DOCTORAL THESIS

Crossing the Chasm: embodied empathy in medical interpreter assessment
Lan, Wei

Date of Award: 2019

Link to publication

General rights
Copyright and intellectual property rights for the publications made accessible in HKBU Scholars are retained by the authors and/or other copyright owners. In addition to the restrictions prescribed by the Copyright Ordinance of Hong Kong, all users and readers must also observe the following terms of use:

• Users may download and print one copy of any publication from HKBU Scholars for the purpose of private study or research
• Users cannot further distribute the material or use it for any profit-making activity or commercial gain
• To share publications in HKBU Scholars with others, users are welcome to freely distribute the permanent URL assigned to the publication
Abstract

Research on medical interpreters (MIs) in recent years has informed us of the visible and active participating roles that MIs play in the doctor-interpreter-patient triadic encounter. The use of multi-faceted, authentic data has also allowed both verbal and nonverbal nuances to be studied. However, while empirical studies have shown that physician empathy in medical communication is beneficial to the patient’s healthcare outcomes, empathy in medical interpreting, especially the one that is expressed nonverbally, is rarely examined in medical interpreting research, even though MI is the key communication facilitator and in principle shares a communicative goal with the doctor. This study aims to acquire a deeper understanding of how an MI’s empathy is constructed nonverbally and perceived by service users, and how it affects interlocutors and the communication process. This research argues that MI empathy in communication is desired and should be incorporated in the training, assessment, and most importantly, in the interpreting practice. Three sets of research questions are thus formed: 1) How do Mis communicate empathy, if any, for and to the patient? 2) How do the other medical interview participants (doctor and patient) and observers (video observers) perceive the empathic performance of the interpreters? Is there any discrepancy? Why? and 3) How do internal and external factors such as an MI’s nonverbal sensitivity and personality traits influence empathic performance? The findings are expected to inform medical interpreting training and assessment and to enhance doctors’ awareness of the roles of MIs so that a more patient-centred and empathic communication environment can be nurtured.
Table of Contents

CHAPTER 1 INTRODUCTION .......................................................................................... 1
  1.1 OVERVIEW AND STRUCTURE OF THE THESIS .............................................. 2
  1.2 PRELIMINARY STUDY ...................................................................................... 3
  1.2.1 METHODS OF THE PRELIMINARY STUDY ................................................ 4
  1.2.2 RESEARCH FINDINGS: MI ECOSYSTEM IN HONG KONG ......................... 7
  1.2.2.1 SERVICE-PROVIDING AGENCY AND ITS IN-HOUSE TRAINING AND ASSESSMENT PROGRAMME .............................................................................................................. 8
  1.2.2.2 DOCTORS IN PUBLIC HOSPITALS IN HONG KONG .............................. 10
  1.2.2.3 STATUS OF MEDICAL INTERPRETERS IN HONG KONG AS COMPARED TO COURT INTERPRETERS .................................................................................................................. 13
  1.3 IMPLICATION AND FURTHER DISCUSSION .................................................... 15
  1.3.1 PATIENT-CENTRED COMMUNICATION .................................................. 16
  1.3.2 CULTURAL DIFFERENCES IN COMMUNICATION ..................................... 21
  1.3.3 GENDER DIFFERENCES IN COMMUNICATION ........................................ 26
  1.4 CONCLUSION .................................................................................................... 28

CHAPTER 2 LITERATURE REVIEW ............................................................................. 29
  2.1 MEDICAL INTERPRETING AND NONVERBAL COMMUNICATION .................... 29
  2.2 EMPATHY AND INTERPERSONAL SYNCHRONY ............................................ 36
  2.3 EMPATHY AS AN ATTITUDE .......................................................................... 40
  2.4 EMPATHY MEASUREMENT AND TRAINING ................................................... 44
  2.4.1 EMPATHY IN MI EDUCATION: STATUS QUO ............................................ 46
  2.4.2 EMPATHY IN MI EDUCATION: WHAT NEEDS TO BE INVESTIGATED .......... 51
  2.5 RESEARCH QUESTIONS ................................................................................... 53
  2.6 OBJECTIVES AND SIGNIFICANCE .................................................................. 54
  2.6.1 OBJECTIVES ............................................................................................... 55
  2.6.2 SIGNIFICANCE ............................................................................................. 56

CHAPTER 3 METHODOLOGY ....................................................................................... 58
  3.1 PHILOSOPHY OF THE RESEARCH METHOD .................................................. 58
  3.2 RESEARCH STRATEGIES AND DESIGN ......................................................... 60
  3.2.1 RESEARCH DESIGN .................................................................................... 60
  3.2.2 INTERVENTION .......................................................................................... 63
  3.2.3 STRATEGIES FOR DATA COLLECTION .................................................. 69
  3.2.4 SAMPLING .................................................................................................. 71
  3.2.5 INSTRUMENTS ............................................................................................ 74
  3.2.5.1 SURVEY – INTERPERSONAL Reactivity INDEX ................................ 74
  3.2.5.2 SURVEY – MiniPONS ............................................................................ 76
  3.2.5.3 WRITTEN EXAMINATION PAPER ....................................................... 79
CHAPTER 4 TURN-TAKING MANAGEMENT ........................................ 102

4.1. DATA ANALYSIS AND OVERVIEW .................................. 103
4.1.1. RATER SELECTION, RATING CRITERIA AND DATA GENERATION .......... 103
4.1.2. TURN-TAKING STRATEGIES AND EMPATHY SCORES: INITIAL IMPRESSION .... 104
4.1.3. TURN-TAKING STRATEGIES AND EMPATHY: AN OVERVIEW OF THE INT’S STRATEGIES... 108
4.1.3.1. INT AS SPEAKING PARTICIPANT (SP) .................................. 108
4.1.3.2. INT AS A LISTENING PARTICIPANT (LP) ............................... 112
4.2. TURN-TAKING MANAGEMENT IN CONTEXT: THE CASE STUDY ............. 119
4.2.1. CASE ANALYSIS OF A HIGH-PERFORMER: HK02 .......................... 121
4.2.2. CASE ANALYSIS OF A MID-RANGE PERFORMER: HK01 ..................... 130
4.2.3. CASE ANALYSIS OF A LOWER-RANGE PERFORMER: PK02 .................. 136
4.3. TURN-TAKING MANAGEMENT AND EMPATHY: THEMATIC DISCUSSION .... 143
4.4. CONCLUSION .................................................................. 149

CHAPTER 5 RELATION MANAGEMENT ........................................ 151

5.1. CASE ANALYSIS OF RELATIONAL MESSAGES .......................... 151
5.1.1. CASE ANALYSIS OF A HIGH PERFORMER: KO02 ........................ 156
5.1.2. CASE ANALYSIS OF A MID-RANGE PERFORMER: KO01 ................. 163
5.1.3. CASE ANALYSIS OF A LOW-RANGE PERFORMER: PK01 .................. 167
5.2. RELATIONAL THEMES .................................................. 172
5.2.1. DOMINANCE VERSUS SUBMISSION ...................................... 173
5.2.2. INVOLVEMENT AND IMMEDIACY ....................................... 174
5.2.3. FORMALITY .................................................................. 178
5.3. CONCLUSION .................................................................. 179

CHAPTER 6 CONCLUSION ...................................................... 183

6.1. SUMMARY OF FINDINGS ............................................... 183
6.2. IMPLICATIONS ............................................................ 186
6.2.1. CURRICULUM CHANGES ............................................................................................................. 188

6.2.1.1. EMPATHY: A MULTIMODAL COMMUNICATIONAL SKILL FOR MEDICAL INTERPRETING. 188

6.2.1.2. INCLUSION OF EMPATHY AS A COMPONENT IN THE MI EDUCATION .................. 190

6.2.1.3. AUTHENTICITY IN TRAINING MATERIALS AND ACTIVITIES: BRINGING REALITY TO THE CLASSROOM ...................................................................................................................... 191

6.2.1.4. REFLECTIVE LEARNING RATHER THAN TEACHING THE CORRECT RESPONSE ...... 194

6.2.2. MI AS AN ACTIVE AND COMPLEX PARTICIPANT ................................................................. 195

6.2.2.1. RETHINKING CODES OF ETHICS: ROLES OF MEDICAL INTERPRETER ................. 195

6.2.2.2. GENDER AND CULTURAL DIFFERENCE IN COMMUNICATIONAL STYLE .......... 197

6.2.2.3. AVOID “BURNOUTS” — USE EMPATHY MORE SKILFULLY AND REFLECTIVELY ...... 198

6.3. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS ......................................................... 199

6.3.1. SAMPLE SIZE ......................................................................................................................... 199

6.3.2. NUMBER AND DIVERSITY OF OBSERVER-RATERS ......................................................... 200

6.3.3. TECHNICAL CONSTRAINTS ON EXTRAPOLATING NONVERBAL ELEMENTS FOR OBSERVER RATING .......................................................................................................................... 200

6.3.4. SELF-REPORTED DATA COLLECTED FROM MONOLINGUAL QUESTIONNAIRE AND TEST .... .......................................................... .................................................................................. 201

6.3.5. RESEARCHER’S LANGUAGE REPERTOIRE ........................................................................... 201

6.3.6. NONVERBAL ATTUNEMENT AND OTHER QUALITIES RELATED TO EMPATHY .......... 201

6.4. CONCLUDING REMARKS ......................................................................................................... 202

REFERENCES .................................................................................................................................... 203

APPENDIX 1 SCRIPT OF THE ROLE-PLAY ......................................................................................... 229

APPENDIX 2 INTERPERSONAL REACTIVITY INDEX (DAVIS 1980) ............................................ 235

CURRICULUM VITAE ............................................................................................................................ 237