Quantitative or qualitative analysis? An interesting methodological route in the field of Community Interpreting

GIOVANNI BEVILACQUA
Hogeschool-Universiteit Brussel
Lessius University College/K.U.Leuven

Abstract

The paper advocates the use of both quantitative and qualitative analysis in research on public service interpreting as a way to bridge the gap between theory and practice.

Introduction

My short contribution aims at presenting a methodological mix of quantitative and qualitative analysis that I myself used for my empirical study in the field of Community Interpreting (CI). As this study was carried out in hospitals and homes for the elderly, I concentrated on the medical interpreter, to be understood as a person who not only offers interpretation services to the patients but who also plays an active role in helping them beyond the dialogue with the medical personnel, i.e. advocacy or bridging cultural gaps (Verrept 2002: 172-173).

As many authors (Hertog/van der Veer 2006; Mason 2006; Pöchhacker 2004; Rudvin 2006; Vermeiren 2006) confirm, research activities in CI have grown exponentially in the last few years. Even if one can only be thankful for this interest in linguistic and cultural mediation, because of the debate it causes in the academic world and in the field of translation studies in particular, Hertog and van der Veer (2006: 14) state that “CI research is often found lacking in methodological coherence, all too often misusing research designs of an essentially exploratory nature to generate broad sweeping conclusions at medium
or even grand theory level, the conclusions thus typically lacking in falsifiability or even validity”.

Angelelli (2008: 157) is of the opinion that the gap between theory and practice still exists, because even if there have been numerous studies on the role of the medical interpreter, there has been no change in the work life of practitioners. Suffice it to say that there are only very few publications by university researchers in CI in medical journals. This is the real challenge the whole CI community has to face. Mette Rudvin (2006: 23) rightly notes that many researchers prefer to carry out small-scale empirical studies and not formulate any important theories. Hale (2007: 198) advocates a stronger cooperation between research, training and the profession, like in the mid-1970s, when researchers who also were interpreters entered the world of interpreting studies (IS) for the first time. A more active role of all actors would be desirable even for CI. There are researchers like Angelelli, Wadensjö, Hale and Roy who are very experienced community interpreters but the presence of researchers among medical personnel or paramedics would be highly appreciated.

1. Research on CI in the medical field

Mason (1999: 147) sees Lang and Harris as the first two authors of empirical studies on community interpreters. The former analysed the work of a court interpreter in Papua-New Guinea in 1978, whereas the latter, in the same year, carried out an analysis on the professional aspects of interpreting (role conflict, in-group loyalties, participation status, relevance, negotiation of face) that until then had not been taken into consideration because they were thought of as not applicable to the work of conference interpreters, the only type of interpreter studied in those days. Launer (1978: 934) carried out a study similar to Lang’s on Nigerian patients and proved that in the majority of cases interpreters do not translate “word for word”, but take on the role of the physician managing the conversation. Launer distinguishes “legitimate deviation” that helps the physician understand what the patient says from “illegitimate deviation” (wrong translations). The two studies are the first in a long series on very different topics. The main value of those studies consisted in giving the new profession of community interpreter a status which it lacked at first in many countries. In this context one can recall the study by Verrept (2002) on the specific tasks of the medical interpreter; the empirical studies by Pöchhacker (2000) and Tomassini (2002) who availed themselves of questionnaires that not only helped understand the tasks of community interpreters, but also explained how the professionals themselves saw their role and how it was seen by patients. Most researchers studied the role of the community interpreter in the medical field. Bot (2005) concentrated on the specific medical field of psychiatric care: she was able to show that the choice of the interpreter to sometimes use direct and sometimes indirect speech is not left to chance or is not due to a lack of professionalism, but is based on an interpretation strategy. Viaggio (2006) studied the communicative aspect and the active role that the medical interpreter has to play. In conclusion of this brief analysis, one cannot forget the studies by Corsellis and Angelelli both dating from
2008, which underline once again the different interpretations of the role. The former is in favour of not involving the medical interpreter whereas the latter prefers an active visible role which is also reflected in the name “medical interpreter” rather than “mediator”.

2. Methodological routes

Hale (2007) tried to solve the problem of the lack of contact between theory and practice by advocating a descriptive form of research:

While descriptive research generates much needed and important knowledge about the current state of practice, such research would be of more direct relevance to practitioners if it also investigated the effects of such practices, including aspects such as how different practices and strategies impinge on the goal of the interactions and what strategies and practices are deemed to be appropriate in different settings or circumstances or with different participants. (Hale 2007: 199-200)

In order to reach this aim the author does not see any other means than to combine different research methodologies. Concerning CI in particular, the author distinguishes four research approaches:

1. the discourse analytical approach, using transcriptions of naturally occurring speech for their data;
2. the ethnographic approach, using mostly field observations, interviews and focus groups as elicitation techniques, relying on a number of different theoretical frameworks;
3. survey research, using mostly questionnaires; and
4. the experimental approach using methods from psycholinguistics and psychology. (Hale 2007: 204)

Angelelli (2004: 23 and 90) goes in the same interdisciplinary direction that is intrinsically linked to the very nature of linguistic and cultural mediation, which not only means interpreting and translating a message from one language into the other but also mediating between two cultures.

Hertog et al. (2006: 122-128) distinguish three types of research in CI: generative, formative and corroborative. In the opinion of the three authors, the first typology is the most commonly used by researchers and consists of data collection from which a research hypothesis is derived. Ways of conducting such research are interviews, questionnaires and observations. These interviews may be structured or semi-structured, the questionnaires may contain multiple-choice or open questions; observations are mostly limited to very small corpora or even to single case studies. The data collected by means of interviews and questionnaires will be processed and the findings divided according to sets of categories and concepts. The second, formative, typology is already based on a research hypothesis even if this hypothesis has not yet been proven. This typology also relies on questionnaires, interviews and observations but they are of a different kind: structured interviews are used in order to “pre-test” some research hypotheses, multiple-choice and open questions are mixed and the Delphi method is used, i.e. a group of specialists forms a focus group with the task of generating or refining
the research hypothesis. The last typology is defined by the authors as “the most scientifically straightforward and rigorous type of research design” (Hertog et al. 2006: 126). The interviews (structured), the answers (multiple-choice or closed) and the observations (in specific cases this means the analysis of the collected data) are not used to generate a research hypothesis, whereas the case studies are a means of proving the initial hypothesis.

3. Quantitative or qualitative analysis?

In every type of research it is very important that researchers determine their own attitude from the very beginning, because this will influence the decisions they make in the different phases of their work.

According to Jonker and Pennink (2004: 32), in the field of applied research, researchers who opt for quantitative analysis will see reality with their own eyes, whereas those who try to see reality with somebody else’s eyes choose the qualitative route.

The quantitative paradigm is based on a deductive analysis; researchers want to test a theory that they have developed on the basis of hypotheses and questions derived from the theory itself. To do so, they create concepts and variables that stem from the theory itself and try to measure them by using specific conceptual tools. Furthermore, one has to distinguish between ex post facto research and experimental research. As specified by Jonker and Pennink (2004: 42) the most important difference is the extent to which the researcher is able to intervene in the field of research. In the first case, the researcher may not intervene whereas in the second he may well do so. One of the methods used for experimental research is the case study: researchers choose a case they want to analyse and verify if this case confirms the expectations formulated in a specific theory or not.

The techniques used by researchers are not left to chance; normally they prefer to avail themselves of existing data rather than collect data themselves. Even if this approach is considered to be more scientific, it was also criticised by authors like Jonker and Pennink (2004: 44). The criticism mainly has to do with the excessive rigidity of the methodology, the ad hoc generation of data that are afterwards considered objective data, and the apparent neutrality of researchers.

What are the characteristics of qualitative research? Wester and Peters (2004: 27) identify four of them: reformulation of the problem, non-dominant role of theory, attention to the quality of the research material and analysis in different phases. Researchers start their work with a general formulation of the problem they are going to explore. The working hypothesis will be adapted “on the spot”; the final formulation of the problem will only take place at the end of the reflection phase. The same holds true for the role of theory, i.e. researchers have their own ideas from the very beginning, which will become a theory in the course of their studies. In the process of developing the theory, the authors distinguish four phases: the exploratory phase aiming at identifying different concepts, the specification phase in which the concepts will be further refined, the reduction phase in which the key concept is determined and the last phase, the determination phase in which the actual theory is derived. Paying attention
to the quality of the research material is a specificity of qualitative analysis: repetitions, classifications and other forms of monitoring are carried out based on the principle of triangulation which means that researchers can simultaneously use more than one method for their data collection (participating observation, interviews, questionnaires etc.). The analysis takes place in alternate phases in symbiosis with the perception and the reflection needed to structure the perception and the data collection “on the spot”. The general ideas that researchers have at the beginning become concepts through research on the spot; once the key concepts have been defined, their relations are empirically analysed. This phase of analysis is characterised by the elaboration of an analytical framework based on continuous cross-comparison with similar cases (Wester and Peters 2004: 40).

After having analysed the main characteristics of these two types of studies, one has to ask if it is possible, when conducting research, to rely on both approaches or if researchers are obliged to choose only one. Jonker and Pennink propose combining both types:

considering the unique nature of the subjects or objects of research, i.e. the organisation in all its forms, the careful alternation of both approaches of research offers better insights, more possibilities to come to a hypothesis, better harmonisation with existing theoretical insights, but especially direct contact with practice. (Jonker/Pennink 2004: 60) [my translation from Dutch]

Quantitative and qualitative analysis are complementary tools in the field of applied research. The authors (ibid.: 63) advise researchers, together with the individuals of the organisation, to start with an empirical linguistic study using a deductive approach in the initial phase, and then moving on with a view to finding the right theory.

Pöchhacker (2006) is of the same opinion. Qualitative analysis is a better fit for linguistic studies that analyse verbal aspects and not human interaction, whereas quantitative analysis can be used in the medical sector where the statistical evaluation of the collected data is easier.

[...] these categorical distinctions need not hold. On the contrary, quantitative (or even corpus-linguistic) analyses of interpreted medical discourse [...] can be as revealing as clinical comparisons relying (also) on qualitative data. [...] Indeed, triangulating various data sources and combing qualitative and quantitative approaches to a given research question [...] is increasingly regarded as “best methodological practise" and goes some way toward overcoming the traditional distinction, in some quarters, between "rigorous quantitative" and less reliable or valid qualitative (“soft science”) research. (Pöchhacker: 2006: 152)

I tried to combine both approaches in my research. I used quantitative analysis to collect statistical data. I did not rely exclusively on official sources but conducted some small data collections myself in order to get a more complete and reliable overview. Having found the target group (Italian elderly people), I conducted a participating observation (in hospitals and homes for the elderly). Jonker and Pennink (2004: 62) see this observation, which they define as open observatie, as the starting phase of qualitative analysis. This phase is important because researchers can get to know the organisation/institution and its problems. Patton
(2002: 262) describes the aim of “direct observation” as follows: “the first-order purposes of observational data are to describe the setting that was observed, the activities that took place in that setting, the people who participated in those activities and the meanings of what was observed from the perspectives of those observed”.

The aim of such an observation consists in getting to know directly and in detail how the care system for elderly people works and in collecting information that can be used for drawing up the questionnaire. Cohen et al. (2007: 318-319) subdivide this process into three phases. The first phase is the definition of the objectives that have to be achieved; the second phase is the identification of secondary topics that are linked to the main objectives and the third phase is the formulation of the information required for each topic. The main objective was to find out whether the presence of a cultural mediator in a public institution for the care of elderly people contributes to a better communication between patients/residents and staff. The questionnaire was divided into four parts, each dealing with particular aspects: the first part was intended to collect information on the respondent’s overall experience with elderly foreign patients/residents who need assistance; the second part concentrated on the elderly Italian population; the third part dealt with communication and language aspects and the fourth part with respondents’ critical reflections on communicative and linguistic aspects they are confronted with during their work. The last phase of the research consisted of an analysis of three videotaped conversations between medical personnel, Italian patients/residents and cultural mediators. This procedure was chosen in order to compare the data obtained with those resulting from the questionnaire. Silverman (2006: 201) affirms that such results (the answers to the questionnaires) can be seen as “researcher provoked data” whereas the videotaped conversations belong to the “data naturally occurring”, that are independent of the researchers’ intervention.

4. Conclusions

In my brief contribution I tried to summarise the various phases of my research. In particular I wanted to show that it is possible to combine different methodological approaches. By using a quantitative approach, not only researchers but also people working in healthcare facilities would be able to get a better overview of the reality in their setting. Based on the results that the researcher collects “on the spot”, he is able to formulate hypotheses and to verify, e.g. by means of a case study, whether the expectations formulated are going to be confirmed or not. Such a mixture of quantitative and qualitative analysis has the advantage of bridging the much deplored gap between theory and practice and ultimately helps to improve the daily work of community interpreters in the medical field.
References


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