

Abstract

This study examines the forces, both manifest and disguised, that applied in both helping and hindering the establishment of the Kol La'briut¹ medical interpreting service, as reflected in Tene Briut, a non-profit health-promotion organization for the Amharic-speaking Ethiopian community in Israel.

Research shows that misunderstandings between patients and medical care-givers, and problems with compliance are very common in cases where there are cultural and linguistic gaps between the two sides. A better understanding of communication difficulties between patient and medical care-giver, the implications for the proposed treatment, the recognition that medical care in the language understood by the patient is a basic human right, and the realization that medical treatment without satisfactory communication can result in avoidable financial costs, have led to the development of institutionalized language access solutions. Interpreting services have been in existence in a number of countries since the 1970s, but in Israel the recognition of language gaps and the need to find a professional solution for the problem is just beginning at the time of writing. Notwithstanding the many linguistic minority groups in Israel today, no official organization has been set up to overcome the obstacles created by language and culture gaps. The parties involved must frequently rely on improvised solutions, making use of family members or friends as go-betweens, or alternatively medical personnel lacking in interpreting skills. On occasion medical care-givers have to provide treatment without any verbal communication having taken place.

Among the linguistic-cultural minorities living in Israel today the Ethiopian community numbers some 116,000 persons. Many Ethiopian immigrants have personal and cultural baggage that makes it difficult for them to adapt to life in Israel in general, and to the medical system in particular. The difficulties encountered by the Ethiopian immigrants and the teams set up to help them have been documented in research projects and in field reports. The Tene Briut non-profit organization, which has been working since 1998 to promote health in the Ethiopian community, initiated the establishment of a telephone medical interpreting service, with the object of

¹ Literally: Voice for Health

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"bridging the communication gap in medical treatment and improving access to medical services for the Ethiopian community, thereby promote better health for each individual."

The Kol La'briut interpreting service began functioning as a pilot project at a number of community clinics in May 2007. The medical interpreters received basic training and a number of professional development sessions. During the pilot stage, the telephone interpreting service was given from the interpreters' homes, without any monitoring or quality control mechanisms. In May 2008, as a result of conclusions drawn regarding the service's operation methods, and resulting from organizational processes in Tene Briut, the interpreters started providing the service from the organization's office, thus facilitating documentation and quality control.

The study seeks to gain an in-depth understanding of the process of setting up and running an interpreting service, and to identify elements likely to help or hinder the functioning of language access services. To this end, the following research questions were identified:

1. Which entities were involved in setting up the Kol La'briut interpreting service, and how have they contributed to the process?
2. What were the stages of setting up the Kol La'briut service?
3. Which forces (e.g. organizational, political, economical, legal) helped and which hindered the process of setting up the professional interpreting service?

To answer these three questions a qualitative research method was chosen, focusing on an understanding the process, and relying on a thorough knowledge of and familiarity with the processes and the events.

The following research materials were used:

1. Primary data including Tene Briut internal correspondence, job documents, daily jobs log, minutes of meetings; correspondence between the NGO and outside entities; documents from outside bodies relating to the interpreting service.
2. Ten semi-structured interviews with individuals involved in planning and operating the interpretation service – Tene Briut personnel, academic experts,

Clalit Health Services personnel who use the service and the Ministry of Health.

3. Video recordings of the medical interpreter training course run by Tene Briut.

The analytical tools used were: content analysis of documents, recordings and interviews. Content analysis is a research tool used for reaching conclusions, and can systematically and objectively identify the various characteristics of the given content. The data analysis was based on literature in the fields of community interpreting, sociology of health, and organizational sociology.

The thesis is divided into two parts. The first (Chapters 2-4) introduces the study's theoretical framework. **Chapter Two** contains a literature review, with the goal of providing a theoretical background to the medical interpreting service as a possible response to the challenge arising from linguistic and cultural issues and gaps in the health-care system. This chapter is sub-divided into two parts. I first introduce the problems that characterize communication with language minorities in the health system, the consequence of the lack of a systemized and professional solution for these problems, and institutionalized language-access solutions. At the end of this chapter there is a review of telephone interpreting services worldwide. The second part of Chapter Two (Sections 2.5-2.6) contains a review of the literature regarding language minorities and medical treatment in Israel, as well solutions for language and cultural access, with an emphasis on programs designed for the Ethiopian community's absorption in health-care terms. At the end of the chapter is a presentation of Tene Briut, the non-profit organization through which the interpreting service was established.

The **third chapter** reviews the frameworks for training community interpreters in other countries. The chapter discusses the challenges of training community interpreters as a profession, including the training framework, screening process, content of training, and evaluation methods.

The **fourth chapter** discusses central sociological theories that analyze organizations and their environments. Since the interpreting service presented in this study belongs to the non-profit sector, the chapter explains this term and introduces organizational

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theories and papers written on interpreting services as not-for-profit organizations . These studies will serve as a basis for a discussion of the roles of the different entities involved with the establishment and operation of the interpreting service (Chapter Five).

The study's second part (Chapters 5-8) presents and discusses the research findings. The **fifth chapter** deals with the steps in establishing the interpreting service from the study undertaken by Tene Briut in 2004, which recommended establishing a telephone interpreting service, up to May 2008. The discussion is based on organization-environment relations theories, which serve to identify and analyze the attitudes of the entities involved in the establishment of the service and their effect on it, including: legislation, health institutions, medical personnel, financial factors, and funding sources. Data analysis identifies seven steps, some overlapping, in the establishment of the Kol La'briut interpreting service: putting the idea forward; ideas for service formats and recruiting partners; fundraising for the service; delays in service implementation; partnering with the academia and running interpreter trainings; service implementation; and organizational institutionalization. Analysis of the organizational framework created around the interpreting service shows that Tene Briut operated within a limited organizational network – internally and externally – to implement the service. The non-profit association has not recruited more than a few partners in formatting a broader network, and therefore had to find organizational and technological solutions for a national service which was completely unprecedented in Israel. Relevant government ministries (Health, Absorption, Finance) were not involved in the formation of the service and its implementation. Moreover, Tene Briut's actions were limited by differences in working concepts and patterns between a non-profit organization and its institutional environment.

The **sixth chapter** introduces both the catalysts for the establishment of the first telephone interpreting service in Israel and the factors that hampered it. Discussion of both is based on theories describing the relations between organizations and their environments. We classify the economic, legal, political, social and conceptual factors that impeded the establishment process to three categories: processes within the NGO (the organization), processes within the organizational environment (health

services, public sector, business sector, etc.) and processes concerning the inter-relations between the NGO and its environment. The chapter also introduces the thoughts of those interviewed for this study with regard to the future access to health care for language minorities in Israel: will medical interpreting services disappear or will they expand, how they will operate and be funded, and how might it be possible to institutionalize them.

In the **seventh chapter** a comprehensive model for language access to public services in Israel is proposed, based on an analysis of the processes that brought about the establishment and operation of Kol La'briut, and also drawing on contemporary perceptions regarding language access to public institutions in Israel and elsewhere. The model describes five phases: disorder – lack of language access or partial language access only in the public sector; acknowledgement of the need to provide language access to services in the public domain; establishment of the interpreting service; the decisive phase in which the public domain decides whether the interpreting services is to disappear, to operate in a limited format, or to be extended and institutionalized; and spill-over – which occurs after the institutionalization of interpreting services in the public domain, where they are perceived as part of the domain's cultural competence when it comes to serving linguistic and cultural minorities.

Since this thesis involves a single case study, in the health care sector, future research may examine the applicability of the proposed model to the establishment of interpreting services in other parts of the public sector.

The **eighth chapter** contains a synthesis and summary of the study, and suggestions for future research in the field of language access to public services.