

# Preliminary Report on Focus Group Project

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# Presentation Outline

- Project Background
- Research Question
- Methodology
- Data Collection
- Preliminary Data Analysis
- Preliminary Results/ Discussion

# Project Background

- CHIA S&CC
- Standards Drafting
- Types of Feedback
- Revisions
- Focus Groups Administration
- Focus Groups Analysis

# CHIA Study

## Research Question:

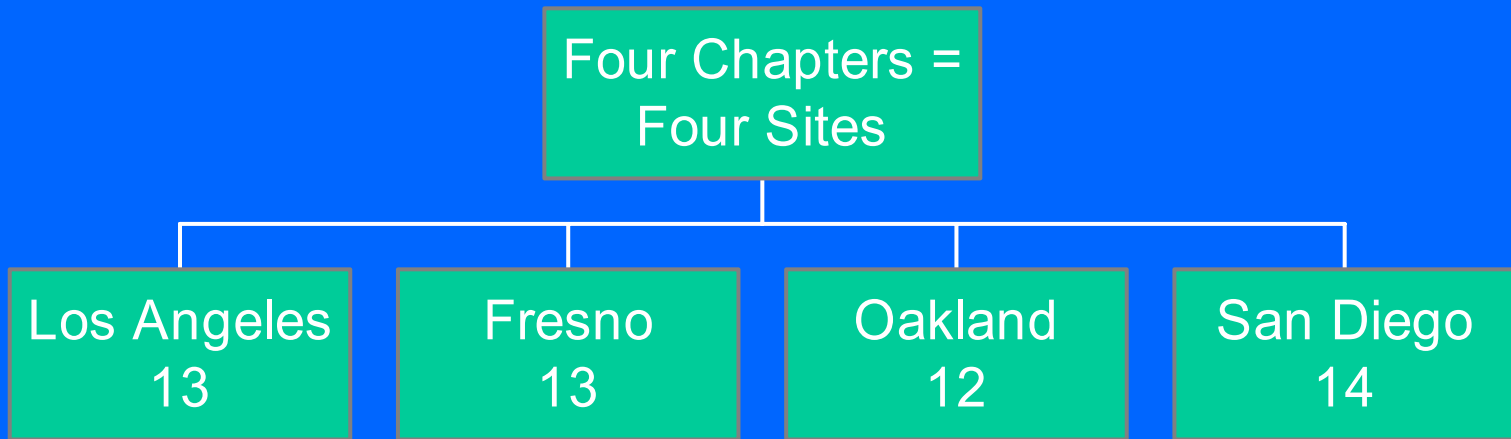
What are participants' opinions/reactions/thoughts on CHIA Ethical Principles and Standards of Practice?

# Research Methodology

- Focus Groups
- Participants
  - Facilitator
  - Assistant/Note taker
  - Informants
- Sites
- Materials

# Sites and Informants

## CHIA FOCUS GROUPS



# Analysis

- Transcripts and Tapes
- Data management
- Reliability of Transcripts

# Preliminary Analysis: Results

- Demographics
- Patterns
- Tendencies
- Similarities
- Differences
- Within and Among Groups

<b>Los Angeles 11-10-2001 7? languages; 13 participants</b>	<b>Fresno 11-13-2001 7? Languages; 13 participants</b>	<b>Oakland 11-14-2001 8? languages; 12 participants</b>	<b>San Diego 11-28-02 16 languages; 14 participants</b>
<b>Cambodian</b>	<b>Cambodian</b>	<b>Chinese – Vietnamese – Mandarin</b>	<b>Arabic</b>
<b>Chinese</b>	<b>Punjabi- Indi</b>	<b>Farsi – Arabic</b>	<b>Arabic, Farsi</b>
<b>Japanese</b>	<b>Russian-Ukrainian -</b>	<b>Mandarin – Lao</b>	<b>Farsi, Hindi, Pashto, Urdu, Dari</b>
<b>Korean</b>	<b>Spanish</b>	<b>Spanish</b>	<b>French, Kinyarwanda, Kirundi,</b>
<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Mnong</b>
<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Polish</b>
<b>Thai</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Somali</b>
<b>Thai</b>	<b>Spanish-Arabic</b>	<b>Spanish</b>	<b>Spanish</b>
		<b>Spanish- Portuguese</b>	<b>Spanish</b>
			<b>Spanish</b>
			<b>Spanish</b>
			<b>Spanish</b>
			<b>Vietnamese</b>
			<b>Vietnamese, Cantonese</b>

# Emerging Patterns

- Beliefs
- Areas of Tension
- Concerns
- Suggestions

# Beliefs/Underlying Assumptions

- Confidentiality can be broken (case of abuse)
- Tone is evident to a listener (regardless of language)
- Tone tells if truth or lie
- Insults should not be interpreted
- When patients say yes it means no
- Good interpreters should know home remedies
- Interpreters are\cannot be responsible for cultural brokerage
- Side conversations should not be interpreted

# Beliefs (cont.)

- The client is only the patient
- Providers can decide the extent of interpreting
- Interpreters can be neutral
- Interpreters are vehicles to obtain information
- Role and responsibilities should be limited
- Interpreters can only interpret
- Interpreters are patients' advocates
- Interpreters know culture

# Beliefs (cont.)

- Standards are not applicable to small communities
- Uniqueness of small communities or own ethnic group
- Common sense is essential (too much left to it is dangerous)
- Interpreters are responsible for watching patients' rights
- Interpreters are invisible
- Advocating is alerting patients about their rights

# Areas of Tension\Dilemmas

- Neutrality and advocacy
- Reality of interpreter at work and CHIA's expectations/ or professional mandate
- In-house and free-lancers
- Patients' needs versus desires
- Advocating and supporting provider relationship
- Advocating and protecting patients' right not to tell
- Receptive of affect and professionalism

# Tension/Dilemmas (cont.)

- Confidentiality and small communities
- Knowledge of language and knowledge of culture
- Adjusting and maintaining register
- Filtering insults\tone and accuracy
- Gifts as signs of appreciation and gifts as bribes
- Being in control and not intervening
- Patient's rights and impartiality
- Standing up for patient and risking job

# Concerns: Time is not Enough

- Confidentiality may not be addressed
- Pre-session not held
- Providers' control over time
- Post-session not always possible
- Protocol cannot be observed

# Concerns: Ethics

- Go behind client to report abuse
- Report when patient is lying
- Volunteer information withheld by patient
- Ask about ethnic practices
- Filter disrespectful comments/remarks
- Protect privacy of patient vis a vis family members
- Deal with conflict of interest and needs
- Need to withdraw
- Unpack confidentiality

# Concerns: Role

- Interpret body language
- Ask to take over providers' duties
- Set limits w/patients
- Set job boundaries
- Go beyond linguistic responsibilities
- Advocate
- Build trust
- Report discrimination
- Save face
- Portray professional image
- Hold dual roles in small communities
- Limit liability
- Protect territory

# Concerns: Role (cont.)

- Use of common sense
- Imitate tone
- Create Rapport
- Meet expectations of cultural expert
- Fear of lawsuits
- Fear of dependency

# Suggestions from Participants

- Clearer guidelines for parties that cross the line
- Mandatory (de)briefing for interpreters
- Standards should protect interpreters
- Continuing education/Training
- All principles should work both ways
- Issues of culture and register to be solved by parties
- Interpreters' awareness over own behavior (roll eyes)
- No reaction to disrespectful comments

# Suggestions from Participants (cont.)

- Define dressing code
- Change competency to awareness
- Change interpretation to interpreting
- Provide training on role and responsibilities
- Give parties chances to re-think insults
- Address mental health
- Help establish a union
- Turn to ASL interpreters for advise
- Limit personal judgement

# Specific Suggestions for Changes

- Principle 2
  - A and F contradict each other
  - A, B and C overlap
  - Interpreters cannot always do B
  - C: Tone is subtle/needs clarification
  - G: Medical terminology needs clarification
- Principle 3
  - D add issues due to gender
- Principle 5
  - A: accountability is troublesome
  - Remove F or replace by dressing professionally

# Specific Suggestions (cont.)

- Principle 6
  - Replace competency by awareness
- Advocacy A and B can be confused
- Protocol 3 B and G are not clear

# Basic Questions to S&CC

- Goal for Standards:
  - Prescribe or Protect?
  - Inform/educate?
- Audience versus Directly affected
  - Interpreter? Patient? Provider?
  - Interpreters with dual roles (nurses/social workers)?
- Service ruled
  - Linguistic? Social?

# More Questions

- Can CHIA overrule institutional policy?
- Can gray areas be standardized?
- Can common sense be trusted?
- Can culture be captured or is it broad and fluid?
- Can communication be ruled in abstract?
- Is communication contextually bound and socially constructed?
- Can CHIA assume unlimited responsibility?

# Considerations

- CHIA's role\responsibilities vis a vis users
- CHIA needs to take a stand
  - (role, responsibilities, reporting)
- CHIA cannot contradict itself
  - (tone down insults/preserve tone)
- Principles need to be either broad or specific
- Culture cannot be boxed

Recall the nature of qualitative  
research and its informants

Consider all angles/consequences  
before making/rejecting  
changes