

## Issues and techniques in translating and transcribing multi-linguistic end-of-life care research interviews: lessons learned

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### Abstract

This paper examines the translation and transcription techniques in multi-linguistic qualitative interviews studies. Drawing on the work of Twinn (1997), practical examples from author' study on cross cultural population were illustrated for translating and transcribing qualitative interviews. It discuss the issues encountered and explains some key approaches which researchers may find useful to apply in their studies. The article concludes with an examination of the concept of 'trustworthiness' in qualitative research thus suggests some practical ways to help healthcare researchers who are new to cross cultural research.

*Key words: qualitative research, translation, transcription, cross-cultural, interviews, end of life care*

### Introduction

In 21<sup>st</sup> century, world is become more multicultural. To respond the multicultural needs of society, researchers need to hear the voices of diverse "hidden" cultural groups (Nichols-Casebolt A and Spakes 1995, Garland, Spalek et al. 2006, Kumas-Tan, Beagan et al. 2007). However, in those studies, while main stream researcher researchers do not have the multi linguistic skills, they often struggle to find "suitably qualified" professionals for the task to conduct those cultural studies (Freed 1988). This results often "insiders" as researchers who were highly in demand for the reason to they share participant's ethnicity, culture and first language (Huer and Saenz 2003) and often expected to manage the communicative process (Richardson, Thomas et al. 2006). However their availability may remain limited. To

resolve such issues, often researchers hire the insiders from the ethnic community who know both languages better (Murray and Wynne 2001) either voluntarily or ad hoc manner.

Other scholars (Spruyt 1999, Somerville 2001) used even the family members as interpreters. This possibly because as Brämberg and Dahlberg (2012) argued that the family members may know better about the circumstances of the participants than others including insiders from the same community or outsiders from the majority community. On the other hand, using family members, researchers challenged neither participant may "feel inhibited" for open disclosing in front their family members (Murray and Wynne 2001) nor family members too may feel "uncomfortable" to discuss certain issues of their relatives (Freed 1988).

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Nevertheless increasingly researchers hire the professional interpreters to support their studies for unbiased manners, which is cost related, however. On the other hand, at times, research teams employ the ethnic matched individuals in their research team to reach out the ethnic population (Murray and Wynne 2001, Seymour, Payne et al. 2007). In addition, some academic institutions, alike in this study, to support building research capacity for people from the ethnic minority groups, they recruit as their part of research programmes by providing studentships(Venkatasalu, Arthur et al. 2013). In fact, several scholars agree that such similarity bring several benefits of using insider interpreters who act as cultural brokers (Freed 1988) . Conversely Murray and Wynne (2001) argued bring more threats to rigour, reliability and confidentiality issues to the research process. In their study with Italy and South Asian participants, interpreters often used selective translation i. e choosing the meaning and words as they preferred impartiality of the interpreter. This paper aim to report on the translation and transcribing issues and related strategies while conducting multi-linguistic qualitative interviews with an example from a study that focused on exploring end of life care views of multicultural population.

**Methods**

**The Study**

Our study was aimed to examine the perspectives of older South Asians living in East London, United Kingdom(Venkatasalu, Arthur et al. 2013). In this study, five focus groups and 29 in depth, semi structured interviews were conducted with 55 older adults aged between 52 and 78 years. Participants from six South Asian ethnic groups were recruited from 11 local community organisations. Constructive grounded theory was used to analyse the data. As South Asians have more than one language, participants were given the flexibility to speak any of the seven South Asian languages (Tamil, Telugu, Gujarati, Malayalam, Hindi, Bengali, and Urdu) and in English in the focus groups and interviews. Researcher was able to speak four South Asian languages including four in the inclusion criteria (Tamil, Telugu, Malayalam and Hindi) (Venkatasalu, Seymour et al. 2014). Researcher used an interpreter to support his data collection for the languages that Researcher was not familiar with. In practice, the data were collected in following languages: (table 1)

**Table 1 Languages used for data collection**

| <b>Language</b>                                 | <b>Focus groups</b> | <b>Interview</b> |
|-------------------------------------------------|---------------------|------------------|
| <b>Only in English</b>                          | <b>2</b>            | <b>8</b>         |
| <b>Their own language</b>                       | <b>1</b>            | <b>6</b>         |
| <b>Used both English and their own language</b> | <b>2</b>            | <b>15</b>        |

### **Issues driven nature and quality of interviews**

In our study, we encountered two key issues that challenged our nature and quality of multi-linguistic interview data; 'intention to speak in foreign language' and also interpreter centred issues.

#### **'Intention to speak in foreign language'**

One of the issue researcher encountered was, though, researcher gave the flexibility, the interviews and focus groups were conducted significantly more either in English or mixed with their own language. There are few reasons that Researcher opted to be flexible to conduct the interview, if participants came forward to speak in English. This includes, avoiding interpreter effects and the effect of several multilingual interpreters and participants willingness. For example, as Researcher used multilingual participants, he was concerned in using multiple interpreters in this study might give diverse and dubious accounts of details. In fact, Murray and Wynne (2001) cautioned "unless the participant is fully proficient in speaking English", using English as a language of interview as it impact the quality of data gathered. This is because, particularly when researching sensitive topics, Watkins-Mathys (2006) suggested using participants second language, despite it is time consuming and needed the extra efforts, often may result in only impoverished accounts and also problems with "accuracy and value of the data" (Marshall and While 1994). However in other studies (Kirkpatrick and Teijlingen 2009, Brämberg and Dahlberg 2012), participants whose interviews were in second language felt though less confident, but happy and intelligent.

To add, in this study, though Researcher gave explicit choice for the participants to choose the language off course within those stated in the inclusion criteria to reflect linguistic diversity of the South Asian, often people selected

to be interviewed in their second language i.e English. This included where participants mixed both English and their own language (15 interviews and one focus group) and only in English (eight interviews and one focus group). For example, the focus group with Gujarati women, despite Researcher had given opportunity to talk in their own language, they prefer to speak in English. Presumably, that the reason may be not only their linguistic acculturation to host country where they live, but also as often Researcher perceived as they felt proud and social prestige to give an interview in the English. Alternatively, for the pragmatic reasons, when he initially received a good response from his recruitment, Researcher scheduled to have interviews initially in English and the languages Researcher know and later also gave opportunity to other languages that researcher do not know. Nevertheless, Researcher also attempted his level best to "include and invite" and achieved six interviews and two focus groups in their own language. However Researcher informed that he was flexible to use any languages during the interview if they struggled to use English for some words and vice versa.

#### **Interpreter centred issues**

For the languages, for example, Researcher have no competency to speak; he used the interpreter in this study one focus group with Bengali women. Another focus group with Malayalee women, he did not needed the interpreters he can speak that language. Murray and Wynne (2001) emphasized the need for interpreters as they could "access the thoughts, feelings and experiences", while they live in "different and dominant culture". However, when his situations changed where he got the participants who voluntarily to give interview in English and asked me no need to call the interpreter, he conducted the interviews, six in their own languages which he knew and 15 mixed languages again which he knew most of them and eight in English as the felt proficient to talk in English.

To find the right interpreter, many researchers advised follow some criteria such as familiarity of research, proficiency in both languages, ability to convey verbal and non-verbal messages from the interviewee (Westermeyer 1990, Kapborg and Bertero 2002, Brämberg and Dahlberg 2012). Thereby, initially research team of study one suggested and planned to use “health guides” to support for this study. However this organisation did not shown up positive response, researcher have had made formal arrangements with professional interpreter from local national health services bilingual agency. However, when he received only one focus group from Bengali women group, and he received an offer from the community leader who reported have experience of participating qualitative research and has topic of interest, further when they share degree of commonalty such as age, gender, religion and class, he used her as a participant.

One of the issues researcher found in his focus group interview with Bengali women was his interpreter shown protective towards her culture while translating back to him. Similar issue of “impartiality of the interpreter” was also noted in Murray and Wynne (2001) study where she interviewed with older South Asian woman. In their study, when used the interpreter who was from young, Asian female community centre coordinator (similar to our study), as researchers suspected that not all the information was translated back to them. In their words,

*“Though at times my participant appeared agitated, or distressed, the interpreter seemed at pains to convey a very rosy picture of the participants circumstances”* (Murray and Wynne 2001)

This similar incidence occurred in study one where researcher observed participants were shown upset in their face and silent in his focus group interview with Bengali women. Researcher used a community centre coordinator,

who was 64 years old Bengali female, who was retired teacher who reported she also does interpreter job in the local NHS hospital. In fact, as she matched the sub group ethnicity, age, sex and experience in interpretation in health and also in research studies (Riessman 1987, Shimpuku and Norr 2012), proficiency in both the language of the participant and researcher (Westermeyer 1990). Though, researcher found numerous advantages, however, he also found other issues similar to other studies (Murray and Wynne 2001). For example, when he conducted the focus group, in following segment of the discussion, he suspected same like Murray and Wynne (2001) and our interpreter was “hiding something” from the information from the participants.

*‘Researcher: have you heard about anything about Hospice?’*

*Interpreter: (first she laughed louder and after a prolonged exchange with the participants in which the respondent appeared dissatisfied on the face and felt like bad on them and kept quiet by just listening what interpreter was explaining) oh, they are telling they never experienced anything like that’.*

In addition during the focus group debriefing which occurred after immediately, interpreter did not reveal such information. Kapborg and Bertero (2002) suggested to make the interpreter ‘visible’ within the research process, researchers need to encourage the interpreters to use third person and conduct interview with interpreters to obtain views of her own and reflect upon our research process. In study one, while researcher conducted the interview with the same interpreter who was also older Bengali woman, he found that she did not be ‘wholly true’ for the translation. In her interview, she came up with her own opinion about hospice and compared with her ideas with the focus groups participants;

*'Interpreter: When you had focus group on that day, they women are talking about hospice as a Jamkar. I shocked when I heard that word, how they choose the word.*

*Researcher : Jamkar?*

*Interpreter: Where the people Slating...the last place slaughter house. I was looking on that that lady, because I know what they mean. Because they thought it is a last stage.*

*Researcher :Is that view of community about Hospice?*

*Interpreter: They are not their views...because they don't know the word. How they can give views. Just on that day, you break first corner of the ice... Otherwise they don't know. There was 9 to 10 women's and they haven't not heard the word before that" (Interview with Bengali woman, aged 64 years)*

In fact, Researcher observed that in order to protect her culture/community, the interpreter used selective interpretation. Furthermore, at times, his interpreter crafted her own questions that were probing and intrusive. From this experience, consistent with Shimpuku and Norr (2012), we suggest that interviewing the interpreters to reveal about their own ideas should be matched with research process to reveal discrepancies and trustworthiness of the data produced. On the positive note, researcher believe a clear preparation about role, expectations of the interpreters should be conveyed in the face to face meeting at least twice before the actual data collection would produce in-depth data. In study one, Researcher observed the interpreter played active role than "slavishly" followed the researcher or topic guide (Twinn 1997), along with him that resulted more natural conversation and real "discussion". Alternatively, his study agree with other scholars though, though common culture, ethnicity, gender, and age may encourage participants to reveal the information's freely and openly as Westermeyer (1990) argued such ethnic match. Further to add, this study

suggest that though interpreters with 'common culture' (Murray and Wynne 2001) of the researcher is beneficial, may not be often ethnically matched researcher. For example, in our case, though broadly researcher match as South Asian as he share mostly very similar cultural values, but not a Bengali, Gujarati, or Pakistani , may be just "better" than outsider than accurate matched with their sub-ethnicity. This is possibly because he felt often participants distanced or less welcomed from me when comparing to the sub ethnic people who he match closely. For example, Indian Punjabi man when explained about Asian older people, often he cross checked his cultural understanding of the topic what he was describing. Alternatively, the above respondent may suspected researcher's age as a reason for not having knowledge about Hindu philosophy of life.

*"Respondent:... And majority of Asian especially, people tend to bury themselves with their own diseases and their thoughts and as we say...you know Hindi*

*Researcher: Yes. I can*

*Respondent: Chata...and chinta...chata is a fire, which burns the dead body...anxiety burns their body. Most Asian women especially go through it. (Mahindra Singh, Punjabi Man, 74 years old).*

## **Techniques in translating and transcribing multi-linguistic interviews**

### **1. Flexibility to express**

In this study, most of the interviews and the focus groups were conducted in participants second language (i.e. in English), or in English mixed with the participant's own language. Existing research has shown the positive benefits of this approach, particularly when researching sensitive topics. For example, Marshall and While (1994) suggested the use of a second language, which they

claimed can minimise the problems associated with using multiple interpreters and enhance the ‘accuracy and value of the data’. Westermeyer (1990) and Nicassio, Solomon et al. (1986) however, reported that when participants used a second language, not only was it time-consuming and laborious, it often resulted in impoverished accounts. Murray and Wynne (2001) cautioned that ‘unless the participant is fully proficient in speaking English’ (p158), using English as a language of interview will impact on the quality of data gathered. Nevertheless, since researcher gave participants the flexibility to use any language, most of them chose to be interviewed in their second language, English. This was possibly because participants could have had gained some proficiency in speaking in English language given the length of time they had lived in the UK, and felt an element of pride in providing an interview in English.

**2. Developing transparent model of Translation process**

In study one, the management of multilingual textual data was processed using a model of translation and transcription proposed by Twin (1997), as illustrated in Figure 1. The data from the participants who spoke in English was transcribed ad verbatim in English. Researcher transcribed the audio tapes with South Asian languages initially into the language they were spoken in, and then into English. The audio recording of the language Researcher was not familiar with, for example the Bangladeshi focus group, was sent to a paid transcriber. To maintain the transparency of the transcription process, the transcripts’ were verified by a second translator who was working as a nurse and verified with his memo notes.

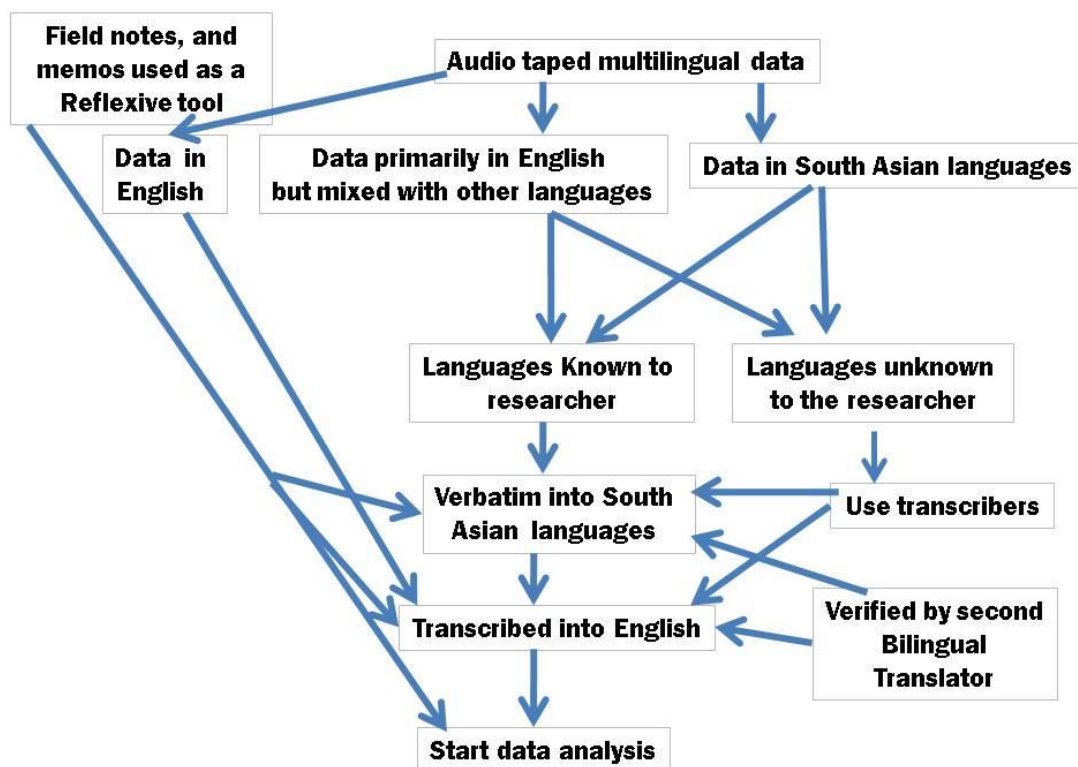


Figure 1 Translation process

In practice, most of the interviews and focus groups were not conducted in one language but included a number of languages that participants slipped in and out of. Participants often used broken and incomplete English sentences. For example, the focus group with Gujarati women highlights the transcription issues;

*Researcher: Could you please tell me about older people and their health status at local community?*

*Sreeja: Is I said can we not look after... not feeling anything... is not feeling*

*Jayanthi: Family is a busy like*

*Sita: Someone...any child... any body*

*Mohana: All family is not same*

*Sita: Not feeling everybody* (Excerpt from Focus group with Gujarati women)

Nevertheless, since the Researcher was an 'insider' interviewer and also researcher to analyse the data, he was able to understand the meaning of such broken sentences. His similar ethnic background also helped him to understand the directions of the conversations, the respondents' intentions and the meaning of some of their expressions. The following excerpt describes how the above focus group data was further transcribed without altering meaning of the participants' words (Avis, Bulman et al. 2007).

*Researcher: Could you please tell me about older people and their health status at local community?*

*Sreeja: We are not going to be looked after by our family members at last days. Nowadays people never think about older people.*

*Jayanthi: But, our family members are also busy*

*Sita: No, at least someone in the family can look after us.*

*Mohana: Yes. But every family is not same; some do look after older people at their last days*

*Sita: No not everyone feels the same to look after their older parents at their last days* (excerpt from focus group with Gujarati women).

Words were spoken in a highly contextualised manner. For example, one participant used the word 'abuse' when he actually meant to indicate his mistrust of health services. Furthermore, as participants often resisted using words such as 'death' and 'dying', they often used lengthy indirect words and made non-verbal signs, including putting their hands over their face when recounting unpleasant experiences. Similarly, Researcher too responded by posing questions and drawing on prompts by slipping in and out of different languages in keeping with the expectations of the participants. However, these needed to be translated in order to make the transcript both readable and analysable.

### 3. Adopting step-by step Transcription process

The transcription was done in three stages. At first, the audio-taped data that had been transcribed as a 'raw data transcript' often remained unreadable and un-analysable. In the second stage, the raw transcript underwent further 'polishing' to make readable and analysable transcripts. Finally steps were taken to maintain the originality and trustworthiness of the data.

#### Stage 1: Making a raw data transcript

Audio files were listened to carefully before Researcher started the transcription. However, this raw data contained broken sentences, deep cultural meanings, lot of hidden, very small sentences and lost words. Therefore, the audiotapes were listened to at least twice to grasp a sense of the interview and keep our mind alert to cultural cues, the nature of language and the tone at various points of the interviews. Further repeated listening before actual

transcription helped to familiarise me with the participants' words and communication styles.

The transcription was conducted at a slow speed. Following the transcribing process Researcher listened to the audio files again while checking the accuracy of the paragraph-level transcription. During this time, Researcher compared the re-transcribed data against audio files and noted down the errors and non-verbal responses. Finally, field notes and memos about the interview process were included in the transcript.

### **Stage 2: Making the transcripts readable and analyzable**

The raw transcripts often contained incomplete sentences and both the researcher and participants' use of grammar and syntax sometimes made initial transcripts incomprehensible. Consequently, Researcher needed to take some steps to make the data not only readable, but also analysable and quotable for the reason of transparency. Hence, Researcher alone transcribed the contents of the interview.

### **Stage 3: Ensuring the ways to enhance trustworthiness in translation and transcription process**

In stage 3, the researcher took following steps were taken to maintain the originality and trustworthiness of the data during translation and transcription process.

1. To maintain the transparency of the transcription process, the transcripts' were verified by a second translator who was working as a nurse and verified with his memo notes.
2. In an attempt to maintain the desired level of transparency, Researcher remained aware of the fact that he should not insert our own words to make the transcript readable, as he felt that would have developed ambiguity over the trustworthiness of the data. Therefore, Researcher used the following strategies:
  - a) Bracketing any additional words to complete sentences.
  - b) Using footnotes to indicate cultural meanings.
  - c) Linking with researcher's memos to support inserted words

### **Conclusion**

Experiences from this multi-linguistic study illustrates both researcher centred and interpreter centred issues as methodological challenges in cross-cultural qualitative research. However, strategies such as flexibility to express, adopting standardised translation models with an examination of the concept of 'trustworthiness' in qualitative research thus provide some practical ways to help healthcare researchers who are new to cross cultural research.



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