

9-2024

Peer Support for Medical Interpreters: Is Confidentiality a Barrier?

Josie Carballido

University of Wisconsin-Milwaukee

Amy Olen

Paulina Lim

W. Hobart Davies

University of Wisconsin-Milwaukee

Kristin Nordness

Follow this and additional works at: <https://open.clemson.edu/ijie>

Recommended Citation

Carballido, Josie; Olen, Amy; Lim, Paulina; Davies, W. Hobart; and Nordness, Kristin (2024) "Peer Support for Medical Interpreters: Is Confidentiality a Barrier?" *International Journal of Interpreter Education*: Vol. 15: Iss. 1, Article 12.

Available at: <https://open.clemson.edu/ijie/vol15/iss1/12>

This Commentary is brought to you for free and open access by Clemson OPEN. It has been accepted for inclusion in *International Journal of Interpreter Education* by an authorized editor of Clemson OPEN. For more information, please contact kokeefe@clemson.edu.



Peer Support for Medical Interpreters: Is Confidentiality a Barrier?

Josie Carballido

University of Wisconsin, Milwaukee

Amy Olen

University of Wisconsin, Milwaukee

Paulina Lim

University of California, Irvine

W. Hobart Davies

University of Wisconsin, Milwaukee

Kristin Nordness

Children's Hospital of Wisconsin

Abstract

In this commentary, the authors explore medical interpreters' views on confidentiality and sharing feelings with other interpreters about emotionally difficult interpreting encounters. Confidentiality is presented as a potential barrier for interpreters seeking peer support for coping with distress related to their work in a hospital. Interpreter insights were gathered in a mixed methods research project. We present a confidentiality training tool that the authors developed in response to interpreter perspectives. The aim of this training tool is to provide a decision-making mechanism for interpreters when they want to access peer support while also respecting legal stipulations and interpreter ethics on patient privacy and confidentiality. This tool helps interpreters make decisions when they are unsure about what kind of information they can share and when and where they can share it. The tool is useful for making decisions regarding patient or encounter information sharing when interpreters hand off cases to other interpreters or when they seek peer support for distress.

Keywords: interpreter training, confidentiality, patient privacy, peer support, emotional distress

Introduction

Medical providers view peer support as an effective resource for coping with emotional distress in medical settings (e.g., emergency department, intensive care unit, end of life care, etc.) (Carvello et al., 2019; Hu et al., 2012). In a recent study, the authors of this commentary found similar perspectives among medical interpreters working in a pediatric hospital. In our paper “We need a little help’: a qualitative study on distress and coping among pediatric medical interpreters” (Lim et al., 2022), we interviewed 13 Spanish-English interpreters about strategies for coping with distress in emotional medical encounters. Of the 13 interpreters interviewed, 12 identified peer support from fellow interpreters as the best resource for coping with the emotional content they interpret and their own emotional responses to it. They said interpreter colleagues are their “biggest resource” for emotional support and for help covering appointments when interpreters feel “too tapped out” to interpret (Lim et al., 2022). Interpreters explained that when experiencing distress related to their work, “the best tool ever is just talking to your coworkers; just talking to someone who’s been in the same situation” (Lim et al., 2022).

Nonetheless, interpreters perceived patient privacy and confidentiality as factors to consider when engaging in peer support. Interpreters said they must “be careful” with what they share with their colleagues due to U.S. confidentiality laws like the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law. No. 104-191). This suggests that interpreters may perceive confidentiality as a barrier to seeking peer support for emotional distress. Disturbing content and interactions may come up unexpectedly in any interpreted encounter, causing interpreters emotional distress and creating a need for coping mechanisms. Therefore, while our study focused on interpreters working in pediatric medical settings, our findings on confidentiality and peer support, and the graphic and recommendations we discuss in this paper are equally applicable to interpreters working in other types of interpreting fields besides pediatrics.

Our study was approved by the Institutional Review Board (IRB) at the University of Wisconsin–Milwaukee. In the United States, the IRB is regulated by the Food and Drug Administration (FDA) to ensure the protection of the rights and welfare of human subjects in research (U.S. Food and Drug Administration, 2019). The IRB serves as the ethics approval or ethical permission for research. For more information on the research design, methods, and results of this study, please see Lim et al. (2022).

Confidentiality: A Barrier to Peer Support?

Confidentiality and privacy are fundamental tenets of translator and interpreter codes of ethics worldwide. Confidentiality appears in ethical codes regardless of association type, geographical region of origin, and language services field. Many codes stipulate that “interpreters and translators are bound by strict rules of confidentiality, as are the persons they work with in professional or business fields” (Bartlett et al., 2012, p. 5). Examples of codes of ethics reflecting this language include international and regional associations such as the International Association of Conference Interpreters (AIIC), the Australian Institute of Interpreters & Translators (AUSIT), the European Association for Legal Interpreters and Translators (EULITA), and the Brazilian Association of Translators and Interpreters (ABRATES), among many others.

Other associations for both spoken and signed languages outline confidentiality and privacy in terms of the ethic of professional secrecy. For example, the French Association of Interpreters and Translators of Signed Language – AFILS emphasizes “*secret professionnel total et absolu*,” and the Finnish Association of Translators and Interpreters – SKTL indicates that “the interpreter shall be bound by professional secrecy” (AFILS, n.d.; SKTL, n.d.). The World Association of Sign Language Interpreters (WASLI) compiles codes of ethics for nine national and regional associations (Kenya, Ireland, Philippines, Catalonia, among others), all of which prioritize confidentiality as a key code of ethics. In U.S. medical interpreter guidance, the California Healthcare Interpreting Association (CHIA) and the International Medical Interpreters Association (IMIA) list confidentiality first in their codes. In the latter, interpreters are advised they must

“not disclose assignment-related information unless with the expressed permission of all parties or if required by law” (Hernandez-Iverson, 2010).

In U.S. healthcare settings, HIPAA is a federal confidentiality law that protects patient personal health information. This law applies to healthcare providers, including interpreters, health care organizations, and medical insurance policies. HIPAA defines patient rights regarding health and identifying information and prevents the disclosure of patient information without consent (Centers for Disease Control and Prevention, 2022). In her research on American Sign Language interpreters in medical settings, Rodrigues (2022) found that interpreters understood HIPAA guidelines in different ways. Some interpreters felt that any disclosure of medical information with interpreters or other provider colleagues is a violation of HIPAA guidelines, while others felt that discussing medical information with colleagues is a key part of effective communication (Rodrigues, 2022, pp. 225–226).

Spanish-English interpreters interviewed by the authors of this commentary also expressed different understandings of patient privacy and confidentiality in general and specifically related to seeking peer support. One interpreter described having to be “really careful” about seeking support from peers, because if a colleague “is not working with that family, I really can’t be sharing anything with anybody” (Lim et al., 2022). Another interpreter in the study expressed uncertainty regarding privacy laws and confidentiality when seeking peer support for distress:

It’s odd because you can’t really, because of HIPAA, you can’t really talk about it with the other interpreters much, other than to have your replacement come in for you. So, I guess then it would be okay to kind of maybe express a little bit of like what you’re feeling, but other than that it’s not very acceptable.

While the above interpreter expressed uncertainty due to HIPAA about whether and with whom to discuss feelings, other interpreters spoke about confidentiality and privacy more generally, noting that they could discuss interpreted medical encounters with their peers, but only if they didn’t share “any names or anything, just the situation.” Along these lines, other interpreters said talking about feelings was permitted if the name of the patient was not shared, for example:

I’m not saying, “Oh, I’m going to tell you about the name of this patient,” you know what I mean? No. You can say, “Really, today I had a really traumatic situation with this situation. I don’t know how to feel.” You know what I mean?

And another interpreter observed:

I don’t think it’s my place to sort of disclose all that information just because it can be very personal, but just kind of maybe talking about the way I’m feeling about things like, “I dealt with a very stressful situation today, a very traumatic situation, and this is how I’m feeling” and just kind of coping with the feelings and not the situation itself.

One interpreter suggested that interpreters are not allowed to process their emotions with their own families, but they can talk with their interpreter colleagues about their experiences without violating HIPAA:

It’s nice to have someone that you feel can relate to you in the situations that you see. And then none of you are violating HIPAA laws. Because . . . you can’t really come back and tell your family so you just kind of tell each other.

And yet another interpreter indicated that talking with newer interpreters about their distressing experiences is an important element of training:

I share a lot of my experiences with them [trainees]. You know without them knowing who it is . . . but just knowing that I went through that, and you know, “this is what I do, and this is what I did,” and . . . that helps them out a lot.

In interviews and in subsequent feedback sessions with interpreters, our research team encountered variation in interpreter views on information sharing when seeking peer support and when handing off patients to other interpreters. This variation may be the result of the different training interpreters receive about confidentiality. They may receive different training on patient privacy laws in the medical institutions where they work and on the confidentiality code of ethics in their medical interpreter training. Training in both areas may also be incomplete and/or contradictory when coupled with interpreters’ professional experiences of information sharing among fellow interpreters and other medical team colleagues. Variation in interpreter views may also be due to interpreters’ personal beliefs about what can be shared or their interpretations of hospital policies. These factors may contribute to interpreter hesitancy about when and how to share information with colleagues when seeking peer support or handing off patients to other interpreters.

Maintaining Confidentiality and Privacy While Accessing Peer Support and Communicating About Encounters: A Decision-Making Tool

As part of our continued collaboration with interpreter research participants and language services management where we conducted this study, the research team led trainings related to themes identified in interviews. Researchers and language services management coordinated to present one-hour seminars on four topics, including one dedicated to peer support, confidentiality, and patient privacy. As a result, the research team along with language services management created a decision-making map for interpreters when talking with colleagues about patient encounters. We presented Figure 1 to interpreters to help them decide how to approach information sharing with interpreter colleagues.

The first step in the map is for interpreters who want to discuss or hand off a patient to determine whether they are in a private space where their conversation will not be overheard by others. If interpreters are not in a private space, they are instructed to stop, avoid speaking about patients or encounters, and seek a private space. Once in a private space, interpreters must think about what they can share with the person they are sharing with. If interpreters are speaking with another interpreter who is also working with the patient or family, they have the go-ahead to discuss relevant patient information so that the patient and family receive the best possible care, which is common practice among other members of medical treating teams (Van Walraven et al., 2008). If interpreters are discussing with a colleague who is not working with the patient, they must only discuss their feelings stemming from the situation. They must not discuss patient information, but rather how the encounter made them feel. Because there is some gray area regarding what constitutes “relevant” information, this term is left undefined in the graphic. Interpreter services management suggested adding guidance to the graphic instructing interpreters to consult with their lead interpreter or manager to discuss these gray areas. Thus, the last box in the decision-making tool recommends that interpreters speak with their interpreting leads or managers if they have questions about what kind of information they can share with colleagues when handing off patients and seeking peer support.

Figure 1
Decision-Making Map for Talking to Colleagues About Patients or Encounters



Interpreters who received training on this tool found it helpful for understanding that they could speak to peers for support in the right circumstances and with limits on the kind of information they can share. The language services manager subsequently posted the learning tool in the interpreters' office and indicated interest in using it to train new hires and provide continued guidance to practicing interpreters. Additional practice with the tool based on scenarios or role-playing examples may help interpreters feel comfortable with making decisions based on this process.

Training Next Steps

The decision-making tool is a simple instrument that can be easily incorporated into training on privacy laws and interpreter confidentiality. Because the nuances of what is "relevant information" can be difficult to capture in the graphic, the tool must be one element of a broader interpreter training that includes discussion with leads and supervisors about what kinds of information can be shared, when, and with whom. Such training might include other interdisciplinary medical team members, such as physicians, nurses, nurse practitioners, and social workers, who can discuss their communication practices and confidentiality considerations when using peer support or discussing patient cases. Additionally, trainings that analyze and compare patient privacy laws like HIPAA and interpreters' ethics regarding confidentiality may help clarify what information can be shared, as well as how interpreters, as members of medical treating teams, can access support and protect patient confidentiality and privacy. Trainings that expand on the tool with examples and case studies may help interpreters practice using the tool to make informed decisions when sharing information and seeking support.

Privacy training may also include peer mentoring programs for new interpreters in which they are assigned a more experienced interpreter. Mentorship may help guide new interpreters in developing and accessing coping strategies and support within the bounds of patient privacy and confidentiality. Peer support programs normalize information sharing regarding patient encounters that focus on interpreters' emotions, not on the details of events they experienced.

Conclusions

Our team's research suggests that interpreters in medical settings experience distress related to their work but that peer support is a powerful resource for coping. Nonetheless, interpreters have differing views as to whether confidentiality laws are a barrier to accessing peer support. Although confidentiality laws and interpreter ethics both impact information sharing, it is important to note that these stipulations do not forbid interpreters from speaking about their emotions or receiving advice from their colleagues. With the use of the decision-making map for interpreters, increased training, and interdisciplinary discussions with other medical colleagues, interpreters may more readily access peer support for emotional wellness. This may lead to interpreters who are better able to manage the emotional distress they experience in their work. Improved interpreter emotional health may positively impact interpreters' focus on supporting health communication and may result in greater interpreter employee retention in health settings for longer periods of time.

Future Directions

Further studies can specifically explore interpreters' views on privacy and confidentiality in relation to interpreter training and codes of ethics. Additionally, studies could explore patient privacy laws, like HIPAA, in relation to confidentiality ethics in interpreting to identify similarities and differences among them that may cause confusion for interpreters. It is unknown how the double emphasis on institutional confidentiality laws and health care interpreters' codes of ethics impacts interpreters' views of information or emotional sharing. Digging deeper into these topics could benefit training development on confidentiality, privacy, and interpreter information sharing.

References

- Associação Brasileira de Tradutores e Intérpretes – ABRATES (n.d). *Código de Ética*. <https://abrates.com.br/codigo-de-etica/>
- Association Française des Interprètes et Traducteurs en Langue des Signes - AFILS. (n.d.). *Code éthique des membres de l'AFILS*. <https://www.afils.fr/code-ethique/>
- Bartlett, Meredith, Boglev, Vesna, Gentile, Adolfo, Hussain, Eva, Ozolins, Uldis, & Schmidt, Christian. (2012). *AUSIT Code of Ethics and Code of Conduct*. Australian Institute of Interpreters and Translators Inc. https://ausit.org/wp-content/uploads/2020/02/Code_Of_Ethics_Full.pdf
- California Healthcare Interpreters Association – CHIA (2002). *California Standards for Healthcare Interpreters*. https://www.chiaonline.org/resources/Pictures/CHIA_standards_manual_%20March%202017.pdf
- Carvello, Maicol, Zanotti, Filippo, Rubbi, Ivan, Bacchetti, Silvia, Artioli, Giovanna, & Bonacaro, Antonio. (2019). Peer-support: A coping strategy for nurses working at the Emergency Ambulance Service. *Acta Biomedica*, 90(11-S), 29–37. <https://doi.org/10.23750/abm.v90i11-S.8923>
- Centers for Disease Control and Prevention. (2022, June 27). *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/phlp/publications/topic/hipaa.html>
- European Association for Legal Interpreters and Translators – EULITA (2013). *Code of Ethics*. <https://www.eulita.eu/en/code-ethics/>
- Finnish Association of Translators and Interpreters – SKTL (2016). *Professional Code of Ethics*. https://www.sktl.fi/@Bin/1015311/Tulkin_etiikka_englanti.pdf
- Health Insurance Portability and Accountability Act of 1996 (HIPAA). Pub. L. No. 104-191, August 21, 1996. <https://www.govinfo.gov/content/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>
- Hernandez-Iverson, Eva. (2010). *Guide on medical interpreter ethical conduct*. International Medical Interpreters Association. https://www.imiaweb.org/uploads/pages/376_2.pdf
- Hu, Yue-Yang, Fix, Megan L., Hevelone, Nathanael D., Lipsitz, Stuart R., Greenberg, Caprice C., Weissman, Joel S., & Shapiro, Jo. (2012). Physicians' needs in coping with emotional stressors. *Archives of Surgery*, 147(3), 212–217. <https://doi.org/10.1001/archsurg.2011.312>
- International Association of Conference Interpreters – AIIC (2018). *AIIC's Professional Ethics*. <https://aiic.org/site/resources/professional-ethics>
- Lim, Paulina S., Olen, Amy, Carballido, Josie K., LiaBraaten, Brynn M., Sinnen, Sheridan R., Balistreri, Kathryn A., Tager, Julia B., Rothschild, Charles B., Scanlon, Matthew C., Davies, W. Hobart, & Nordness, Kristin. (2022). “We need a little help”: A qualitative study on distress and coping among pediatric medical interpreters. *Journal of Hospital Management and Health Policy*, 6. <https://doi.org/10.21037/jhmhp-22-23>
- Rodrigues, Jeni. (2022). *The letter or the spirit of the law: An institutional ethnography of effective communication access in U.S. hospitals* (dissertation). ProQuest Dissertations Publishing, Ann Arbor, MI.
- U.S. Food and Drug Administration. (2019). *Institutional review boards (IRBs) and protection of human subjects in clinical trials*. <https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/institutional-review-boards-irbs-and-protection-human-subjects-clinical-trials>
- Van Walraven, Carl, Taljaard, Monica, Bell, Chaim M., Etechells, Edward, Zarnke, Kelly B., Stiell, Ian G., & Forster, Alan J. (2008). Information exchange among physicians caring for the same patient in the community. *CMAJ*, 179(10): 1013–1018. <https://doi.org/10.1503/cmaj.080430>
- World Association of Sign Language Interpreters – WASLI (2024). *Code of ethics*. <https://wasli.org/your-wasli/code-of-ethics>