

# ROLE BORDERS, BOUNDARIES AND BROKERING: THE WORK OF FORMAL AND INFORMAL MEDICAL INTERPRETERS

DeAnne K. Hilfinger Messias, PhD, RN  
University of South Carolina  
Columbia, SC 29208

Jo-Ellen M. McDonough, PhD, RN,C  
Georgia Southern University  
Statesboro, GA 30460

Key words: medical interpreters, language access, culture brokers

**Purpose:** The purpose of this research was to explore the knowledge, perspectives, roles, and resources of persons involved in providing medical interpretation services in both formal and informal capacities. The specific aims were to explore the interpreters' perceptions of their role expectations and experiences and to identify the preparation, resources, facilitators, barriers, and challenges of formal and informal interpreter roles.

**Method:** This was a formative, exploratory qualitative research study. Qualitative data were collected through individual, in-depth interviews with 25 key informants identified through existing community-based networks and snowball referrals. Recruitment was purposeful in order to include formal and informal interpreters with experiences in diverse contexts and settings (e.g. on-site interpreters, telephone interpreters, dual-role healthcare providers, formally employed medical interpreters, native and non-native English speakers).

Qualitative analysis techniques and approaches included open and focused coding and thematic and narrative interpretation.

**Findings:** The formal and informal medical interpreters who participated in this study conceptualized their work and roles in both technical and relational terms. Metaphors such as *being a voice*, *an equal sign*, *an instrument*, and a *conduit* for information reflected the instrumental role of language interpretation. An inherent expectation of *depersonalization* of this role was embraced by some and resisted by others, particularly the informal interpreters. In contrast, *responding to a social need*, *being a cultural broker or mediator*, *being a resource*, and *being the bearer of bad news* exemplified more personalized and engaged role conceptualizations, which sometimes conflicted with the formal medical interpreter role. Technical and instrumental metaphors implied fixed role borders and boundaries. However, the subtleties, complexities, and ambiguities of the medical interpreter practice required formal and informal interpreters to negotiate more fluid, porous boundaries. Role confusion originated from divergent expectations on the part of interpreters, providers, clients, or employers, requiring on-going clarification and negotiation.

**Discussion:** To date, very little nursing research has focused on issues of language access, despite the dissimilar patterns of healthcare access and utilization and unevenness in the distribution of culturally and linguistically acceptable resources available for limited English proficient patients. The findings of this study suggest the need for development of nursing educational strategies, policies, and practice guidelines to improve language access to healthcare and enhance the practice of medical interpretation.