues and it's better to make sure the message gets across without internet or audio complications.

MSO [00:02:28] And are you a member of any specific interpreting association? In what ways have the associations you belong to shaped your interpreting practices?

P2 [00:02:42] No, I'm not part of any association.

MSO [00:02:45] Okay. I'll be skipping the next part of this questions (sic) then

P2 [00:02:49] Mm-hmm.

MSO [00:02:54] How do you define your role as an interpreter to yourself and to others? Is there a specific way in your relationship to your profession?

P2 [00:03:03] As an interpreter I see myself as the essential key for communication. My role is to be a bridge between two languages and is to be the middle ground that connects those two languages.

MSO [00:03:20] Okay. What does being an interpreter mean to you? What are some of its challenges, benefits, positives or negatives?

P2 [00:03:29] To me, it means that I'm competent because I grew up doing this a lot and I've always been skilled with languages. So having a career in interpreting languages boosts my confidence because I feel I'm good at it. Of course, it's a mentally draining job to switch between languages quickly and without losing momentum. So it's very important to take breaks, to relax the mind and minimize possible mistakes. The fast pace of verbal translations can be anxiety-inducing also. Yeah, that's all.

MSO [00:04:12] And have your perceptions of that really changed since you began working remotely?

P2 [00:04:18] Not really.

MSO [00:04:20] Okay.

MSO [00:04:24] And uhm how do you feel like since you have had to professionalize yourself in remote interpreting? Do you feel like you need to professionalize yourself, on LinkedIn for instance? In what ways has it helped you?

P2 [00:04:43] As someone that works remotely, I started to work in a professional frame already, because I was doing off everything remote. And the recent

COVID outbreak just made, that just made remote working more popular so all the people are just paying attention to this new area or this new style of working.

MSO [00:05:07] Right. And what do you do as an interpreter?

P2 [00:05:12] My role as an interpreter is to control the flow and tone of the conversation, between two languages and basically between two cultures. And I control this flow I make sure that all relevant information gets carried to the receiver.

MSO [00:05:34] Mm-hmm. And have you always prepared before assignment? Under what circumstances would you prepare and how? Do you prepare in the same way now that you have been working remotely?

P2 [00:05:51] It's always good to be prepared in case of complications so you can be ready to face those complications. Asking advice to experienced interpreters or using Google for terminology is an always good start. I mentioned before that I work remotely, which makes internet access a must for me to work.

MSO [00:06:18] And do you consider preparation a part of your job?

P2 [00:06:22] Oh, definitely.

MSO [00:06:25] What are your responsibilities?

P2 [00:06:29] In LH I do translation and interpreting in Italian language mostly.

MSO [00:06:37] Okay. And how do you make a decision in case of an issue in remote interpreting?

P2 [00:06:44] Well its, issues are usually in technical fields so I usually temporarily stop interpreting to fix the issue or change computers or a tablet that I have in ready.

MSO [00:07:02] Okay. And how do you prepare for an assignment?

P2 [00:07:07] Because I work remotely I make sure that I'm not disturbed by the other people that are at home with me and like I mentioned in the question beforehand I always have a spare tablet or phone in case I have computer or internet issues.

MSO [00:07:24] And what do you do prior to an assignment?

P2 [00:07:29] I try to relax as much as possible to help with the anxiety. Also, breathing exercises helps me focus.

MSO [00:07:40] And what do you do following an assignment? Is there a feedback process?

P2 [00:07:46] Unless there is a complication that could be seen as a mistake I don't get feedback.

MSO [00:07:55] Did you receive any specific training for remote interpreting? And if yes, where and for how long was this training?

P2 [00:08:04] No, I did not receive anything.

MSO [00:08:07] Okay, So how do you gain professional legitimization in remote interpreting?

P2 [00:08:16] I think as a someone (sic) that graduated in interpreting, I studied and practiced the subject for four years which makes me legitimately professional in my mind. I believe that gives me credibility and legitimatization.

MSO [00:08:35] And has remote interpreting in any way influenced your interpretation?

P2 [00:08:42] Not that I'm aware of, maybe it did. Interpreting, to this point in time, has always been remotely done.

MSO [00:08:53] For you.

P2 [00:08:54] Yeah. Okay.

MSO [00:08:57] Are you satisfied with your current job?

P2 [00:09:00] The benefits are adequate.

MSO [00:09:04] Okay. This is going to be a scale question. So on a scale of 5 to 1 - where 1 means Not Satisfied At All and 5 means Very Satisfied- where would you see yourself?

P2 [00:09:22] Uh, somewhere in the middle. Probably like, somewhat satisfied, I guess.

MSO [00:09:28] Like a three.

P2 [00:09:31] Three and a half.

MSO [00:09:33] Okay. Okay. And. To what extent do you experience being an interpreter and how?

P2 [00:09:43] For me, it's a professional profession. It's a job.

MSO [00:09:48] Mm-hmm. So as a um. Occupation. And what is the activity or area of activity you identify most with in your profession?

P2 [00:10:06] I'm just going to be super general, but I'm going to just say interpreting because it's what identifies, I think, answers the question.

MSO [00:10:19] And where would you say you drive your professional self-esteem from?

P2 [00:10:25] It's definitely accumulative, like my accomplishments speak themselves, speaks for themselves. With every good interpreting I just get more positive feedback for myself, personally. If I do a good job I get more, I get called in for more interpreting.

MSO [00:10:48] Okay. That would be all. Thank you again for your cooperation.

P2 [00:10:54] You're welcome.

MSO [00:10:55] As mentioned in the papers that we went through these recordings will be used for research purposes only.

P2 [00:11:10] Mm-hmm.

Participant 3

MSO [00:00:02] Hi. I will be requesting some background information from you.

P3 [00:00:08] Yes.

MSO [00:00:09] When were you born?

P3 [00:00:12] I was born in 1996.

MSO [00:00:22] And what is the highest level of education that you currently have?

P3 [00:00:31] I'm an undergraduate. I have an undergraduate degree from M University. I studied translation and interpreting studies there.

MSO [00:00:41] Okay. And how long have you been working in your current job?

P3 [00:00:50] It's been almost a year now. It's been like 11 months so far.

MSO [00:00:55] Okay. And what are your active languages?

P3 [00:00:59] Uh, I like usually I speak my own language there, but for the foreign patients, I speak English.

MSO [00:01:10] Okay. And where do you live?

P3 [00:01:14] I live in- I live in İstanbul Kadıköy.

MSO [00:01:19] Okay. And where is your workplace located?

P3 [00:01:27] It's in Ataşehir, in one of the hospitals there.

MSO [00:01:32] Thank you. It's in Ataşehir, in one of the hospitals there.

P3 [00:01:36] Okay.

MSO [00:01:38] Why did you choose to become an interpreter?

P3 [00:01:43] Let me think. I always liked translations since I was a kid, but after I studied doing written translations it was becoming more boring to me then I started to think maybe I can do interpreting then I found this job in this hospital working as a like, health advisor and I also do interpreting between the staff and other patients now. So it was not, how to say, it was like not an active choice, but it just become that way

MSO [00:02:30] And are you a member of any specific interpreting associations?

P3 [00:02:35] No.

MSO [00:02:36] Okay. I'll be skipping the next part of that question then. Next question is, what do you do as an interpreter?

P3 [00:02:47] Like I, how do you say? Foreign patients come here and I only ensure the communication between them and the hospital staff, with the doctor with the medical team and their consultants for example. But besides from that, I also work as a health advisor, as a consultant as well so it's not only interpreting but I also do consultation for them.

MSO [00:03:22] How do you define your role as an interpreter to yourself and to others? Is there a specific way in your relationship to your profession?

P3 [00:03:33] Mm. I would say I am a mediator, not sure how to define? But usually I wouldn't say I'm an interpreter in where I am working right now I would just say I'm a consultant because I not only interpret for them but also do anything to help

them and their staying here, even from their plane tickets to hotel stays and everything, so I would just say I'm a consultant.

MSO [00:04:12] Okay. And what does being an interpreter mean to you? What are some of its challenges, benefits, positives and negatives?

P3 [00:04:23] Like for me the negatives would be there's not a clear line of being interpreter -consultant thing so sometimes my role changes so when I'm, for example when I'm interpreting there'll be some extra things that I have in mind but for example the doctor doesn't say to the patient but I'll just change the role of interpreting then would say something more as a consultant so that line is not defined for me and so that's one of the challenges because sometimes yeah its my responsibility to ensure the com but when I say extra stuff the patient doesn't know that I'm giving extra info maybe he thinks that I'm still interpreting for the doctor so that's the biggest challenge for me I try to stay in the clear path of doing like both either interpreting or consultant but that changes a lot for me when I'm working with the patients.

MSO [00:05:42] Okay. So doing two different things at the same time?

P3 [00:05:48] So yeah.

MSO [00:05:51] And have your perceptions of that role changed when you worked remotely?

P3 [00:06:02] When I worked?

MSO [00:06:03] Remotely? Like did you work remotely in the COVID period or?

P3 [00:06:13] No, even during the COVID period I had to be present at the hospital, yeah we wore lots of mask but we still had to work from the hospital but of course even without- either on my working hours or not I always have to be on my phone and talk to the patients then let the medical staff know about them so yeah even I work from my home all the time so I can think that maybe that's considered remote working?

MSO [00:06:53] Yes. How would you say it changes between working- interpreting face-to-face and remotely on a phone or a computer.

P3 [00:07:07] Remotely I think is more challenging. Because I would like to be present with the person I'm talking to and from the phone or from the computer that's like an extra step for me I think that'll be harder because I would like to see the person

I'm talking to you the person I'm talking to their body language like is he nervous is he something else I would prefer to be with them when I'm interpreting them so over the phone, for example, I cannot understand everything clearly that would be a huge challenge for me.

MSO [00:07:54] And what factors were involved in working in remote settings? Was it your choice? And what challenges are there in comparison to previous remote work?

P3 [00:08:18] Like remotely I would be expected to sit on my computer from 9 to 6 and that would be always harder because both the for example in my working conditions the doctor like the doctor and the patient is there but I'm at my home, so I'll be like telephone interpreting for them from here but I think that's the hard harder way of doing interpreting from afar yeah but that was not my choice during this pandemic but still it had to be done and I don't think it's very productive from here because when both of the parties are there and I'm here it always feels like there is a miscommunication, I always feel like there's something erm missing there.

MSO [00:09:25] And do you feel like since working remotely, you have had to professionalize yourself? Like on LinkedIn, for instance? In what ways has it helped you?

P3 [00:09:42] When it?

MSO [00:09:45] In what ways has it helped you like remote interpreting?

P3 [00:09:53] Not sure if it helped, it didn't.

MSO [00:10:00] And do you feel like you have to professionalize yourself on platforms like LinkedIn?

P3 [00:10:08] Yeah I actually, recently, opened a LinkedIn account to try to grow my network there I met like lots of translation- translators and interpreters, but apart from that, apart from socializing I don't see any benefit from that.

MSO [00:10:37] Right. And. What are your responsibilities at work?

P3 [00:10:44] In my work?

MSO [00:10:45] Yes workplace what are you responsible for?

P3 [00:10:51] Now that's very tricky because like I said I'm doing two jobs, but on the other hand I also help with the planning, the organization of the calendar for example, we coordinate the patients; who's coming, at what hour when they come here.

I help the patients help fill out the form even if they're foreigners or Turkish nonetheless I'll be expected to help them as consultant. Even after, for example, their procedures here has ended, I'll still have to do their following like after their surgeries after their operation I will do follow ups with them and every day I'm talking to hundreds of patients on my phone, even when I come home I will still continue working from my home and there's no clear definition of what I'm doing.

MSO [00:12:01] So it's a bit vague.

P3 [00:12:03] Very much.

MSO [00:12:06] Okay. And do you consider preparation a part of your job?

P3 [00:12:13] Constitutes, what?

MSO [00:12:15] Preparation? Is it part of your job?

P3 [00:12:19] Yes, unfortunately.

MSO [00:12:23] Have you always prepared before assignment? Under what circumstances do you prepare and how? And do you prepare in the same way while working remotely?

P3 [00:12:42] Now, how do I prepare, for example I only prepare the day before or a week before I would check which patients are coming from which countries and like which airport will they land, etc. I always check these so that I can talk to them better about the palling of their hotel stay and everything but apart from that even if I'm working from home I still, still have to like check these things ahead so that when they come there's no like problems occur. Yeah the preparations for me would be checking the program the day before or the week before so I can let the patients know how everything's going to be, or how we can arrange things in the clinic in the hospital etc. but if I'm working from home of course I don't have to think about the organization and the clinic that would be the coordinators responsibility then.

MSO [00:13:54] Okay. And the. How do you prepare for an assignment? Now?

P3 [00:14:07] I, when for example, when's the soonest foreign patient's coming here? I will just check those and meet with my patients over the phone; I will just arrange the things with the office like yeah he's coming this date this hour, I'll just coordinate those from here and the rest would be just the telephone interpreting when they're in the clinic.

MSO [00:14:37] And. And what do you do prior to an assignment?

P3 [00:14:50] Like, that's jus- how to say, just these planning's I think, I cannot think of anything right now, I'll just plan this how the transportation and everything's going to be I'll maybe just make written like written report and that'll be it.

MSO [00:15:19] What do you do following an assignment? Is there a feedback process?

P3 [00:15:26] No actually, not much.

MSO [00:15:31] Okay.

P3 [00:15:36] In the hospital we just save the day and look forward to the next day.

MSO [00:15:46] And did you receive any specific training for remote interpreting?

P3 [00:15:53] No.

MSO [00:15:54] Okay. Just start working as you work face-to-face?

P3 [00:16:01] Yeah.

MSO [00:16:04] And how do you make a decision in case there's an issue in remote interpreting?

P3 [00:16:17] That's a good question umm. For example most of the time, of course, when you're far and the patient doesn't have anyone with them and for example, they're taken to the operation room and in each problem, whenever he cannot communicate, they will always call me of course so it would be harder for them and I would just talk to the patients after the operation and they would have lots of problems, like about for example if they had something to complain they didn't they couldn't change anything, because there was no way of communicating during the operation room, and if I were in the hospital, for example, I would just wear my medical clothes and would be in the operation room with them but the medical team doesn't always call me when some issues arise so that also changes my relationship with the patients, they don't feel not very happy about it.

MSO [00:17:32] And has remote interpreting in any way influenced your interpreting? Non-remote interpreting

P3 [00:17:46] Like I just don't prefer doing remote interpreting I would like to be present.

MSO [00:17:57] Okay, So it made you appreciate face-to-face interpreting more.

P3 [00:18:03] Yeah, exactly. You can say that.

MSO [00:18:06] Okay. And how do you gain professional legitimization in remote interpreting?

P3 [00:18:16] Mm-hmm. I have no idea, actually.

MSO [00:18:21] Okay so uhm, legitimatization I mean here... in the sense that. As an interpreting is a distinct profession, it has its own space- That sort of thing, not everyone can do it.

P3 [00:18:53] Yeah, I think so. But I'm not sure how do you make remote interpreting, like is it different kind of interpreting like, it's like since now it doesn- it didn't work the best for me I'm not sure how the profa- professionals do it from afar.

MSO [00:19:21] All right. And where do you draw your professional self-esteem from?

P3 [00:19:30] Umm. Like since I got the education for it in the university even though I didn't do interpreting mostly, like while I was studying we usually done translating. But I didn't have the self-esteem since I'm working at his hospital when I first started those were the first times that I had to interpret between people face-to-face and when I see yeah it- it's not as bad as I thought, to gain the self-esteem from there, I just needed to take the step in this job to gain the self-esteem, I had the per- previous background of it but I just didn't use it till I started working then I gained the self-esteem.

MSO [00:20:42] And to what extent do you experience being an interpreter? How? Like you mentioned interpreter consultant sort of dichotomy a little bit earlier, like that.

P3 [00:21:01] Can you say that again?

MSO [00:21:04] To what extent do you experience being an interpreter? How?

P3 [00:21:08] Yeah like, daily. We always have a foreign patient there I would always be interpreting between them; I would say I'm more of a consultant than interpreter but I still do it like every day with the foreigners.

MSO [00:21:36] Okay. And what is the activity or area of activity you identify most with?

P3 [00:21:43] The patients room the doctor's r- office those are the places.

MSO [00:21:52] Okay and when it to the work do you identify with the interpreter part more or the consultant part more?

P3 [00:22:05] I would say the interpreter.

MSO [00:22:09] Right. And are you satisfied with your current job?

P3 [00:22:17] Not really, having no, like I said, having no clear definition of the work that I do, that I don't like, I would be either, like I would want to be either interpreter or consultant for foreign patients. But even- for example- even if you're a consultant you would still do interpreting for them or even if you're an interpreter you would have some ways of helping or having consultation with the patients. But in this hospital there are also some like extra works that I do so it's also confusing for me at times, changes my approach to lots of patients.

MSO [00:23:10] On a scale of 1 to 5 - where 1 means Not Satisfied at all and 5 means Very Satisfied- where do you see yourself? You might use a range of possible responses from Not Satisfied At All – Somewhat Satisfied - Mostly Satisfied –Satisfied – Very Satisfied. So like, one is Not Satisfied At All and two is Somewhat Satisfied so you'd say-

P3 [00:23:21] Somewhat

MSO [00:23:24] So like, one is Not Satisfied At All and two is Somewhat Satisfied so you'd say-you're Somewhat Satisfied.

P3 [00:23:35] Yes, somewhat is a great word for it.

MSO [00:23:39] Okay. Okay. Uh. What would improve your satisfaction?

P3 [00:23:50] Change of job? Change of setting? Maybe, because for example on the days when I don't have a patient, like a foreign patient, I shouldn't stay, wait at the hospital I can just work from home that day, because I have to make phone calls and everything, I cannot do those at the hospital, so I would just have to work remotely but even if I have a patient or not I will just have to be present at the hospital right now and that feels like a waste of time, most of the time.

MSO [00:24:31] Okay. Thank you for your time.

P3 [00:24:35] Of course.

MSO [00:24:37] Finished with my questions now. As I said in the papers I had you sign, these will be used for my research only.

P3 [00:24:46] Yeah.

MSO [00:24:47] Okay. Thank you. Have a good day.

P3 [00:24:50] Thank you. You too.

Participant 4

MSO: [00:00:02] Hi.

P4: [00:00:03] Hi.

MSO: [00:00:05] I'll be requesting some background information from you first.
When were you born?

P4: [00:00:07] Okay.

P4: [00:00:14] I was born in Istanbul.

MSO: [00:00:19] And when were you born?

P4: [00:00:22] Year. About year?

MSO: [00:00:24] Yeah.

P4: [00:00:25] Yeah in 1996.

MSO: [00:00:38] And what is the education level that you currently hold?

P4: [00:00:45] I have an associate degree about orthopedic prosthesis and orthosis.

MSO: [00:00:52] Okay. Well, did you have an education in the interpreting field?

P4: [00:01:05] Actually, I was studying, but due to the economic condition about my family, I had to leave. And then I entered the G University, as I said orthopedic and prosthesis.

MSO: [00:01:22] Okay. And what languages did you work with?

P4: [00:01:28] English and Turkish.

MSO: [00:01:29] Okay. And. Where was the location of your workplace?

P4: [00:01:38] It was in Fatih. Yeah, Istanbul Fatih.

MSO: [00:01:45] Okay. I'll be moving to my questions now. Why did you choose to become an interpreter?

P4: [00:01:55] Okay.

P4: [00:01:57] I chose it because I was graduated in my high school in English and I. I thought that it will-I will be like, I should be an interpreter because I really like to translate different languages. So that's why.

MSO: [00:02:20] Umm. Are you a member of any specific interpreting associations?

P4: [00:02:27] No, unfortunately.

MSO: [00:02:29] Okay. What did you do as an interpreter?

P4: [00:02:35] In my last job, I was bridge between the foreign patients and the company. I translated their problems to company and trying to figure out what can we do to those patients.

MSO: [00:02:56] And how do you define your role as an interpreter to yourself and to others? Is there a specific way in your relationship to your profession?

P4: [00:03:07] Yeah, actually, I imagine myself as a bridge, definitely. And due to the, orthopedic clinics, they don't know that much English. They just know the English A1 or A2 English levels. So they hard to understand the patient's problem. So I because of my background I understood their problems and translated for the company.

MSO: [00:03:43] Okay. What does being an interpreter mean to you? What are some of its challenges benefits, positives, or negatives?

P4: [00:03:56] Good question. For me, it's like a magician who, who understands everything, every language. And the good side of the interpreter is that if you know that language, you are knowing (sic) like the like your mother tongue. And so that's a good side of it, but bad side sometimes some mother tongue language is Turkish, hard to learn English or different type of European language. So probably that's the bad part.

MSO: [00:04:38] And. Were you engaged in remote interpreting?

P4: [00:04:45] No.

MSO: [00:04:47] Okay. So you only practiced on site interpreting?

P4: [00:04:54] Yes. Yes.

MSO: [00:05:00] Okay. How was the COVID periods in your workplace like? How did it affect interpreters there?

P4: [00:05:10] It affects perfectly. Many of patients found their problem and thankfully they, they thanked us so much because we understood the problem and we recovered them way more earlier than the other clinics. So they probably think the same. They probably think same as I am, because as health company, we have to figure out the problem as fast, as fast as possible.

MSO: [00:05:50] Okay. And what were your responsibilities in this workplace?

P4: [00:05:59] Definitely understood the problem first and the we have molding cast situations because we have to make autopsies and sometimes the. Sometimes the kids cry so much they are afraid of like we are cutting something for their body. But if they understand what we are doing, they are way more relaxed than before because they shouldn't move while molding cast procedures. So that is. That is true is. If I give an example.

MSO: [00:06:45] Do you consider preparation a part of this job?

P4: [00:06:50] Excuse me, can you repeat that again?

MSO: [00:06:53] Do you consider preparation a part of your job?

P4: [00:07:02] Umm, consideration. Uh, now that I don't think anything, actually, uh, consider- consideration about this job.

MSO: [00:07:19] No, umm preparation.

P4: [00:07:22] Preparation. Okay. Okay. Preparation. This job actually is not as good as the interpreting fields. Because many people think fields. Yes.

MSO: [00:07:37] Other interpreting fields?

P4: [00:07:39] Because. The types of patients always different, like diabetes, people who lost their legs in war, or they just have a little kid with spastic hemiplegia. It's like this sickness. So if you want to translate those patients' sickness, you have to first learn the medical field too. Because if you don't understand anything about them, you can't translate direct to the company. So I would not recommend in this field. It's kind of a hard job to do. That's why.

MSO: [00:08:33] Did you always prepare for assignments? How would you prepare?

P4: [00:08:40] Of course.

P4: [00:08:45] Basically, when we are taking notes about the patients before they are coming, we are. Making the room for them especially. Lately, the coronavirus. We have to clean and show them the room is clean. The preparation is more like I have to connect with physiotherapist, the patient's physiotherapist and then the company and I have to translate between them. Because the patients have you have to understand the patient's problem and we have to make prostheses or orthosis for them especially. That's that's the answer.

MSO: [00:09:42] And. What did you do prior to an assignment?

P4: [00:09:51] I always... make the documents for the patients. We have a rule in Turkey. If the patient wants to visit the company, we have to make, we have to check their health procedures before because they have to visit the hospital. And then we can accept it. So prior to being asked to an assignment, if I say I have to make the documents perfectly, because the government has to accept in the end, but they go back to their country because they are getting their money back in their country.

MSO: [00:10:49] And what did you do following assignments? Was there a feedback process?

P4: [00:10:56] Sometimes, not all the time. The feedback process always like the orthosis is perfectly fine. We are using it like this feedback. Nothing more than that. They are just telling the orthosis or prosthesis is working well.

MSO: [00:11:18] And were you keeping in contact with these people after the operation?

P4: [00:11:26] Of course, we have to keep like six months and then the patients can go to other orthopedic clinics.

MSO: [00:11:38] Okay. And. Where would you say you drive your professional self-esteem as an interpreter from?

P4: [00:11:56] There are many things that makes the self-esteem up. If I see a kid, see a kid that like his or her orthosis, it just makes me self-esteem because I did a job at least. And...

P4: [00:12:29] If if the kid has a problem with autopsies or the prosthetist prosthesis, I lose my self-esteem because this is like their, this is like affecting their normal life. If they cannot walk before the clinic, after we are making prosthesis orthosis if they still can't walk, ,t just affects me really bad that day or that moment. So I

have to translate really good. I have to understand their problem really well because some little details make their feet or leg uncomfortable. That affects their walking pattern.

MSO: [00:13:19] All right. To what extent did you experience being an interpreter and how?

P4: [00:13:30] Extent?

MSO: [00:13:31] Yes. How did you experience being an interpreter?

P4: [00:13:36] Uh, as I said, it was a really difficult situation for me because I, because many types of patients came day by day. And not only two or three patients, like 15, 20. So I have to memorize them. I have to understand the problems making their documents to government and translate to, their problems to the, the technicians. So it was a difficult job, but it was a good experience too I would like to say.

MSO: [00:14:20] And what was the activity or area of activity you identified most with?

P4: [00:14:30] Insoles and prostheses. I was really active in those areas because the prostheses they buy, the companies buy them from in Germany and United States. So I have the contact with those companies that they are selling the prosthesis parts.

MSO: [00:14:55] Okay. That's amazing. I meant more like, interpreting wise, like where did you identify with the interpreter part or the medical part?

P4: [00:15:10] In Turkey they are all the same. (Laughs)

MSO: [00:15:15] Yeah. Ask for multiple things. (Laughs)

P4: [00:15:17] Yeah. Not just one part. You're doing everything by yourself.

MSO: [00:15:23] Interpreting is more like a bonus job. That-

P4: [00:15:28] Yes, yes. Because the company is always gets the people who are doing multiple tasks.

MSO: [00:15:41] And were you satisfied with this job?

P4: [00:15:44] I was satisfied, actually. But it just it's just a tiring job because. I cannot ask anyone, can you do this today? Because I am really tired. I am working like seven days full time. I was working so it was a beautiful and good job.

MSO: [00:16:10] Okay.

P4: [00:16:12] If you are alone, it's not a good job in the end.

MSO: [00:16:18] So on a scale of 1 to 5 where one means not satisfied at all and five means very satisfied.

P4: [00:16:28] Your, for your questions this?

MSO: [00:16:31] Yeah. Yeah, satisfaction wise. So like okay so like one is not satisfied at all. Five is very satisfied and in between.

P4: [00:16:43] Five, very satisfied.

MSO: [00:16:45] Very satisfied. Even with the time-consuming.

P4: [00:16:52] Yes. I like the questions. Even the detailed questions are really well prepared.

MSO: [00:17:00] No, I mea- I mean they satisfied not with the interview with the job. I meant.

P4: [00:17:10] Do you mean the job? Satisfied.

MSO: [00:17:12] Okay.

P4: [00:17:13] I thought your questions. Okay. The job. I would like to say four, not five, as I said.

MSO: [00:17:21] Satisfied. Not very satisfied, but satisfied. So I'm guessing not five. Very satisfied because it was time consuming.

P4: [00:17:32] Yes, definitely.

MSO: [00:17:35] Okay. So that's like minus one point. You were satisfied because it was fun and you enjoyed doing it?

P4: [00:17:46] Yes. And these, seeing the kids are getting better and better day by day. So that's why I satisfied my job in the end.

MSO: [00:17:59] Okay. Working with the healthcare patients, also a bonus. Okay. That's it for my questions right now, I'd like to thank you for your time.

P4: [00:18:15] You're very welcome.

MSO: [00:18:17] And as I said, this will be used in my research purposes only. Thanks again for your time and consent and have a good day.

P4: [00:18:31] Thank you. Have a good day, too. Good luck.

MSO: [00:18:34] Thanks.

Participant 5

MSO [00:00:00] Hi. Hello. Thanks again for helping me conduct this interview.

P5 [00:00:11] Hello, sir. Of course it was my pleasure to help you. Uh, I'm from Morocco. I'm 29 years old. Uh, I'm. I tried to move here to Turkey in order to continue my education. Uh, right now I'm doing a master's degree at the same time. I'm working as a translator in a hospital. Normally, the first time when I came here to Turkey, I tried because, you know, normally we Morocco, we are speaking like three languages. So we are speaking Arabic, we are speaking English and we are speaking French as well. Uh, at the same time, when I came here to Turkey, you know, it's so necessary to learn the language. So that's why I prefer to learn Turkish as well. Uh, when I learn Turkish, it makes me to learn, like, or work in the hospitals in order to be like a translator.

MSO [00:01:03] And do you use all four in your job right now? You know, English, French, Arabic, Turkish?

P5 [00:01:08] Of course normally, like, you know, we are reaching the patients from France, we are reaching the patients from UK, uh, from the Arabic countries. Maybe you can say Qatar, maybe we can say like Saudi Arabia, those kind of countries. And also like here in Turkey, for example, I can help the team in order to translate to them all the details necessary concerning the surgeries.

MSO [00:01:29] Yes. Okay. Yes. And also, there are some regional differences in dialect, in Arabic, between others and Maghrebi countries.

P5 [00:01:36] Of course. Yeah Because of course, you know, like also normally Arabic is like a name, which must include a lot of countries. Maybe you can start from Morocco, the country that I born, uh, and we can finish at the ends of the Saudi Arabia, you know, those kind of countries. So they are speaking Arabic as well.

MSO [00:01:55] And, uh, did you, uh, study, uh, translation or other linguistic majors before you started to work as a translator?

P5 [00:02:06] Normally in Morocco the first language, which are our mother language, it's Arabic. And the first thing which is it's like the first thing which is French, because we started to study this language when we have like seven years old and it's still continue with us and we will reach the university, uh, for English. You know, it was like all the time it was my maybe I can say like my preferred language because, you

know, it's the international language, like all the movies, like by English, all the music, by English, you know, those kind of stuffs. That's why it was so easy for me to learn English.

MSO [00:02:43] Okay. And, uh, what was your major? Uh, I mean, did you study in Morocco or?

P5 [00:02:51] Normally when I start, uh, normally when I start, like, I start my education in Morocco, like maybe a year speak of my university, period. You know, in the university in Morocco, we are like, uh, get into courses only by French. We don't have like Arabic courses, you know, only French. Each like, each course you have like, uh, maybe I can say like the doctor, he's trying to explain the course and he French explained the course by French. Uh, you are getting the lessons by French. Everything is by French. You know that this is one of the reason this makes me, uh, can speak French so well and can learn another language so well because, you know, two languages in only like in one country, it makes you be available to learn another language and another language, you know.

MSO [00:03:45] Yeah, it makes it easier to. Sort of build up a language on top of it. Yeah. And how long have you been working as an interpreter here?

P5 [00:03:55] Yeah. Like, normally I came here to Turkey in 2019, so it has been like maybe we can say three years. Uh, the first ti- The first time when I came here to Turkey, I started working as a sales because the conditioned was to say that I am speaking like French and Arabic. That's why this says the apartment. It was the most suitable. Uh, maybe I can say like first job for me, you know, because I couldn't, like, speak Turkish. I was like new in this country. I need to know the culture, I need to know the language. And I didn't like, you know, and also you cannot reach or learn the language only by maybe going to school. You know, you need like, for example, to reach some friends, you know, things and those kind of stuff. So you need to make a good conversation to learn everything. So after this, after like the says department, I went to the hospital. That's hospital they tried to manage me and to teach me all the surgeries and necessary, of course, by the help of my colleagues that they were working over there. Maybe they are like. They were foreigner, of course. But this was frustrating to me because my three kids at that time, it wasn't enough to start working on myself, by myself in the hospitals, and to prove myself in the hospitals. After that, it's like maybe

like I said, like after one year, one of the health here, like from this job to another job because also like I need to tell you something, I try to work only with Turkish people. Why? Because, you know, if you are working in the atmosphere that they are speaking only one language, you will learn as much as you can. You know, this is like maybe I can see like a good point. That I tried to do it here in Turkey in order to learn a lot of language. Then when I start, like, feeling myself, that's like I'm catching the language, like the Turkish language. I start working in a lot of places. One of the places was like a medical hospital in Ataşehir. I was working there like as a translator for one year only for the hair transplantation, you know, surgery. So we would start reaching like maybe I can say like the patients from patients, we start reaching the patients from Canada, we start reaching the patients from you say from Belgium, you know, the countries that they are speaking English and they are speaking French at the same time. That's why so and so we start coaching you like that for me from that. And so right now, like I'm working in the Academic hospital, I'm like, uh, doing the coordination, coordination with the patient from the patient. We are trying to reach them from the door. Actually now we are trying to present ourselves. Uh, then we are going into the consultation like the doctor. He's speaking Turkish, by the way, you know. So we are trying to explain to them all the details, all the. The information necessary for his surgery.

MSO [00:06:49] Okay, uh, thank you for the, uh, relaying your experience. And I'll be moving on to my questions now. Um, uh, now that we've established your background, uh, did you choose to become an interpreter, or was it like a sort of it happens?

P5 [00:07:13] You're welcome. Mhmm. It happens. It happens like this, you know, because as I told you here in Turkey, maybe you can say something here in Turkey, there isn't a lot of people that there are speaking languages we need to like. It's a it it's something like we can say it's. Like.

P5 [00:07:27] Yes, there is a no people even that they are speaking English. It's not like a perfect English. Yeah. You know, you can notice that he's not like catch in language.

MSO [00:07:36] He's not comfortable.

P5 [00:07:37] Yeah. He's not at all. It's not. Yeah. And he's thinking all the times before saying anything, you know, sometimes you can feel them like they are saying like you (Mhmm/Uhmm) know, those kind of things, those kind of things make them like, uh, So, first of all, this is the first thing and the second thing also the patient, when you are talking to him and he, you are seeing like so you are not confident about what you are seeing. So, you know, it's those kind of things. But as I told you, like it starts like this when I came here, I stood like to be ostracized or stuff like that. So I'm I'm here. I'm still doing the same job.

MSO [00:08:14] Okay. And, uh, are you a member of any interpreting associations here?

P5 [00:08:22] No at all, you know, because here maybe I can say, like here there isn't something like that, if you are foreign person, if you are in a university, you will come and you will work, like with the hospitals, with the companies, you know, those kind of stuff. Not like, not like, uh, as you mentioned in your question. And.

MSO [00:08:44] Uh, what do you do as an interpreter?

P5 [00:08:49] What do you mean exactly, what I would do like my my missions?

MSO [00:08:53] Yeah. Like, how would you define your role as an interpreter?

P5 [00:08:57] Oka. I will explain to you like I'm defined and maybe I can say, like, my role between the doctor and the patient. It's a big role and it's so important role. Why? Because you are like the circle between the patient and the doctor. If I wasn't or like the translator, the translator wasn't here. So there is no understanding between the patient and the the doctor, you know, the patient. He's coming from another country. Does he speak in another language? Does he have another culture? And the doctor here, he have another culture. He's speaking another language, especially. I just want to mention this. Like here in Turkey, you are speaking Turkish, by the way. So, for example, if you will go out of Turkey, you cannot speak this language in case, for example, in Morocco, who are speaking Arabic. So, for example, if you go to Qatar over, or I will go to Egypt, I will go to Tunisia, I will speak Arabic. So everyone here will understand me the same thing. Like, for example, if you- I will mention French Language. For example, if I'm in France, I can speak French. I will go to Canada. I can

speaking French. If I will go to Belgium, I can speak French. The same thing. Spanish language. If I will go, for example, to the maybe I can say a little some of... Yeah. Yeah, you're right. South America will speak Spanish. Spanish. But for Turkish, if you are in Turkey, you are safe. If you will go out of Turkey, you're in danger.

MSO [00:10:28] Quebec. South America? Central- Yeah, yeah, definitely. Yeah. I mean, there are some, you know, more Asian ones like Azerbaijan you know, small countries.

P5 [00:10:39] I'm not saying, is it not an important language, of course. No, it is. It seems like an important language, especially for me. Like I'm speaking three languages and I came here to learn another language and they have the ability to learn another language, you know? Uh, but, you know, I just want to to. To explain everything to you.

MSO [00:10:58] Yeah. And also, it's sort of a difficult language because it's sort isolated from yeah, Indo-European one's, you know, Semitic one's around it, you know.

P5 [00:11:07] But let me tell you something. For example, Turkish, it's have, uh, some Arabic words. Yes, some Russian words, maybe some French. For example, let me mention this for you, for example, what I'm like, um, I like in the Metro bus or metro or something like that. You can say Pardon. Pardon me. Excuse me. Yes but this word it's French.

MSO [00:11:32] Yes. Yeah.

P5 [00:11:33] So it's also yeah. So it's, it's like. Pardon.

MSO [00:11:35] Yes. A lot of French influence. Yeah. Coming from the Ottoman days. Yeah. Uh, you know, Arabic, as you said, you know, Persian.

P5 [00:11:44] Yeah, yeah, yeah, yeah.

MSO [00:11:46] And, uh, being an interpreter, uh, how does it feel to you? What are some of its benefits, positives and also challenges, you know, negatives?

P5 [00:11:58] Yeah. For the positive thing. Uh, you know, you use the language, the foreign languages, maybe I can say 18 hours per day, you know, or because you are example like you are here in the hospital, of course you are speaking to the patient face-to-face. Uh, when you are going to your home, there are some patients that they are talking to. They want to know more informations (sic). Maybe if they forget something about the medication, about the process, how they will they will stay, but they will drink

what they will not drink, what they will eat, what they will not eat. You know, those kind of things makes you feel comfortable more and more and about your language, you know? Uh, but maybe I can say, like, the positive thing as well, you know, to know a lot of people from other countries, this is the first thing to know the culture of the other countries. Uh, you know, maybe like there is an opportunity that they can work in, in other places maybe, you know, there is someone will come, he is only your patient and they will give you opportunity because you are speaking languages and you have the ability to know and under language and all those kind of things. But at the same time there is some negative points, you know, because if you translate, uh, maybe I can say like one wrong word or something like that, everything will be full. Yeah. Why because normally like we are doing the consultation with the doctor and when the patient came so he don't know anything about this process or about this operation. So you are talking, uh, instead of the doctor, you know, of course the doctor is next to you, but you are the doctor in that place. You are trying to explain to him everything. If you say something wrong, it's like a big mistake for him.

MSO [00:13:51] Yeah, yeah, I understand definitely. I worked myself in this field, so. Yeah, definitely. I agree with that. Last point you made: You mentioned you started, uh, around 2019. Yeah. So you were working during the COVID period also? Yeah. And did you ever work remotely, uh, during that period, like over, you know, phone, you know, more phone calls, more like Zoom, other video apps rather than face-to-face?

P5 [00:14:27] Okay. Let me tell you something normally. Uh, maybe right now you mention two things you're always and you mentioned like maybe you can talk to the phone to the patient by call forms, maybe. I don't know if you are much like the cells or you are mentioning and like to explain to the patient what they will do. Because in the pandemic period, you know, I was working in the hospital as well. There was they were like giving us like some authorization in order to be outside in this period. So we were in the hospital bus for the phone call. You know, I'm not this kind of person that I need to talk to the patient by phone and I need to convince him in order to come here to do the operation. This is not my job. This is for this says the parchments. So you need to be a seller, by the way, not as a translator. Okay.

MSO [00:15:24] What challenges do you think are in between a face-to-face conversation, then doing it over the phone, as you mentioned?

P5 [00:15:37] Normally, face-to-face, maybe I can mention, for example, the patient, uh, you know, maybe you explain something during the consultation and of course if they after the operation he find another thing that he wasn't expect, you know, it's not your fault or maybe it can be your fault at the same time, maybe it cannot be your fault. Maybe the stuff that you are working with it can be like he, uh, didn't do his job as much as he you should be, you know, and he like, for example, you mentioned that something in the consultation was they did what they did, but they thought that is not. But in this case, you will find the challenge with the patient in order to convince him this is the right thing. You know, maybe I will not lie on you. Maybe you can lie on the patient. Maybe you will say that it's not my fault. But you need to find a solution. This is the best thing that you can do. But normally, like I'm working here with this company, we are not saying any lies. I know, for example, you are saying the truth all the time. For example, of course there is. There is contact between the sales department and the translators and the doctor, because, for example, the first one that is reaching the patient, he just sells the part to the seller. So that's why he's trying to send the pictures before the patient be here. So the doctor, she say to him, like, for example, this patient he will we will do is only in one session. Maybe he can do in two sessions. It depends. So the patient, when he's coming over here, again, he find the same thing that the seller will sell them to him. So he's not confused. That's why maybe this can be this point will be it's going to be a challenge for me. But when I'm working with a team that he makes us, that is makes us like comfortable, first of all. So I don't think so that there is any challenges.

MSO [00:17:25] Okay. And, uh, have you ever felt a need to professionalize yourself? Uh, something like LinkedIn, for example. Like after you started working as interpreters.

P5 [00:17:39] Of course. I didn't much mention something for you before this, uh, before this job, you know, I was working as international marketing manager.

MSO [00:17:49] Uh huh. And did you study marketing at university?

P5 [00:17:52] Of course. I started the marketing in the university. But, you know, I need to tell something. For example, the marketing in the real world. It's not like the marketing. When you are study in the university. The university, they are giving you only the keys. But when you are in the real world, you are working in the reality. You know, we are doing some promotions, for example, in another country is you need to know what is the key to make the intention for the patient, to make the patient so interesting about your promotion, those kind of things, you know. But could you please remind me about your question because I like...

MSO [00:18:28] Uh, like, I was saying about LinkedIn.

P5 [00:18:33] So yeah, of course we tried by linked it. Of course we tried to reach some people that they come work for us because we was doing an announcements over there in order to find the people, the right people in the right places, you know, especially the people that they will be next year. And it will give you the help and they will give you like a good push in order to make the the company or the team go, first of all, you know, so it was like that. But for LinkedIn, I don't think so that I did something more than that. It was like only for that, for, uh, you know, for the new employment that they will work with us is what was well only for the job announcements, that's why.

MSO [00:19:17] Okay. And what would you say, uh, are your responsibilities at your current job? This job.

P5 [00:19:27] This job? Okay, so. Right, no limits. All of you, for example, I am here. I should be here like at 7.30. Then, uh, the patient, he came by VIP transfer. I'm trying to meet him in the door, so I'm trying to present myself. Then let's say, like, how are you? How are you doing? So my name is my is Anas. So I will be your companion here. I will translate to everything from the beginning and to the end. So from the consultation, all the things. So I'm trying to, uh, to bring him to the first floor where we are working. Then we give him a form that's include like, for example, some questions. Uh, do you have any allergies? Do you have any diabetics? Do you have, like, any dental treatment? Do you have like some surgery before, some nice, some surge before-some surgeries before those kind of questions in order to know if you have any problems. Then I'm going to give into the consultation as informative and also as emotional before the doctor. He's waiting for him. He's trying to read the form. Of

course, the form is by English, but I'm trying to translate it into the doctor. So for example, if you have any, you mean like maybe an allergy or something like that. So after that, we are trying to do she's trying to communicate with the patient, for example. What do you want from us exactly? Do you have any idea? Those kind of questions? I'm trying to translate as well. Those kind of questions. If the patient is angry about the treatment or about the plan that we decided for him, we thought, I am starting to explain to him like the process. I always you'll be done, for example, like the patient has a lot. Maybe we can say, like you are the patient. I will say to you, Hello, sir, I will try to explain to you the procedure from the beginning until the end. The first step that we will do, we will try to do something as the blood test in order to know if you have any allergy or something like this, if there's like all the tests are negative. So we will try to go to the shaving room in order to shave your head. So I'm trying to be funny a little bit with the patients. So I what I'm trying to say to you, like, don't be afraid. Your shave will be like for free, you know. So he's he's trying to be smile a little bit. You know, from here, he will try to build like maybe the trust with you and even. Yeah. And he will be friendly more as he is, you know, and he will be more come. First of all, I should have like, you know, after the shave and I'm trying to bring him again to his room so he will start to do that. And it is a little go for him. For example, you need to lie down when you're on like the front side, like I must. I want to mention like his face and his like stomach, just this side. Then the anesthesia locally start is start by the anesthesia machine. And after that that's it. Continued by the the injections, of course, during the anesthesia. I need to stay with the patient because I know it's painful a little bit. That's why all the time, like I need to say, like, are you okay? Do you think, like, just be patient like it. I need to make him as much as I can be the patient, comfortable. So I'm trying to say, like, don't worry. Like, I know it's painful, but after 5 minutes, everything is okay. You will not feel anything. So when I feel and then of course, at the same time I'm trying to talk to the stuff that he's working on. He's doing the, the, the, the anesthesia for him. Like when I'm I'm saying to him, like it's done by Turkish, you know, because sometimes we need to talk with each other by Turkish in order to not the patient know what we are talking about it so that in this history for us, so when the stuff, the anesthesia stuff told me that everything is okay we already finished the anesthesia for him. So I'm telling I'm trying to tell the patient, okay, sir, everything is okay right now.

Like, you know, there is no problem. And it is. It's already finished. Please, she will do a control for you. Please, if you feel any pain or something like that, you can in the area that's you can feel the pain on it. So from here, like we are starts and the anesthesia finished. I'm trying to tell him, sir, I will leave you right now. I'm trying to go outside. After a few minutes, I will come back again to, you in order like to know if you need anything. So because you know this is the operation room, we cannot stay a lot of time here. Yeah, you know, because you need to be protected, by the way, you know, by mask and stuff like that. That's why we are trying to translate as much as we can, all the details, and that's that we are going outside. So I mean, they can select 30 minutes, 45 minutes. I came again and then she can like again. Are you okay? Do you need anything right away. So from here? Yeah. Okay.

MSO [00:23:50] And do you consider, uh, preparation a part of this job that you do?

P5 [00:23:59] Of course. Of course. It's so necessary. It's so necessary.

MSO [00:24:04] And, uh, did you, like, always used to prepare for an assignment, like when you started? Well, like, how do you feel is the difference? Like, did you prepare more in the beginning compared to now, or do you prepare more nowadays?

P5 [00:24:20] Prepare what exactly?

MSO [00:24:22] For the patient, you know, for the operation?

P5 [00:24:24] No, it's only by experience. It's only by experience. You know, when you are working like in a maybe I can see like a lot of places and you are working in a good places and you know, like you are learning from like the translator that they are working also by the experience because you know, you are you can see that operations all the day, the same methodology, the same if they can not say like the same patient but the same plan for the patient. You know, for example, in me tell you something, when the patient came, you can notice that if he need the first only one session or two sessions, it's only by experience, why? because you can notice the different area and the middle area, underground area, there is no higher over there. So you will notice that is number or follicles or the donor area. It will not give us like a good number in order to cover all the area. Like maybe I can see the front or the middle. So you are reading from the experience. You know what you will do, what you will say.

Sometimes when I'm in the consultation, you know, the doctor, she's not saying anything. Why, because I know the procedure. Like, first, to simplify this to the first question, the second question. After that, I'm trying to tell them everything is okay. Please, you can, like, design the hairline for you. That's it.

MSO [00:25:36] Okay. And, uh, do you do you anything following an assignment. Like when it's done. Is there, like, a feedback process?

P5 [00:25:44] Of course. Of course. Of course. We are working. Like, for example, if we said something when the patient he finished his operation, of course we are doing the post operation. This is the most important part because you are giving him some medication that he will use for the first five days and also one medicine for 30 days. Maybe I can mention it for you are given, for example, the antibiotics we are giving the anti swelling in those kind of stuff.

MSO [00:26:08] Yeah, I know about medicinal, you know, postop period, but I meant like a feedback for the translation, with you..

P5 [00:26:18] Let me tell you something. For me, you are most of the feedback for me or for the from the patient. Mm-hmm. Mm-hmm. The both of them or what?

MSO [00:26:24] Yeah. From the patient. Like from the doctors that they like.

P5 [00:26:28] Of course. I, like, never tell you something. For example, from the patient after it, he's going back to his country. We are sending him an email this immediately. The link this link is from it's include like Trustpilot. It's a good network for the patients and we are reaching maybe we can select four points, five, nine like stars. Uh, in those comments you can check my name, by the way. So all the patients are saying like he's a good translator, is like, this is the good feedback. Like a lot of things. Of course, it's not a data, it's the comments, the reviews. Data is another thing.

MSO [00:27:11] Okay. And. Did you receive, like, a specific training for interpreting? Hmm. Or did you just learn on the job, so to speak?

P5 [00:27:22] I just did a job. I didn't get anything. You know, as I told you before, like your previous question is, was, uh, how did you learn or how do you do? Uh, maybe I can say, like, uh, get this job. Uh, it's only by experience. Uh, I just, like, start, and I'm still doing it at the same time. So everything is come step by step. Okay. You know.

MSO [00:27:47] When you started, was there like a training for you? Uh, by a more experienced person, you know, because.

P5 [00:27:57] Mhm. Of course. Of course, of course. Uh, right now let me say something like now like for example, there is a new translators that they came and they begin with those even they don't know anything. So I'm doing a training for them, by the way. So I'm trying to explain everything for them. Of course, the same the same thing. It's happened to me when I was in the operations room. So it was the same thing. What are you doing? And also, I was trying to learn everything. Also, I was trying to ask a lot of questions, you know, so it's comes from you. So that's for example, this is the the team leader would give you one information. This one is the nurse. She will give you another information. It's it's it's like this. And after that, you will have a lot of information that you can use it with the patient.

MSO [00:28:45] Okay. And, uh, how do you feel about your professional self-esteem? You know, professional legitimization as an interpreter? Like, where does it come from? Like, for example, about the comment system that you mentioned. Like.

P5 [00:29:05] Uh.

MSO [00:29:06] How does those reviews make you feel?

P5 [00:29:10] Of course it makes me feel good because, you know, when you are checking and the patients, without saying anything to them, that they are like a compliments about you and they are saying like, he's a wonderful man. He's like, uh, he didn't like leave us only like, for 30 minutes. And after that, he's coming to check, to check us again. And then like, you know, it's makes me feel so happy and it makes me feel like I'm doing my job well because I'm that person that I don't want to make a joke or like, um, you know, or play or my job. It's not, it's not for that. It's only like, you know, for, for, uh, be like so seriously, you know, to do what you do. So when you are seen or so in those, uh, reviews and comments, you know, it makes me, of course, so happy because I know that I am in the right way.

MSO [00:29:58] Okay, that's good to hear. Uh, so what is the area of activity that you would say you identify most with? Uh, like, for example, within surfacing, uh, do you plan on continuing with interpreting, you know, back to marketing?

P5 [00:30:21] I don't think so, because as I mentioned earlier, I do not know if you remember if I mentioned it for you right now the same thing. I'm doing my master's degree in economics, so I'm trying to do like a academy, uh, or academician. How? Because I'm trying to do my Ph.D. as well. Uh, so that's why I maybe I can say right now I'm just like, practice my language as much as they can, you know, because this is a good opportunity for me. Mm-hmm. Mm-hmm. For the first. Even I'm speaking English, but I will not speak English as the people that they were born in the UK or USA. Yeah. So it's a good opportunity for me to speak like then that's why. So maybe you can notice right now. Okay. Like I'm, I can speak so quick, I can do, there's no problem for me. Like in the pronunciation, everything. Everything's okay for me. But at the same time, when I will speak with someone that was born in UK or USA will not be the same in front of the person. And that's why like I'm trying to make my, uh, little or my English much more better.

MSO [00:31:25] Okay. Okay. So, like, this is more of a, uh, gap for you.

P5 [00:31:31] Yeah, for me, of course.

MSO [00:31:32] Yeah. And. Okay, final question then. Are you satisfied with your current job, like on a scale of 1 to 5. Where one is not satisfied at all and five is very satisfied which you place yourself?

P5 [00:31:49] Mhmm. Of course I will place myself like in maybe I can say five stars. Hmm. You know why? Because, of course, before you pass through some companies that you are not satisfied and that, you know, uh, maybe I can say, like, about the salaries, or about the people that they are working with you like the people that you are working with then. There is some problems, you know, with the personals. Those kind of things. They are so normal in the job life, you know, it's so normal, that's right. Now, like, your kids are like, thanks god right now. Look, I'm working. So first of all, I came here. I know what I'm doing. I know what they will talk about. You know, I try to make the patients welcome. First of all, I'm trying to do to make this stop this. I'm working with them. So come first of all, the same thing that's I'm not I'm not trying I'm

not like finding some problems with my staff, you know. So that's one maybe I can select five on five one no personal problem for me outsources for the done.

MSO [00:32:45] Oh, that's good to hear. Well, thank you again for your welcome conducting this interview with me. As I mentioned, this will be used for my academic research purposes only. And thank you again. Have a good day.

P5 [00:32:58] You're welcome.

Participant 6

MSO [00:00:02] Hi. Hello. First, I will be beginning with some background information.

P6 [00:00:13] Hello.

MSO [00:00:16] Okay. And when were you born?

P6 [00:00:19] I was born in 1997.

MSO [00:00:27] Okay. And what is your education level?

P6 [00:00:32] I am a graduate person from M University in Istanbul from interpreting and translation department.

MSO [00:00:41] Okay. I'm there for my master's right now. Really yeah. And what are your active languages?

P6 [00:00:54] Oh, really? My active languages are English and Russian.

MSO [00:00:58] Russian? That's good. And do you live in Istanbul?

P6 [00:01:03] Yes, I'm living in Istanbul.

MSO [00:01:05] And is your wo- workplace also in Istanbul?

P6 [00:01:11] Yes, my workplace in Istanbul as well.

MSO [00:01:14] Okay, in which part?

P6 [00:01:16] In the European side.

MSO [00:01:17] The European side okay. And how long have you worked? In this sector.

P6 [00:01:27] In translation sector or specifically medical translation sector?

MSO [00:01:30] Um you can give both.

P6 [00:01:34] First I've started working as a freelance translator like four years ago. I was working when I was still undergraduate, so I was doing translation for doctors in the pandemic. I was doing subtitle translation for doctors in webinars. Right

now I'm doing medical consultation and translation for a dental clinic who has international patients.

MSO [00:02:04] Okay. Okay. Thank you. I'll be moving on to my questions now. Okay. Why did you choose to become an interpreter?

P6 [00:02:15] Well, I always know I'm good with languages. I'm always actually like learning the new languages and etc. So when I first came into the university, I was thinking about doing interpreting or translation. But actually. When I was thinking about my future career, I thought that if I would become like an oral translator, it will be good for me and suitable for me. So right now I'm doing like consecutive translation rather than written translation. But the main reason is actually, if I specify it like translating something from one language to another actually feels like, you know, I'm just being like a bridge between two cultures and to people.

MSO [00:03:14] Good answer. And. Are you a member of any specific interpreting associations?

P6 [00:03:23] Thank you. Oh no, I'm not.

MSO [00:03:25] Okay. Uh. You said that you worked remotely during the pandemic. Could you elaborate on that?

P6 [00:03:39] Exactly. Okay. So when I was studying at my university, I was looking forward to see some actual experiences rather than theoretical part. So I was looking for a job. My- one of my friend was doing the subtitle translating but not in medical field. He was doing some stuff in law translation. So he just mentioned me about it and I was really interested. I wanted to try it. So I just give it a shot and it's ended up really well.

MSO [00:04:13] Okay. And you did a face-to-face translation before remote interpreting?

P6 [00:04:24] Yes, I did. When I was at preparation school, I was working in the airport, Sabiha Airport. I was translating for the customers. Yeah.

MSO [00:04:37] Mm-hmm. And did remote interpreting caused you to reconsider your, uh, your previous practice?

P6 [00:04:48] Actually, yes, because in the pandemic era, I was doing a lot of written translation. So I had a chance to, like, reconsider my thoughts about my future career. So I think that, yeah, it would affect me.

MSO [00:05:07] And you're back to working face-to-face after working remotely. And did it change how you approach face-to-face translations?

P6 [00:05:22] Yes, actually, I'm thinking like I am in the right place for me.

MSO [00:05:27] Okay. So you prefer face-to-face over remote work?

P6 [00:05:33] Exactly.

MSO [00:05:33] And right now, what do you do as an interpreter right now?

P6 [00:05:43] As I was mentioning, I'm working in a dental clinic, which actually has a lot of international patients. So right now I'm just being a bridge between patients and doctors. So Patient is coming here you know and explaining their expectations and their complaints about their health issues. I'm translating it to the doctors and right away after that, I'm translating what the doctor said. Instructions, everything, treatment plan to the patient's.

MSO [00:06:17] Okay. And how do you define your role as an interpreter to yourself and to other people?

P6 [00:06:28] Well, it's a hard question, actually, but. I think I would use the same word bridge because I like using that term when it comes to translation, because actually what we do, you're just translating something from another language and another culture to one. In other language, of course. So which actually. It would be really good if I use bridge, the term bridge.

MSO [00:07:01] And what does being an interpreter mean to you? What are some of its benefits, positives and also negatives challenges?

P6 [00:07:12] Okay. So being a translation student, of course, gained me a lot of things because I think it's one of the upsides in our departments. You have to learn a lot of things, like you have to research, you have to read a lot. So which actually makes me feel more knowledgeable person than if I'm when I'm comparing myself to the other departments. Well, if it comes to the downsides, of course, I'm going to talk about my job specifically in medical field, because it's huge field, actually. You cannot know everything. Even doctors, you know, specifying their roles as like cardiologists, urologists, etc.. But sometimes you have to, you know, translate a text or like a speech, which includes most of them. So it is a challenge. You have to well, be well aware of the knowledge about the terminology and everything. It is a challenge, of course, but I like it.

MSO [00:08:19] Okay. And did that perception of your role interpreting change while you were working remotely?

P6 [00:08:29] Uh, not really, actually, no.

MSO [00:08:33] Okay. Um, you said the pandemic was the factor involved in your choice to work in remote settings.

P6 [00:08:41] Yes.

MSO [00:08:42] Okay. So, um, before the pandemic, you weren't considering working remotely. It just happened as a necessity.

P6 [00:08:52] Exactly. Yeah, because actually, I'm considering myself as an extrovert, so. Which means that I'm feeling more comfortable when I'm approaching patients, customers, people face-to-face. But when I was a pandemic era, of course, I had to stay at home like everyone else. So I just considered like, working remotely. And yeah, it was really nice experience for me. I gained a lot of things from them.

MSO [00:09:20] So uhh, remote work was challenging to you because it didn't feel as good as working directly with people.

P6 [00:09:31] Yes, indeed.

MSO [00:09:33] Okay. Were there any other challenges, uh, in their remote work compared to face-to-face that you encountered?

P6 [00:09:44] Well, I think. There are, of course, upsides and downsides as well. But the most difficult one for me probably like deadlines because I was working without having shift because I was not working under the company, I was just doing freelance translating. So sometimes I was working like more than 15 hours, 16 hours, for a day, and it was exhausting, of course. So that was probably the most difficult challenges I've had while I was looking for vision.

MSO [00:10:20] Right. And, um. While doing remote interpreting, um, did you notice that your onsite interpreting was influencing how you approached remote work?

P6 [00:10:38] Actually, yes, I did notice that when I was having onsite translation lessons in the, um, in the university, actually I was thinking about that where I'm going to use that information. But actually, I used that while I was translating as pandemic era. Yeah.

MSO [00:10:57] Okay. And. While doing remote interpreting, did you feel like you had to professionalize yourself differently in, for example, LinkedIn?

P6 [00:11:14] Well, yes, because I think a job like finding a job is really hard for you if you don't have enough range in the letter. So you have to have a good. You have to have like a good approach. And I've been through this to express myself, both through employers approaching employers who are looking for that kind of site. So of course, I was thinking about like creating the good one, which I did actually, and it helped me a lot while I was looking for a job.

MSO [00:12:01] Okay. And in your current job, what are your exact responsibilities?

P6 [00:12:11] My responsibilities are like explaining the process from start to finish to the patient and also translating everything without any exceptions, what the doctor said to the patient, explaining everything about medications, complications, possibilities, risks, and everything for the patient. Basically, these are my responsibilities.

MSO [00:12:39] Okay. And how was it different while you were doing remote interpreting?

P6 [00:12:48] Well, my only responsibility was, at that time, was catching the deadline, because when I'm doing, like when I was doing remote translation, there were some editors, proofreaders. So of course, if I did any mistake, they were like editing it and revising it. But right now, it's different than remote translation.

MSO [00:13:19] And while you were working on remote interpreting, did you receive any specific training for it?

P6 [00:13:29] Well, not really. Of course, when I was studying at university, I had some medical translation lessons as an elective courses (sic). But mostly I can say that I've educated myself because since when I was a little child, I'm, I have been really interested with medical field. Um, so sorry, by the way.

MSO [00:13:53] It's, it's okay. Um, I could, uh, pause if you want.

Silence for 1 minute 16 seconds.

Okay. The recording is back on.

P6 [00:15:22] Can you repeat that question?

MSO [00:15:24] Sure. Did you receive any specific training before you started working remotely?

P6 [00:15:33] No, not actually. As I was explaining, I've done some medical translation courses while I was studying at university, but there were elective courses and not really helped me to improve myself. I can say that I've educated myself because I was really interested with medical field. I was doing a lot of research. I was reading a lot of things about medical terminology. So no, actually, I didn't receive any professional course.

MSO [00:16:08] Okay. And while doing your job, did you receive any training on remote interpreting differences versus face-to-face differences? Anyone in your uh, job give you a training on that or uh?

P6 [00:16:30] Yes, I did, because in my job there are two different departments. One of them are sitting at office, approaching patients throughout phones and WhatsApp. The other one is the operations department, which I am working under that department in clinic part. So of course I've had some courses about differences between remote translation and face-to-face translation.

MSO [00:16:59] Okay. And while working remotely, how do you make a decision in case of an issue or a problem?

P6 [00:17:12] Well. It was actually not like a sudden decision because of course, as long as you're sticking with that deadline, you always have a chance to fix your mistakes and or something like that. But in the face-to-face translation, it is different because sometimes you have to make sudden decisions. Improvise, you have to improvise. So in remote, of course, I've had chances to catch my mistakes and fix it right away before sending it.

MSO [00:17:44] And while doing remote interpreting. How did you gain professional legitimization versus doing it face-to-face?

P6 [00:18:02] Well. Actually, I didn't receive any certificate or something like that. The only thing that maybe you can say legitimized it. The experience, yeah. My experience was my CV, my background was my CV. So...

MSO [00:18:22] And where do you drive your professional self-esteem from as an interpreter? Well.

P6 [00:18:34] Um. It is actually a really hard question as well. I'm just thinking about it. Yeah, but. Well, I should say that I'm always like a confident person. But of course, when you are doing a job and gaining something, when you're finished it and you know, like as an approval, approval or like financial gains, of course, you are gaining more self-esteem. But the key thing here is actually if you are. Good enough at your job, your self-esteem comes gradually.

MSO [00:19:27] And. Would you say preparation is a part of your job?

P6 [00:19:36] The preparation part was I was having firstly, dental anatomy lessons because we're actually doing a lot of translation in in the doctor's office, which includes a lot of anatomical terms, and words. The first part was about medical terminology. The other part was about approaching people, how you can be good at a consecutive translation, how you can, you know, cover up the urgent situation, how you can improvise it. So it was a two-part education system, and I think it was well enough. So I'm doing my job pretty comfortably.

MSO [00:20:28] Right. Have you always prepared before assignments? Like, under what circumstances do you prepare and how?

P6 [00:20:41] Well, actually, most of both of my cases requires a lot of improvisation because each patient has different cases, different health issues, different expectations. So there is no way that you can always be prepared about the patients. But there are, of course, some cases. Let me just explain and elaborate it. For instance, my employer is sending me letters that includes one patient coming for having a surgery or something like that. So of course, I'm preparing before approaching to the patient about surgery. What is the process, what I'm expecting, what may patient can ask to me. Complications, risks, everything. In that case, of course, I'm researching. I'm asking to the doctors in my work environment, and that is my preparation.

MSO [00:21:47] And while working remotely, did you prepare in the same way that you prepare now or not?

P6 [00:21:55] No, actually, because while I was working remotely before receiving the job, of course, I have had a chance to examine the job first. So I was just doing the math in my head, like, if I can do this, if I need to learn a lot of things to finish

this job in a proper way. So I was actually choosing jobs according to my skillset and knowledge. So it was way different then and right now.

MSO [00:22:31] And. So you've prepared before assignments. Do you do anything else prior to an assignment?

P6 [00:22:42] Well, not nothing special, actually, just researching online using the online dictionaries like equivalent. Like assignments. Theses. Yeah. Just something like that, actually. Nothing special.

MSO [00:23:04] And what do you do following an assignment? Is there a feedback process?

P6 [00:23:12] Yes, of course. Before receiving a job. Um, employers generally, uh, you know, giving the expectations what you have to do, what you can do, what you shouldn't do. Uh, so of course there were some feedbacks before and after as well. Yeah. It actually creates the way that you have to follow.

MSO [00:23:42] Okay. And. How do you experience being an interpreter right now, and is it different than when you were doing it remotely?

P6 [00:23:58] Well, it is very different because I was doing written translation and while I was working remotely. Right now I'm an interpreter. I'm a consultative translator. So. What- What do. How I can feel about this right now is while I was doing it in translation. Of course, because I was not seeing my clients or anything. I was not feeling anything special. I was just, you know. Feeling like I'm writing a thesis or something like that. But right now I'm feeling of course way different because I have to follow the speech that is spoken by a patient or like a doctor. So I have to follow a lot of things. I have to keep a lot of things in my mind. I have to consider everything in seconds in translating, producing a translation. So of course it feels more challenging, but also more good to me.

MSO [00:25:06] And what is the activity or area of activity you identify most with?

P6 [00:25:13] Medical field. Yeah.

MSO [00:25:15] Okay.

P6 [00:25:16] Medical translation.

MSO [00:25:17] Okay. And are you satisfied with your current job right now? Like, on a scale of 1 to 5, where one means not satisfied at all and five means very satisfied. Where would you put yourself?

P6 [00:25:37] I think I would say four, a solid four yeah.

MSO [00:25:41] Okay. For, you know, above average, but not perfect.

P6 [00:25:48] Yeah, of course, because there are a lot of reasons. But if you just think about the job, I think I can say four.

MSO [00:25:57] Okay. And does this come from your specific workplace or the job itself, do you think?

P6 [00:26:08] No, it was about my specific workplace. If I'm rating medical terms, the translation or medical rating, I would definitely give five because this is this was always my dream job. Right now, I'm leaving the job that I like most.

MSO [00:26:28] Okay. That's all on my part. Thank you so much for your time and attention.

P6 [00:26:36] It was my pleasure thank you. too

MSO [00:26:39] As I mentioned previously, this recording will be used for my research purposes only. And have a good night.

P6 [00:26:49] Thank you so much. You too.

Participant 7

MSO [00:00:03] Hi. Hello.

P7 [00:00:05] Hello.

MSO [00:00:06] Um, I would like to start by asking your birth year.

P7 [00:00:12] Okay. It's 2000.

MSO [00:00:23] And what is your educational level?

P7 [00:00:30] So I still study. I study industrial engineering. This is my senior year at school. I'm a fourth-year student.

MSO [00:00:40] Okay. And how long have you been doing this translation work?

P7 [00:00:48] It's been about a month. I can say.

MSO [00:00:53] Okay. And what languages do you use?

P7 [00:00:59] I use Turkish and English.

MSO [00:01:04] And do you live in Istanbul?

P7 [00:01:07] Yes, I do live in Istanbul.

MSO [00:01:09] Okay. And at which area of Istanbul is your workplace?

P7 [00:01:15] My workplace is in Üsküdar, Altunizade.

MSO [00:01:22] Okay. I'll be moving on to my questions then.

P7 [00:01:27] Okay.

MSO [00:01:28] Why did you choose to become an interpreter?

P7 [00:01:33] So I guess it was a coincidence because I was looking for a job studying, and I started to work in a clinic as a salesperson. And then it didn't work out. And this place called me and I. And they offered me a job, and I accepted.

MSO [00:02:00] Okay. And. Uh, so from your, uh. Like, uh. Educational choices. I'm guessing you're not a member of any interpreting associations.

P7 [00:02:18] Yeah, I'm not.

MSO [00:02:18] Okay. And what do you do as an interpreter?

P7 [00:02:25] basically I'm a patient coordinator and interpreter, so medical interpreter. We basically try to explain the patient what is going to be and in their, as their consultation. And we try to, you know, consider the patient psychology too. We try to explain them, uh, things, uh, not directly, but we consider their psychological state as well.

MSO [00:03:05] And how do you define your role as an interpreter to yourself and to others?

P7 [00:03:17] I have to find myself as an interpreter that I keep company to the patient. And I help them to become more calm because they are usually nervous. And I try to, I try to help them with their needs as well. I basically try to make them comfortable during this, uh, process in the, in the hospital basically. And I, I like to, socialize with people as well, so I like to talk with them too. I ask personal questions as well. I get to know to, I get to know the patient and I, I try to be their friends let's say.

MSO [00:04:15] And, uh, is, um, how do you, uh, specify your relationship to the interpreting profession?

P7 [00:04:33] Can you ask again?

MSO [00:04:34] Um, so, like, uh, would you say that you're an interpreter? Uh, like, that's your, uh.

P7 [00:04:50] Profession.

MSO [00:04:51] Yeah, profession. When someone asks, you just simply say, I'm an interpreter. Or do you elaborate?

P7 [00:04:58] Well, usually I say I'm an interpreter, but the thing I do is more than that. Like I said, I take into consideration the patient's psychology. And when we take this into consideration, we have to act different. When I translate, I interpret what medical teams says, but I don't interpret it directly. I try to soften it. Soften the things they say, and I try. You know, I don't want the patients to be sad sometimes. There are things that we cannot do as, as medical team cannot do some things, and we don't say, like the medical team says us. Okay. We can't do this because Donor area, let's say donor area is not enough. We don't want to interpret it as it is. We try to soften it and we try to explain to this, to the patient in a, in a good language, let's say. Okay. But when people ask me, I, rather than making a long, long explaining, I just say I'm, I'm an interpreter.

MSO [00:06:22] Okay. And what are some of the challenges, you know, negatives of this and the benefits and positives of this work?

P7 [00:06:34] The positive thing is you get to be social with the patients. You get to socialize with people. You see, meet people every day. You'll be friends with them. You learn about their life, their culture. You learn new things. But the negative side is that we have to interpret medical team's negative thoughts, uh, we try to soften it and we don't directly. We don't directly interpret it, so we have to adjust some things. This might be the hardest thing in our job.

MSO [00:07:16] Okay. And has your perception of interpreting changed since you began working as an interpreter?

P7 [00:07:31] Can you clarify this?

MSO [00:07:32] Like, did you have an image of the work translator does, that doesn't, interpreter does, and it changed when you become an interpreter or it didn't change?

P7 [00:07:47] Well, actually, it changed because I thought that I was going to translate, everything as it is. But, um, we cannot. We have to adjust it and justify it. So, um. Yeah. Just adjusting parts is... changed my perception of interpreting.

MSO [00:08:13] Okay. And have you worked... Uh, translated in a remote setting, for example, over a video app like Zoom or over the phone? Something like that.

P7 [00:08:30] Let me think. Let me think. No. No.

Unidentified [00:08:32]. Okay. Its always been face-to-face.

P7 [00:08:39] Yeah.

MSO [00:08:40] Okay. And, uh, has, uh. Have other people that worked in your workplace have done this because they've worked longer than you have if you know? But, uh.

P7 [00:08:59] If they, uh, trans interpret it in a online environment? Actually, I don't know about it. Okay.

MSO [00:09:10] And have you felt like you needed to professionalize yourself on something like LinkedIn, for instance? Uh, and if you did that, has it helped you?

P7 [00:09:30] Well. Umm, on LinkedIn I shared that I started a job as a medical interpreter, but, uh, I share everything on LinkedIn anyways, so I, I cannot say that it helped me because it's also new. So we will see, I guess, if it will help me or not to get new opportunity.

MSO [00:10:00] Okay. Thank you. And, uh, so your responsibilities, we can say, have also to do with, uh, the sort of patient management also, and not just interpreting.

P7 [00:10:21] Yes, I was the patient coordinator, and I helped, um, communicate.

MSO [00:10:28] Okay. And, uh, in either of these interpreting or patient coordination, uh, do you do a preparation before the job begins?

P7 [00:10:43] I do preparation before the job begins? Okay. Okay. That's good question. What kind of preparation I would ask? Are you asking?

MSO [00:10:56] Like, do you, like, talk it over with the doctor? Uh, you know, the type of treatments they're going to have. Or do you, like, brush up on terminology before you work something like that?

P7 [00:11:18] Uh, basically I'm not working in a wide area. It's just, it's... rather than wide it's more small area, because it's hair transplanting. So, uh, I get to know the terms over time and I don't have to, let's say I don't have to prepare before the consultation about the terminologies, but before the patient comes, I want to know their country. I want to know about their job, want to know about their age. I want to know them better before they arrive.

P7 [00:11:30] Area cause it's hard transplanting. So I guess one of the terms over time, and I don't have to say I don't have to prepare for any consultation about the terminology, but before the patient comes, I want to know their country. I want to know about their job, want to know about their age. I want to know them better before they arrive. And their language as well. Uh, I like to say hi to them in their own language as well. Because these patients, uh, can be from another countries as well, other than English speaking countries. Mm-hmm. . Yeah. I want to know about technique that, uh, they are going to use, uh, in for the operation and what has been told to them during the. I want to know about it as well. So yeah, that's about it. I basically want to get more information before the patient arrives.

MSO [00:12:57] Okay. Thank you. Uh, so that's what you do prior to an assignment. Do you do anything following an assignment? Like is there a feedback process?

ND 00:13:11] Can you clarify please?

MSO [00:13:12] Uh, like do you, uh, go over with the doctors about translation or do you, uh, ask the patients if they have any feedback? Something like that, you know

P7 [00:13:30] Well, yeah. Be after the procedures are done. Um, we don't ask it directly, but, um, I ask questions like, how was the. You know, and they tell, they gimme a feedback basically after I ask this question. So we, we want to learn about their experience in their, uh, without asking directly for a feedback. Sometimes we ask feedbacks as well, if the patient looks really happy. Because we don't want to hear bad

things. Uh, yeah. But, but, uh, we, we want to improve ourselves as well, so we ask them how was the experience, even if they're not, even if they're not looking happy too.

P7 [00:14:20] Mm-hmm. . Okay. Understandable.

MSO [00:14:36] Okay Thank you. And did you receive any specific training for interpreting? Uh.

P7 [00:14:48] Specific training before this job? No, actually, I got to just before I actually knew it. I was just standing there during the consultations and I observed how to do interpreting as well how to treat the patient. And yes, for some time I learned how to do this job, but I didn't get any training. Let's say this was my training. Observing

MSO [00:15:26] Okay. You had an observation off the job? Okay. And. How long was it? Was it like a one-time observation or did you do it multiple times?

P7 [00:15:43] Yes, it was about, it was about... So I'm working there for a little bit more than a month. I did observation for the first three weeks.

MSO [00:16:04] Okay. And. I'll be skipping some of the questions because you haven't done remote interpreting and. Where do you drive you know, professional self-esteem from, like, your self-esteem as an interpreters?

P7 [00:16:33] Okay. Can you clarify yourself a little bit, please?

MSO [00:16:40] Like in terms of professional legitimization, like do you feel like you're an interpreter or do you feel like you're just doing it as a job? Or do you feel that, uh, like you need, uh, to have studied or you need some sort of training, a certificate to be an interpreter so that.

ND 00:17:25] So about that... I don't feel totally. Like, I'm an interpreter because, um, I do, how can I say? I can't say that I told to feel like an interpreter because like I said, I, I have to adjust things a lot. And I help the patient a lot and I be their friends basically. So I don't feel like this is a job at all. It's, it just feels like I'm helping them. So, so what can I say? I feel like I, I feel like I'm helping them communicate and I feel more like a patient coordinator, let's say. I don't quite feel like I'm an interpreter because, uh, I need a, I need a more serious environment to feel that I guess.

MSO [00:18:37] So you feel like you don't do enough interpreting to be a interpreter? Like you-

P7 [00:18:46] If I, if I had to, uh, if I had. Let's say interpret, interpret in a, let's say, political, uh, conversations. I would more feel like an interpreter, but, uh, this doesn't feel like I'm a, I don't know, basically.

MSO [00:19:15] Okay. Okay. That's also a perfectly good answer.

P7 [00:19:25] Do you think so?

MSO [00:19:26] Okay. Well, yeah. I mean, it depends on what you're doing. I mean, I've worked in this environment as well, and sometimes, um, and I've actually studied translation interpreting and, you know, sometimes you feel like this isn't really what I studied for. This conversation is not serious. Yeah. Yeah. So definitely.

P7 [00:19:57] So it's, it's more of a friendly environment. So I feel like I'm just helping them. Let's say. I don't feel like it's. It's, how to say... I don't know. It's a, I don't want to say it's not serious, but it's a serious job and, uh, about when it's in health, the things you say will always matter and you have to speak carefully as well. So, I don't want to say it's not serious, but it's a friendly environment. So that's why I don't feel, uh, I don't feel how to say mm-hmm. , uh, I don't feel lots of stress, let's say. And in jobs, I think stress is more like in a serious job, I don't mean that it's not a serious job, but because of the friendly environment, though it depends on the environment you are working. I'm lucky at this subject.

MSO [00:21:20] Okay. And. Oh, so you would say, uh, uh, identify more with the interpreting part or the patient coordinator part?

P7 [00:21:37] I would say I'm more of a patient coordinator that helps people communicate.

MSO [00:21:44] Okay. So uh, patient coordinator that interprets?

P7 [00:21:50] Yes, exactly.

MSO [00:21:51] Okay. And are you satisfied with your current job? So, like, on a scale of 1 to 5, where five means the most satisfied, very satisfied and one means not satisfied at all. Where would you place yourself?

P7 [00:22:12] I would say five because I'm quite happy in this job. Okay. So you I get socialized with people. I like being social. Okay. And I learn, I learn new things every. I get to know new people every day and, uh, I learn more about medicine as well.

Health topics, I learn more every day. So the area is an area that someone can improve themselves.

MSO [00:22:52] Okay. That's all of the questions. Thank you for your time and patience and. Thank you. I'm glad you helped with my research. And as I mentioned previously, this uh, conversation will only be shown for research purposes and to no one else as well. And thank you. Have a nice day.

P7 [00:23:25] Yes, thank you. I hope it will be useful for you.

Participant 8

MSO [00:00:02] Hi.

P8 [00:00:04] Hi again.

MSO [00:00:06] I'll be starting with some background information questions now.

MSO [00:00:22] Okay. And when were you born?

P8 [00:00:27] It was 1988.

MSO [00:00:30] Thanks. And what is your current educational level?

P8 [00:00:36] Sorry.

MSO [00:00:37] You know, educational level like...

P8 [00:00:40] Like, okay, I'm a PH.D. student.

MSO [00:00:44] Right. And how long have you been working in this profession?

P8 [00:00:54] Actually, it's something new. It's been just three weeks.

MSO [00:01:01] Ok.

P8 [00:01:02] For now. Yeah.

MSO [00:01:03] And did you work in a that also like linguistic profession before or is this a new like area?

P8 [00:01:18] Now it's just the fresh start.

MSO [00:01:20] Okay.

P8 [00:01:22] I have nothing of the previous experience in this field.

MSO [00:01:26] Okay. And what are your active languages?

P8 [00:01:32] Sorry. Active language?

MSO [00:01:35] The languages that you use in your job. Turkish. English? Okay. And. Do you live in Istanbul?

P8 [00:01:46] Yes. Yes.

MSO [00:01:47] And is the place you work in also in Istanbul?

P8 [00:01:52] Yes.

MSO [00:01:53] In which part of Istanbul started?

P8 [00:01:58] Üsküdar.

MSO [00:02:01] I'll be moving on to my questions now.

P8 [00:02:05] Okay.

MSO [00:02:06] Why did you choose to become an interpreter?

P8 [00:02:12] Actually, I don't have a special cause. I don't know. It just happens.

MSO [00:02:19] So by chance?

P8 [00:02:24] All of a sudden. Yeah.

MSO [00:02:27] So I'm guessing then you're not a member of any specific interpreting associations?

P8 [00:02:35] No.

MSO [00:02:35] Okay. And I think like that. Um. Um. Have you, uh. What do you do as an interpreter? How would you define yourself, your role as an interpreter? Like when someone asks, what do you do? What do you say?

P8 [00:02:58] I'm working at a clinic. Um, so we have some patients coming, and they took some surgeries, so they want something. And I translate it to the medical team and medical team says something and I translate it to the patient. And that's my job for now.

MSO [00:03:23] Okay. What does being an interpreter feel like for you? What are some of the benefits, positives and also negatives and challenges?

P8 [00:03:44] Um, actually at the beginning it seemed very hard to me because I had not the similar experiences in this field, you know. So, but when I start to get used to it, it seems enjoyable. I like it because, you know, you meet so many different people coming from so many different countries, so many different cultures. And for now, I like it. Of course, there are so many challenges in this job because... Actually, something happened today. I can explain it to you maybe, because of- because of some

kind of cultural differences they sometimes get us wrong. For example, one of our patients said to me, actually, she complained about, why don't they call me by my name? Why do they call me like madam? Madam. Madam. It's so disturbing. Yeah. And I explained to her, like, it's something cultural. We just try to be polite by saying this. Even they called me like Miss, Miss. And it's kind of disturbing. Maybe the cultural difference is the most challenging part of this job, I guess. That's it for me.

MSO [00:05:18] Yes, definitely. I had the type of encounters as well. You know, it does sound weird when you say, you know, Ms. Mr. with your name.

P8 [00:05:31] Yes.

MSO [00:05:33] Strange.

P8 [00:05:34] You know, it's, it's really disturbing when someone call you like Hanım, Hanım I don't like this thing. And the other challenging part is some kind of misunderstanding, especially. You know, I'm working for a clinic and I was not so similar to the medical term at the beginning. And when I'm trying to translate it, maybe some misunderstandings occur at the same time. So it was challenging. Yeah.

MSO [00:06:11] Yeah, it's. And uhh. Did you have a perception of interpreting what interpreters do? And has that perception changed since you started to work in this profession?

P8 [00:06:31] Yes. Because at the beginning I was just thinking about to be successful. It just recuse... Yeah. Just. I just want to say like that, if I am good at that language, then I'm good at that job. But it's not that simple. As far as what as I saw, you also make the communication better. Some kind of I don't know. You have to improve your communication skills. At the same time, it's not just something linguistics, I guess.

MSO [00:07:15] Yes.

P8 [00:07:16] The interaction between the people and to provide it. It's it's one of the crucial things, I guess.

MSO [00:07:25] And have you ever interpreted as remotely in, uh, for example, over a phone call, over a Zoom meeting, something like that.

P8 [00:07:37] No.

MSO [00:07:38] Okay. So no.

P8 [00:07:40] No, just face-to-face interactions.

MSO [00:07:45] And. Do you feel like you have to professionalize yourself, for example, in something like LinkedIn?

P8 [00:07:57] Um, Sorry?

MSO [00:08:00] Like, uh, do you feel like you have to, uh, like, present yourself as an interpreter in, like, LinkedIn or at another website?

P8 [00:08:16] Uh, actually, I haven't decided yet. Um. To me. Yeah, I'm. I'm an interpreter, I guess, but. I don't know. I'm not ready to share it to the professional area on LinkedIn yet, but maybe soon. I don't know. I haven't decided.

MSO [00:08:43] Okay.

P8 [00:08:44] Because it was it was so different areas. I was I was working as a research assistant at the university and then I switched that area. So it was very sharp, you know.

MSO [00:09:00] I can guess.

P8 [00:09:05] Even I'm trying to adapt to it.

MSO [00:09:07] Yes. It's and it's also very new. Yes. So, yeah, understandable. Um.

P8 [00:09:18] But I really liked it, I have to say that.

MSO [00:09:22] Okay. And what are your responsibilities in your job?

P8 [00:09:29] It's as I said before, it's just the just provide the communication between the patients and the medical team for now. But day by day, I don't know if it's improved to the different dimensions. I don't know. I have no idea.

MSO [00:09:51] What do you do prior to assignments? Do you prepare in any way?

P8 [00:09:58] To what?

MSO [00:10:00] Do you... I don't know. Maybe, like, check up on terminology or talk with the doctor about anything. Like, do you prepare in any way in advance before interpreting?

P8 [00:10:17] Yes. Yeah. All the time, actually. All the time. Before we start, uh, talking to the patient, especially, uh, all the time, I ask so many questions to the medical team, and they advise me so many things about the terms and the process. They explain them to me all the time. I just collect so many information and I give and I also

give the information about the patients, about where they come from. What kind of personality they have, maybe. Yeah.

MSO [00:11:00] And do you consider this preparation part of your job or is it something extra that you do?

P8 [00:11:07] Know, it's exactly the part of this job. It's a must, I guess.

MSO [00:11:12] Okay. And what do you do following an assignment? Is there a feedback process?

P8 [00:11:20] No, not yet.

MSO [00:11:22] Okay.

P8 [00:11:22] Yes.

MSO [00:11:24] And, uh, did you receive any specific training before you started interpreting?

P8 [00:11:36] By myself or professionally?

MSO [00:11:40] Professionally or maybe the place you are working for right now gave training to.

P8 [00:11:48] No. You know, we have some of the most experienced guys in our workplace and we just ask them and they answer.

MSO [00:12:01] That's okay. A little bit of mentoring maybe, not training?

P8 [00:12:12] Yeah, but, uh, not mentoring as well. Just the advices.

MSO [00:12:19] Just advises.

P8 [00:12:21] And. And something like that. Yeah. You have to hurry up. You have to learn everything. I'm really sorry.

MSO [00:12:29] Yeah, I guess. Pump the gas, no brakes. I'll be skipping and some questions related to remote interpreting now. Because you haven't done so. And. I would like to ask, how do you gain professional legitimization in your current job? Like, uh. Do you have a. Do you experience being an interpreter? Is it like part of your self-esteem now or it hasn't set in yet? What are your thoughts?

P8 [00:13:18] Uh, you mean some kind of beneficials for myself?

MSO [00:13:24] Like, is being an interpreter part of your identity now, would you say or?

P8 [00:13:32] Yeah, I can, I can actually say that, uh, because, you know, my previous experience is not so far away because I conducted some in research and I also many interviews before. It's different. Even if it's different, the job isn't so different. Uh. The they not differ from each other. I guess just the language differs and of course the things related to the world. I mean, the medical terms are, etc... But I always see myself as an interpreter. Generally not just it's not just the- the language.

MSO [00:14:25] Okay. And is interpreting the activity that you identify most with? Or do you do something else besides interpreting?

P8 [00:14:40] Um. Uh, I'm not sure about it. I'm not sure about how to answer this question now.

MSO [00:14:54] Okay.

P8 [00:14:57] But. But this process... Has to involve interpreting.

MSO [00:15:04] I think. Okay. And are you satisfied with your current job right now? Like, yes. On a scale of 1 to 5, where one means not satisfied at all, and five means very satisfied. Where would you place yourself?

P8 [00:15:24] Yes. would write with... Four maybe. Not five, four.

MSO [00:15:33] Yes. So above average, but not perfect.

P8 [00:15:37] Yes.

MSO [00:15:38] Okay. Okay. That's.

P8 [00:15:42] I mean, what is perfect?

MSO [00:15:44] Yeah. Yeah. I guess that's, you know, everything has to have a downside, I guess. Okay. And those are all it's for my questions. Thank you so much for your time. As I mentioned, these will be these recordings will be used for my research only. Have a good day. Good night.

GŞÖ: And you're welcome. You too

Participant 9

MSO [00:00:00] Hi. Hello.

P9 [00:00:05] Hello.

MSO [00:00:09] Okay. And when were you born?

P9 [00:00:11] I was born in 1997.

MSO [00:00:16] Okay. And how long have you been doing this job?

P9 [00:00:22] I've been in this business for more than five months. At the beginning with the Hair Transplantation Services. So I worked for them for four months. And then they transferred me and the new company. They have mainly been focusing on the gastric sleeve patients and most of them are from the UK.

MSO [00:00:43] Okay. And did you study translation or linguistic based department?

P9 [00:00:52] So I did graduate from Customs and Border Management and then in my internship period, I was working with a huge logistics firm called KL. They were Hong Kong coordinated. But while I was there in the office for two months, I told myself, it's not for me it's not okay for me to sit in front of the computer and send emails here and therefore more than 10 hours a day. So I did send my CV all over the Internet on LinkedIn, and they did find me EG was the name of the first firm. So and on there I was getting, getting along really well with the patients. And I also did sales to more than 27 people. And I did make so much money, not on my side, but basically my company did make so much money because I did so much sales and I was proud of it because I did create value and... yeah. I did find myself suited for this job and I need to do like to be being interacting with the patients. Basically, you stay here, but you travel all around the world, you've got patients from all over the countries like Europe, states and Canada, basically everywhere it.

MSO [00:02:13] And do you live in Istanbul?

P9 [00:02:15] Yes, I do live. I was born and raised here in Istanbul.

MSO [00:02:18] Okay. And your workplace is in which part of Istanbul?

P9 [00:02:23] Uh. In Asia. Asia side.

MSO [00:02:27] Okay. I'll be moving on to my questions now. Why did you choose to become an interpreter? I mean we sort of discussed this already, but so mainly from what I understand, you're, uh, the department you studied that wasn't really for you. So you decided to move on to something else.

P9 [00:02:49] It did not fit, yes.

MSO [00:02:50] Okay. And so I'm guessing then you're not a member of any specific interpreting associations?

P9 [00:02:58] No, I'm not a member of them. But if given the chance or I didn't especially look for it if there's an associate that may exist or not. So I would be I will be more than pleased to become a part of it, to help them grow and maybe find solution to their problems, about the workplace, about their colleagues, about the kinds of patients that they are dealing with. I would like to help them to find solutions because in the field we do face so many, so many things. And as feedbacks, I always try to let my manager inform about it. So it would be nice.

MSO [00:03:35] Okay. And so what do you do as an interpreter?

P9 [00:03:44] So basically, I do greet the patients and I help them to communicate with the doctors and also any inconvenience they face in the field. I do help them. So I have them about the communication with the nurses. And also they need to schedule their meetings with their appointments and all that. And I try to get even more 100% to find solution for them that they face in the hospital and also sometimes even in the hotel, for instance, once one of my patients got their money stolen. So I went to the hotel and took him and went to the police station. So, yeah, it was a memory.

MSO [00:04:25] And how do you define your role as an interpreter to others?

P9 [00:04:31] So, I mean, for instance, for instance, I told my friends that basically I work in a hospital and we do have patients all over the world and they come for medical tourism. And I do it like I know that I do represent also the country, not just the company. So it's- it's a huge responsibility. And I'm always aware of the fact. So it's a precise job for me and also translation itself. It's also- it has to be precise because you basically have people to communicate. It's a huge part of the ehh their experience here because in the service and the patient leaves the country, he goes home with the receipt

and the memory. So a service business has to be very precise and has to be very cautious about it. People have to be very cautious treating others.

MSO [00:05:26] Okay. And to you being an interpreter. What are some of the benefits and positives and challenges negatives?

P9 [00:05:36] Yeah I mean, in the pros, like sometimes you get the- you get tips and it does help a lot. And also sometimes you get business connections for future references. Like for instance, soon I will inherit a huge legacy from my grandmother and now I have people all over the world. I got the contacts so maybe I can do business with them to get it and on on the cons like on the weak side. So disadvantages sometimes there are patients that are not easy to get along with so they, uh, they can be hard to deal with. But it's part of the job and that's why we are here for- to provide services at the basic the best, the best level.

MSO [00:06:22] Um, have you ever worked in a remote context, like over the phone, the through Zoom, or another video app?

P9 [00:06:32] Yeah. I mean, not, not specifically like for a whole day, but during the day. And sometimes, since I cannot be at the same time at different two places, sometimes the nurses give me a phone call and tell me the patient is asking me something. So via a phone I try to help them. So if you call it remote, then it can be. Yes.

MSO [00:06:56] Yes, indeed. It count as being remote and uh about that remote interpreting does that... Is that experience different from, like face-to-face interpreting?

P9 [00:07:13] I mean, I mean, yeah, it's different. But and also it is more easy for me because when you (sic) face-to-face with the patient sure he like they do not they keep they they keep holding on to you like they always ask me questions like one after another. So it's better when you put them on the phone because they know what to tell you exactly. They know the issue and they can be more direct but when it's face-to-face. Sometimes they feel shy about it or they, on the contrary, like they can be. You get attached to you for maybe, maybe longer than they should have been.

MSO [00:07:52] Mmhmm. And. Do you think? Like since you started doing it face-to-face, it would have been different for you if you started doing it remotely in, for example, the COVID period?

P9 [00:08:11] Mmhmm Like, I mean finding solutions remote or face-to-face, they are basically the same, but face-to-face, what it it's, if it's your, the feeling that under pressure you can basically work. So you get like its basically like creating a new new start that will help you during your life so you can reflect that on the issues that you also face in life. So I think everyone as a interpreter. They have to work on the field for a while. It could be six months, maybe a year. I don't know it it basically helps you to grow in aspects of, of life. So I highly recommend it.

MSO [00:08:54] Uh, for you, uh, working remotely. How do you make a decision in case there's an issue?

P9 [00:09:05] Mm-hmm. Something like the office. Same with the field. Same with remote via office. And you always have your colleagues, and they also help you. So finding solutions is really easy when you're a team that is collaborating and willing to do business with you. It's always fine. So same thin- when you are working on the office same.

MSO [00:09:30] Um. What would you say are your responsibilities in this job?

P9 [00:09:37] So basically, I am responsible for the experience that the patient has in this hospital setting with the answers, like with the greeting of the patient in front of the door, and until he or she leaves here. So everything has to be smooth and she has to be very informed about it because, sometimes since the nurses cannot communicate with the patients, so the main priority is to be informed what's going to happen next. They'll always asking the same question. So my responsibility is to give them answers and take care of them any time they need basically that's it.

MSO [00:10:29] Do you prepare for an assignment? Do you do like some research on the patient or about the context?

P9 [00:10:38] Like, I think basically that you are informed on general basics, about the procedure, about the medicine, about post, the patient caretaking, but about details. It's like they do reveal themselves. Once you're involved and once you spend a couple of months, you know how things work. And there are lots of steps and it's sort of the procedure. So you. You also learn on field (sic) how to find solutions like you also

become an operator. So it's fun. It's like. It's like a fun game of management. I like it so much. So that's how I'm involved here.

MSO [00:11:18] And do you consider this preparation a part of the job or something that you do extra?

P9 [00:11:27] Ahh, It is part of it. So once you are well informed where the contact persons of the patients, it's also beneficial for them. So there's not there's not much heavy burden on their shoulders. So it's nice.

MSO [00:11:45] Okay. And do you think that because you're not able to prepare in the same way remotely, is it different when you work remotely?

P9 [00:12:00] Uhm. Like, I do not have any remote experience other than the phone that I have on the field and asking them to communicate with the nurses. So this was that was the only foreign management side, but I did not get involved personally. Like, like, well, via a laptop in a home, I did not work remote. So for me, it's not it wouldn't be the best for me to answer this question, so.

MSO [00:12:30] Okay. And do you do anything when an assignment is over? Is there like a feedback process?

P9 [00:12:36] You you've like, just in case if you face an inconvenience, then I let my manager know about it. But other than that, if everything is going according to the plan, there's just a group group chat. And I inform my manager and my colleagues about the steps. So that's it.

MSO [00:12:56] Okay. And do you feel like since you found your job through LinkedIn, I believe you said, you have you professionalize yourself differently? Like as a translator there?

P9 [00:13:14] No. Like I just on Link. I just represent myself as the one that is like a new newly graduate from the college and. Yeah, I mean, it's a surprise that they would hire me because they didn't know if I was efficient or available for the job or not. So, like, I mean, everything's going well now. So I am really pleased. With my colleagues and my and also the patient profile is super nice. They are also kind and gentle I like it so much.

P9 [00:13:56] Even if she wasn't here I'd also tell the same.

MSO [00:14:01] Okay since LinkedIn helps you. That's we could say it was for your job change so to speak. And in uhm, how would you say in the instances that you work remotely over the phone, uhm, do you feel like, uhm, it's harder to be a legitimate translator that way, like compared to face-to-face?

P9 [00:14:44] I mean, it depends on what is the desire of the patient. Like some of the patients, they wanna see you face-to-face. They want instant reaction. They also want to see your mimics, how you react to the particular like a specific case they want to see. They wanna be taken care of. You try to take that in. If you try to talk them on the phone, they want you to appear in front of them. So sometimes there is this like special demand. So you basic like on on these times you do visit the patients, but some of- some of them, they wanna solve the issue as soon as possible, so they will talk to you directly via phone they are collaborating. I like them more. So there like the two sides of it. It's like a double-edged blade, but on each side, you find a solution. That is. It's easy. There's no difference in between.

MSO [00:15:38] And. Do you have a sort of professional self-esteem about being an interpreter? Like since, for example, you didn't study it? Like, have you like gained? It's like has it set in? You know, like I'm a translator now.

P9 [00:15:59] Yeah even though I didn't study, the exact college department. I didn't have a major about it, but I know that I'm capable capable of capable of it, even though, like, I know people, they didn't graduate from the exact departments they have to be doing for the exact job I should be doing. So like it, it also helped me to gain confidence about it. Like I realize, even though I do not have the classes about this interpreting business to become an interpreter, I am capable of it. Capable of it. And basically I'm a translator. That's the case. I like it and I'm proud of it.

MSO [00:16:44] And. How do you like the experience being in itself? Like what's the activity or area of activity that you identify most with?

P9 [00:17:01] Mm-hmm. So it's more on the. So it does involve interaction with the people. So any time you get in touch with them, there is the possibility of dissatisfaction. So you always keep that in your mind. You always have to be gentle, kind and well-behaving. So I do define my business like a more of a like it's like you have patients and you're in a hotel and you are the one that is being the caretaker. So I

do define the area, the field of working as the caretaking. This is the way I can explain to you.

MSO [00:17:48] Okay. And what would you say about your satisfaction on the job? Like, let's say on a scale of 1 to 5, one is not satisfied at all and five is very satisfied. Where would you put yourself?

P9 [00:18:07] It's it's like 100%. 90 minutes is five, because I define myself that it is an area that I can grow into. And yeah, I mean, it did grow on me also which is nice. I like it so much. Every time I wake up, I tell myself I am grateful for it, that I have achieved it. I feel like I'm not working, but then just enjoying and just like being in the hospital, meeting new people, making them happy, inspiring them and smiling at them. They are also smiling back. It's. It also makes my day and I do not feel tired. So everything is super nice and once again, I'm really grateful for it. Yeah, super happy.

MSO [00:18:52] Okay, so it's been kind of like not unplanned, but.

P9 [00:18:57] Maybe even though you see I'm happy and I'm doing my thing and I'm also getting paid for it. So it's like a dream that I'm living. And I knew I never want to wake up from it, so its nice.

MSO [00:19:10] So very happy with how things have turned out.

P9 [00:19:13] Yes. Yeah. I didn't expect it to become super nice yeah.

MSO [00:19:17] Yeah. Okay. Well, that's going to be. Oh, all it for my questions. Uh, thank you so much again for doing it. And as I mentioned beforehand, this will be used for my research means.

P9 [00:19:37] I accept, I give my consent.

MSO [00:19:37] Okay. Thank you. Thank you. A lot.

P9 [00:19:37] Thank you. Bye bye.

Participant 10

MSO [00:00:00] Hi. Hello.

P10 [00:00:04] Hello.

MSO [00:00:07] And when were you born?

P10 [00:00:09] Sorry?

MSO [00:00:10] When were you born?

P10 [00:00:12] I was born in 1999.

MSO [00:00:18] Okay. And how long have you been doing this job?

P10 [00:00:23] It's been only three months that I'm working here.

MSO [00:00:26] Okay. And did you work as a (sic) interpreter before?

P10 [00:00:31] Yes, actually, before I graduated in the COVID- the COVID time, you know, I had the chance to work at the translation office. So I needed to go somewhere to interpreter, like notary office and to some companies. So it's not the first time.

MSO [00:00:53] Okay. And did you study translation and interpreting?

P10 [00:00:57] Yes. Yes, I am- my major was translation and interpreting in English.

MSO [00:01:03] Okay. And, and, uh, the workplace you work in is in which part of the Istanbul?

P10 [00:01:11] Uh, now I'm working for health tourism in Istanbul Pendik.

MSO [00:01:18] And you also live in Istanbul?

P10 [00:01:19] Yes, I also live in Pendik.

MSO [00:01:21] Okay. And I'll be moving on to my questions now. Why did you choose to become an interpreter?

P10 [00:01:30] Um, because I always dreamed of uhm I always dreamed of being of some- some place that I can practice my English speaking, you know? And whenever I communicate with the foreign people, I get so enth- enthusiasm. So I just feel that this is my job. I love to be an interpreter.

MSO [00:01:53] Okay. So, uh, not translation then interpreting is.

P10 [00:01:56] Yes, definitely not the translation. Because when I was working at the translation office, I had a chance to see myself in a translator. Yeah, I enjoyed it and I like to do it, and I think I do it good. But it's not for me. I want to speak English.

MSO [00:02:13] Yeah. Yeah, I get that also. So, are you a member of any specific interpreting associations?

P10 [00:02:20] No.

MSO [00:02:21] Okay. And what would you say you do as an interpreter?

P10 [00:02:28] What would you say is?

MSO [00:02:31] What uhmm? How would you describe being an interpreter?

P10 [00:02:35] Yeah, it's, uh. It's a hard question, but, uh, think about the bridge, like connect two parts between, uh, and it's the only road that, uh, people can take to reach that, uh, roads, you know, that's that part. So we are just that bridge.

MSO [00:02:56] Uh huh. Well, a lot of people use the bridge. Yes, yes. But I guess, I get flashbacks to translation theories classroom. Well, that's true. Yeah, yeah, yeah. You know, it's. Yeah, you know, some things are cliches because they're true.

P10 [00:03:12] Yes. But, I don't know. And I also maybe we we are the feeling transformation of some people because it's hard to translate. Everyone can do the interpret. Everyone can be an interpreter maybe, but it's hard to transfer the feelings, so you know.

MSO [00:03:29] So the feeling instead of the meaning?

P10 [00:03:34] Yes, yes. Yes.

MSO [00:03:36] Okay. And how do you define your role as an interpreter to others?

P10 [00:03:42] To others.

MSO [00:03:43] Like if someone, asked.

P10 [00:03:45] I, when I, when I interpreting, uh, I, uh, I take a role like, um, they are, um, I'm their friend, you know, I, I want to help them because they are in them generally. Uh, to give an example from the place I work in, uh, there are some foreign people to have their operations and they need help so they don't know the that's country's language. So I see myself as a helper, like, uh, holding their hands, you know, and I like to be, uh, see myself in that place.

MSO [00:04:24] And. What would you say for this job some of the positives, you know, benefits and also negatives and challenges.

P10 [00:04:36] Yes. Positives, as I said, being a friendly person and you can- you can have a chance to help to others and, you can expand your ...(MSO: horizon?) Yes, yes, definitely. When you speak with the others, you can know some different cultures, people. And it's also a good chance for you, you know, not the same nation. You can you can have a chance. You can have a chance to speak with the other nations. And so that's the positive that I can say. But there is the negative that I would like to say to heart when it comes to the complicate the situations. You are the only one that's

handle that situation, you know, and it's really stressful to handle sometimes. I remember I just cried because not because I'm not interpreting, but because I need to express myself too much. How can I say- it was too stressful? Because you are the only one that can explain the situation to her or him. But he he just not understand it not understand. Just keep asking the same thing and keep asking it. Keep saying the same thing. And that's really stressful for me to carry out that stress. It's too negative.

MSO [00:06:08] Yeah. Yeah, I get that. I've got that experience. And, uh, have you ever worked remotely, like, uh, over the phone or on video app like Zoom or.

P10 [00:06:24] I try to. No. No, I've never worked remote.

MSO [00:06:32] Okay. Um. I'll be skipping that one there. Uh-hmm. Okay. And what would you say are your responsibilities in this job?

P10 [00:06:58] Which responsibilities I have in this job? I feel such a responsibility in this field to be honest, because you are as I said, you are the only one that know the knowledge. So as- you need to figure out something first. This is a big responsibility. You need to figure it out completely because you are the you are the only one, as I said again. And you need to transfer it. Uh, again, like, how can I explain this? The responsibility is you need to be accurate, accurate knowledge, especially as I have working in health tourism because it's, um, it's all about the health of the person, you know. So you need to be all accurate and, uhm. Yeah, that's it. You just. You just need to be have the information accurate may not like. Totally, you know.

MSO [00:08:08] Yes. Yes. I mean, it's it's.

P10 [00:08:11] Strong information can be the worst thing.

MSO [00:08:15] Yeah. I mean, it is still the medical field, you know, so-called plastic surgery is, you know, cosmetics. Yeah.

P10 [00:08:22] It's it's there's no choice to make it. Yeah.

MSO [00:08:26] Make no no room for mistakes.

P10 [00:08:28] Yeah. Yeah. Mistakes. Yeah.

MSO [00:08:30] And do you prepare before an assignment for working with someone?

P10 [00:08:36] Sorry?

MSO [00:08:37] Like, do you prepare in advance?

P10 [00:08:39] In advance.

MSO [00:08:40] Before?

P10 [00:08:41] Yes. For the patient.

MSO [00:08:43] Patient. Yeah. Like before you work with them. Like, do you like talk with them before or do you talk to the doctor before you translate to gain?

P10 [00:08:55] I directly talk with the patients or herself, not the doctor.

MSO [00:09:00] Okay. Okay. And.

P10 [00:09:03] To to make a create a friendly way, you have to speak with them.

MSO [00:09:10] Okay. And, uh, like. Would you say then that you do anything when the interpreting phase is done? Like, is there a feedback process? Like, does the doctor or the patient give you feedback?

P10 [00:09:33] Mm-hmm. Yeah. Um, there are some videos that our company has. I'm taking that videos. And they especially say that the interpreters is doing very well. So and their, um, their behavior to me also shows how they are satisfied. So I can say that they are totally satisfied with my interpreter.

MSO [00:09:58] Okay. So like you go over your videos.

P10 [00:10:01] Yes, videos. Its because it's because we are asked for the videos. Mm-hmm. That's why.

MSO [00:10:08] Okay. Okay. That's an interesting way of, like, uh, sort of, uh. Yeah, like data.

P10 [00:10:16] Yes. Yeah, that's. That's.

MSO [00:10:16] Yes. So you can analyse the data. Yeah. That's interesting. And. Uh, this one's also about remote interpreting, so I'll be skipping that. Um. Okay. Um. How? Um. In case of like professional legitimization, like professional self-esteem, what would you say? You gain it from? Yeah. Like as that as an interpreter, like. Like, you know, like interpreting is my profession quite so kind of.

P10 [00:11:09] Self-esteem? Um. I think, yeah, it's my profession. Me, because I graduated from that major, you know, and I feel like this my job. And don't, uh, just don't interfere with me, you know? That's my job. I have the diploma. Okay, so this way. Make me feel more self-esteem, okay? Yeah. Having the diploma

MSO [00:11:30] Yeah. You know, just something to fall back on. Like you just say, you know, I've studied this. I know.

P10 [00:11:36] Yeah, yeah, yeah.

MSO [00:11:38] Yeah, yeah. And, um. How do you experience being an interpreter like. How has the experience been like for you?

P10 [00:11:55] You ask so hard questions! Okay, let me think about it. So experience. Let me talk about how I started. How I started dreaming of being an interpreter. Maybe it can be asked for you. I had the chance to speak with the foreign people before I had university. Like in some holiday place like Kuşadası, Marmaris, or something. Whenever I meet foreign people, I really enjoy to speak with them and I really enjoy to translate for them when they need. So and then I've I just made my decision that I want to be an interpreter for my major, not the translator. So, um, my experience being interpreters, I enjoy it so much because, because I have I have a chance to speak with them and I have a chance, I have a chance to know a new nation, new culture. This really matters for me. These things are really matters for me. So new things. Yeah. Now I have a chance to, uh, to know new things I'm really into to learn new things. So this is kind of, uh, same thing for me. So it's so enjoyable (sic), but sometimes it's so stressful sometimes. And then I get through it. I feel so successful. So this also make me feel so good.

MSO [00:13:35] Okay. And what would you say is the activity that you identify most with? So like is mentioned that translation is like and you can do it, but it's not what you want to do. Is medical interpreting the same way for you or like or you?

P10 [00:13:57] Medical interpreting is another issue. I would like I would never want to do this in the paper. In the paper, because what I am doing in this here not too medical, you know, I just want to as I said before, I just try to help them. And sometimes the doctor also help me because they know the English medical terms better than me, because it's all the same in English and the Turkish as well. They can help me to understand it, but in the translation I would like to do legal translation, because as I worked in the notary office, sorry, translation office. So, yeah. I would like to do legal translation, but actually not the medical.

MSO [00:14:48] Oh, okay.

P10 [00:14:49] Because I think, I had a chance to translate the medical paper as well when I was working there but I didn't enjoy it.

MSO [00:14:58] Mhm.

P10 [00:14:59] When we we are interpreter for the hospital, like for the patients I think it's totally different from the translations. Medical translations.

MSO [00:15:10] And would you say interpreting wise. Uh. Like, could you imagine yourself in a different field later on, like in sports instead of medicine?

P10 [00:15:23] Yes. Yes. Yes.

MSO [00:15:25] Okay.

P10 [00:15:25] Okay. I can imagine myself.

MSO [00:15:27] Okay.

P10 [00:15:29] Its also good for me.

MSO [00:15:30] And for your current job. Are you satisfied? Like, on a scale of 1 to 5, one means not satisfied at all. And five means very satisfied. Where would you put yourself? Uh. One to five

P10 [00:15:49] Zero to five? Four. Okay. So. I just, one point left because of the stress of the job. Yeah. Totally the stress. And the working, working hours is too much for me. Okay. Because we are in the hospital you know and hospital working times is much longer than usual.

MSO [00:16:08] Yeah. Like going, like the whole day is gone? And do you work on the. You have to work on weekends or?

P10 [00:16:19] Yes, Basically, yeah. I. only have one day off.

MSO [00:16:22] Okay. Okay. So like above average, like better than your translation job, but room for improvement. Okay. Thank you. That's all for my questions. As I've mentioned previously, these will be used for my research purposes only. Thank you for your time.

P10 [00:16:41] You're welcome. Thank you as well.

ÖZGEÇMİŞ

Adı, Soyadı	Mustafa Serhat		OĞUZ
Doğum Yeri ve Yılı			
Bildiği Yabancı Diller			
ve Düzeyi			
Eğitim Durumu	Başlama - Bitirme Yılı	Kurum Adı	
Lisans	2015	2020	Marmara Üniversitesi Mütercim – Tercümanlık (İngilizce)
Yüksek Lisans			
Doktora			
Çalıştığı Kurum/lar	Başlama - Ayrılma Yılı	Çalışılan Kurumun Adı	
1.			
2.			
3.			
Üye Olduğu Bilimsel ve Mesleki Kuruluşlar			
Katıldığı Proje ve Toplantılar			
Yayınlar:			
Diğer:			
İletişim (e-posta):			
		Tarih :	21.07.2023
		İmza :	
		Adı Soyadı :	Mustafa Serhat OĞUZ

