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THE CO-CONSTRUCTION OF VERBAL EMPATHIC COMMUNICATION IN INTERPRETER-MEDIATED CONSULTATIONS: A QUALITATIVE INTERACTION ANALYSIS

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CONTEXT

Empathic communication (EC) is a crucial part of patient-centered care and allows patients to feel heard and understood in their emotional and illness experiences (Hojat, 2016). In language-discordant consultations, doctors and patients can rely on professional interpreters who are trained and certified to mediate their interaction. EC might be compromised by interpreters and doctors' actions in interpreter-mediated consultations (IMCs) (Krystallidou et al., 2018, 2019). More research is needed to understand how doctors, patients and professional interpreters work together on a communicative level to create EC in IMCs (Theys et al., 2019).

OBJECTIVE

To investigate how EC is verbally co-constructed in IMCs and the interpreter's effect on this process

METHODS

We video-recorded participants' verbal interaction in 7 real-life IMCs. We coded EC using the Empathic Communication Coding System (ECCS) (Bylund & Makoul, 2002, 2005) as adapted for IMCs (Krystallidou et al., 2018) (Figure 1). The ECCS-coding system measures EC by identifying empathic opportunities (EOs) and doctors' empathic responses (ERs) to them.

<table>
<tr><th>Ideal turn-taking during EC in IMCs</th><th colspan="4">ECCS-coding procedure</th></tr>
<tr><td>Patient expresses EO in native language</td><td>(3)</td><td>Coding of progress / challenge / emotion EO as expressed by the patient</td><td rowspan="2">(5)</td><td rowspan="2">Coding of shifts in meaning and/or intensity between versions of EOs (1) & (3)</td></tr>
<tr><td>Interpreter renders EO in Dutch</td><td>(1)</td><td>Coding of progress / challenge / emotion EO as rendered by the interpreter</td></tr>
<tr><td>Doctor expresses ER in Dutch</td><td>(2)</td><td>Coding of level 0-6 ER as expressed by the doctor</td><td rowspan="2">(6)</td><td rowspan="2">Coding of changes in the level of empathy between versions of ERs (2) & (4)</td></tr>
<tr><td>Interpreter renders ER in native language</td><td>(4)</td><td>Coding of level 0-6 ER as rendered by the interpreter</td></tr>
</table>

Figure 1: Ideal turn-taking during EC in IMCs & the ECCS-coding procedure

FINDINGS

We identified 65 empathic interactions.

- 50 interactions were initiated by the *patient expressing an EO*
  - Patients expressed a small number of emotions (3 out of 50 EOs)
  - Interpreters rendered most EOs with shifts in meaning/intensity (43 out of 50 EOs)
  - Doctors minimally recognized most EOs (31 out of 44 ERs)
  - Interpreters accurately passed on most ERs (28 out of 44 ERs)
- 15 interactions were initiated by the *interpreter introducing an EO*
  - Doctors responded to all introduced EOs (15 out of 15 EOs)
  - Doctors minimally recognized most EOs (10 out of 15 ERs)
  - Interpreters changed the level of empathy of most ERs in their rendition (10 out of 15 ERs)

CONCLUSION

- EC can be initiated by patients and interpreters in IMCs
  - Interpreters might act as "agents of empathy" by introducing EOs that were not expressed by the patient but still prompted an ER from the doctor
- The creation of EC might be compromised in IMCs
  - Patients seem to feel less comfortable expressing their emotions in IMCs
  - Interpreters' introductions of EOs & inaccurate renditions of others' EOs and ERs can complicate doctors and patients' understanding of each others' experiences
  - Doctors' lack of expressed acknowledgement and recognition of patients' EOs might fail to make patients feel understood in their lived experiences

IMPLICATIONS

Doctors should try to be more aware of the ways in which an interpreter can impact EC in IMCs. They could monitor patients' nonverbal behavior to assess the validity of the expressions about patients' experiences in the interpreter's rendition. Doctors should try to recognize and acknowledge patients' expressed experiences more to ensure that patients feel understood and heard in their lived experiences.

Interpreters should be more aware of the impact their actions can have on EC in IMCs. They should also try to be more attentive towards the ways in which doctors and patients manifest their lived experiences and try to render these manifestations as close as possible.

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