Comprehensive Journal of Science
Volume (11), Issue (41), (JUNE, 2026)
ISSN: 3014-6266

مجلة العلوم الشاملة
المجلد (11) العدد 41 يونيو 2026
ردمد: 3014-6266

Experiences of Arabic–English Interpreters in NHS Healthcare Settings: A Qualitative Study.

Hussin Mahmoud Shneb
English Department,Faculty of Arts,Elmergib University, Khoms, Libya
hmshneb@elmergib.edu.ly

تاريخ الاستلام:2026/05/05 –تاريخ المراجعة:2026/05/28– تاريخ القبول: 2026/06/07– تاريخ للنشر: 2026 /06/21

Abstract

Effective communication is central to safe, equitable, and patient-centred healthcare. In the NHS, Arabic-English interpreters play an important role in supporting communication between healthcare professionals and Arabic-speaking patients. Despite the growing importance of healthcare interpreting, there remains limited qualitative research on the experiences of Arabic-English interpreters in NHS settings.

This study explored the experiences of Arabic-English interpreters working in NHS healthcare services, with particular attention to the linguistic, cultural, ethical, emotional, and professional challenges they face in their work. A qualitative research design was used, and semi-structured interviews were carried out with ten Arabic-English interpreters working across a range of NHS settings in the UK. The data was analysed using Braun and Clarke's thematic analysis approach. Five connected themes emerged from the analysis: linguistic complexity in healthcare communication, cultural mediation in clinical encounters, negotiating ethical and professional boundaries, emotional labour and interpreter wellbeing, and the need for professional development and institutional support. Participants described challenges related to specialised medical terminology, dialect differences, cultural expectations, confidentiality, professional boundaries, and emotionally difficult consultations. They also explained the strategies they used to manage these issues, such as adapting communication, seeking clarification, and mediating cultural understanding. In addition, they emphasised the value of ongoing professional development, emotional support, and greater recognition of interpreters' roles within healthcare settings.

The findings show that healthcare interpreting involves much more than simply translating language. It requires interpreters to manage complex linguistic, cultural, ethical, and emotional responsibilities. The study underlines the need for continued training, stronger professional support, and closer collaboration between interpreters and healthcare professionals to improve communication and healthcare outcomes for linguistically diverse patient groups.

Keywords: Arabic-English interpreters; NHS; healthcare interpreting; cultural mediation; thematic analysis; interpreter wellbeing; cross-cultural communication.

الملخص:

يعد التواصل الفعال أمرًا أساسيًا للرعاية الصحية الآمنة والمنصفة التي تركز على المريض. يؤدي المترجمون الفوريون من اللغة العربية إلى اللغة الإنجليزية في هيئة الخدمات الصحية الوطنية البريطانية دورًا مهمًا في دعم التواصل بين العاملين في الرعاية الصحية والمرضى الناطقين باللغة العربية. وعلى الرغم من الأهمية المتزايدة للترجمة في الرعاية الصحية، لا يزال هناك بحث نوعي محدود حول تجارب المترجمين الفوريين من العربية إلى الإنجليزية في هيئة الخدمات الصحية الوطنية البريطاني. استكشفت هذه الدراسة تجارب المترجمين الفوريين من العربية إلى الإنجليزية العاملين في خدمات الرعاية الصحية التابعة لهيئة الخدمات الصحية الوطنية البريطانية، مع التركيز بشكل خاص على التحديات اللغوية والثقافية والأخلاقية والعاطفية والمهنية المرتبطة بعملهم. تم استخدام تصميم بحث نوعي، وأجريت مقابلات شبه منظمة مع عشرة مترجمين فوريين من العربية إلى الإنجليزية يعملون في هيئة الخدمات الصحية الوطنية في المملكة المتحدة. بعد ذلك تم تحليل البيانات باستخدام منهج التحليل الموضوعي لبراون وكلارك. برزت خمسة مواضيع مترابطة من التحليل: التعقيد اللغوي في التواصل في مجال الرعاية الصحية، والوساطة الثقافية في اللقاءات السريرية، والتفاوض بشأن الحدود الأخلاقية والمهنية، والتأثر العاطفي والصحة النفسية للمترجمين الفوريين، والحاجة إلى التطوير المهني والدعم المؤسسي. وصف

المشاركون التحديات المتعلقة بالمصطلحات الطبية التخصصية، واختلافات اللهجات، والفروق الثقافية، والسرية، والحدود المهنية، والاستشارات ذات الطابع العاطفي المرهق. كما اوضحوا الاستراتيجيات التي استخدموها للتعامل مع هذه الصعوبات، مثل تكييف اساليب التواصل، وطلب التوضيح، والقيام بتوضيح الفروق الثقافية. بالإضافة إلى ذلك، شدد المشاركون على أهمية التطوير المهني المستمر والدعم العاطفي وتقدير أكبر لدور المترجمين بالرعاية الصحية. وتظهر النتائج أن الترجمة في المجال الصحي تتجاوز مجرد نقل اللغة، إذ تنطوي على مسؤوليات لغوية وثقافية وأخلاقية وعاطفية معقدة. ويتطلب ذلك من المترجمين الفوريين إدارة المسؤوليات اللغوية والثقافية والأخلاقية والعاطفية المعقدة. كما تؤكد الدراسة الحاجة إلى التدريب المستمر، ودعم مهني أقوى، وتعاون أكثر فاعلية بين المترجمين الفوريين والمهنيين الصحيين، بما يسهم في تحسين التواصل والنتائج الصحية لدى الفئات المرضية المتنوعة لغويا. الكلمات المفتاحية: المترجمون الفوريون من اللغة العربية إلى اللغة الإنجليزية؛ هيئة الخدمات الصحية الوطنية؛ ترجمة الرعاية الصحية؛ الوساطة الثقافية؛ التحليل الموضوعي؛ رفاهية المترجم الفوري؛ التواصل بين الثقافات.

Introduction

Communicating with patients and families in UK healthcare is becoming more complex due to increasing linguistic and cultural diversity. National Health Service (NHS) staff often work with patients who do not speak English well. Good communication is crucial in healthcare to help professionals diagnose correctly, keep patients safe, support informed choices, and provide quality care. However, language barriers can cause misunderstandings, lower patient satisfaction, delay treatment, and create unequal access to care (Flores, 2005; Karliner et al., 2007). Recent studies show that these barriers are still common and can negatively affect patients' experiences (Heath et al., 2023; Nisar et al., 2025).

Because of these challenges, professional interpreters are now vital for working with patients who speak different languages. They help improve communication and reduce healthcare inequalities in the NHS (NHS England, 2025).

Interpreters play a vital role when healthcare professionals and patients do not share a common language. However, professional interpreting involves far more than simply being bilingual. As Abushina (2025) notes, becoming a professional interpreter in the United Kingdom requires specialised skills, formal qualifications, professional accreditation, and a commitment to ongoing professional development. Research has shown that professional interpreters help improve communication, enhance patients' understanding of their care, build trust, and contribute to better healthcare outcomes for individuals with limited English proficiency (Brisset et al., 2013). More recently, studies have highlighted the close relationship between interpreting services, patient safety, patient-centred care, and effective communication in healthcare settings (Yousaf et al., 2025; Brisset et al. 2013). By facilitating accurate communication, interpreters enable patients to describe their symptoms, understand medical information and treatment options, and access healthcare services more effectively. Consequently, in multilingual healthcare environments such as the NHS, interpreting services are widely recognised as an essential component of equitable healthcare provision. Arabic-speaking communities are among the largest linguistic minority groups using NHS healthcare services in the UK. This has created a growing need for Arabic–English interpreters. Healthcare interpreting involves more than just translating language. Interpreters also help connect healthcare providers with people from different cultural backgrounds.

Recent research has shown that effective communication and access to professional interpreting services remain important factors in ensuring that patients from diverse linguistic backgrounds can access healthcare and participate fully in healthcare consultations. These studies suggest that culturally responsive communication can help improve patient experiences, support patient safety, and reduce barriers to healthcare access (NHS England; 2025; MacLellan et al., 2024; Heath et al. 2023). Because of this, Arabic–English interpreters often act as both interpreters and cultural mediators in healthcare settings. They help explain cultural meanings, clear up misunderstandings, and connect healthcare providers with patients through professional interpretation. Studies show that healthcare interpreting is complex, interactive, and involves many skills (Dysart-Gale, 2007).

In line with this, recent qualitative studies show that interpreters often play active management roles in health consultations, such as facilitating communication between healthcare professionals and patients or providing interactional support (Ono & Yang, 2024). The information shows that healthcare interpreting is defined not only by language skills but also by intercultural communication abilities.

Healthcare interpreters may face a wide range of linguistic, ethical, professional, and emotional challenges during healthcare consultations. These can include specialised medical terminology, confidentiality, neutrality, role boundaries, emotionally sensitive interactions, and the risk of miscommunication (Kaufert & Putsch, 1997). Maintaining neutrality can be especially difficult when patients, family members, or healthcare professionals expect interpreters to offer emotional support or take on responsibilities beyond their professional role. Repeated exposure to traumatic situations, such as domestic violence, safeguarding concerns, serious illness, and mental health crises, may also place a significant emotional burden on interpreters and contribute to psychological distress (Guo et al., 2023). As a result, recent studies have stressed the importance of strong communication skills, cultural competence, specialised training, and emotional support for interpreters working in multilingual healthcare settings (Heath et al., 2023; Nguyen et al., 2024). While health services use remote and telephone interpreting more often, these methods have created additional barriers for interpreters working within health services. Research in healthcare shows that remote interpreting can influence how smoothly professionals and patients interact, as well as their emotional communication and relationships (MacLellan et al., 2024). These findings suggest a greater need for high-quality interpreter training, improved communication management, and culturally sensitive care in multilingual settings.

As discussed earlier, healthcare interpreting has become increasingly important within multilingual healthcare systems. However, previous research has either examined the experiences of patients themselves or healthcare professionals or evaluated interpreting in generic health care settings. Although the importance of healthcare interpreting is widely recognised, relatively little research has explored the experiences of Arabic–English interpreters working within NHS healthcare settings. In particular, little qualitative research has explored how interpreters manage the linguistic, cultural, ethical, and emotional challenges that arise in their everyday professional practice. The purpose of this study is to explore the role of Arabic–English interpreters in bridging cross-cultural communication gaps within NHS healthcare services. The study employs a qualitative research design to investigate the linguistic and cultural challenges, ethical and professional dilemmas, emotional impact, and communication practices interpreters face during healthcare consultations. The findings may enhance understanding of the experiences of Arabic–English interpreters in NHS healthcare settings and highlight areas where communication practices, interpreter support, and healthcare services could be strengthened.

Research Objectives

The study attempts to answer the following research questions:

What challenges do Arabic–English interpreters experience in NHS healthcare settings?

How do interpreters manage linguistic and cultural difficulties during medical consultations?

What ethical dilemmas arise in Arabic–English interpreting in NHS settings?

What support or training do interpreters need to improve their practice in healthcare settings?

Methodology:

Research Design

This study explores the experiences of Arabic–English interpreters working in NHS healthcare settings. A qualitative approach was appropriate because the study aimed to explore interpreters' experiences and perceptions of facilitating cross-cultural communication in health consultations.

Participants and Sampling:
A purposive sampling approach was used to recruit Arabic–English interpreters who had experience working within NHS healthcare services in the United Kingdom. Fifteen interpreters were invited to take part in the study. Ten agreed to participate, while five declined because of work commitments. Participants were required to be fluent in both Arabic and English, have experience interpreting in NHS settings, and be willing to take part in an audio-recorded interview. Ten interpreters were recruited through professional networks and personal contacts within the interpreting community. They had varying levels of professional experience and had worked across a range of healthcare contexts, which helped ensure a broad range of perspectives on healthcare interpreting practice.
The sample size was considered appropriate for the purposes of this study because it generated rich and detailed accounts of participants' experiences and allowed common patterns to emerge across the interviews. As the analysis progressed, the later interviews largely confirmed the patterns identified in the earlier ones, rather than revealing substantially new issues. In qualitative research, the emphasis is on gaining an in-depth understanding of participants' experiences rather than achieving statistical representation (Creswell, & Poth, 2018; Braun & Clarke, 2021). The interviews provided sufficient depth and detail to address the research questions and to develop meaningful themes from the data.

Demographic description of the participants
Table 1 summarises the demographic characteristics of the ten participants. The participants were 4 females and 6 males. Their ages varied from 30 to more than 50 years. Their interpreting experience ranged from 1 year to more than 6 years. All participants worked as freelance interpreters across a range of NHS healthcare settings.

Participant	Gender	Experience	NHS Setting	Age	Employment Status
Interpreter 1	M	6 + years	All	50 +	freelance
Interpreter 2	M	1–3 years	All	40–49	freelance
Interpreter 3	M	4–6 years	All	40–49	freelance
Interpreter 4	M	6 + years	All	50 +	freelance
Interpreter 5	M	4–6 years	All	30–39	freelance
Interpreter 6	M	4–6 years	All	40–49	freelance
Interpreter 7	F	1–3 years	All	40–49	Freelance
Interpreter 8	F	6 + years	All	50 +	Freelance
Interpreter 9	F	4–6 years	All	30–39	freelance
Interpreter 10	F	6 + years	All	40–49	freelance

Table 1: Demographic description of the participants

Data Collection

Semi-structured interviews were conducted in person, online, or by telephone, depending on participant preference. They were used to collect data and participants were encouraged to speak freely. The interviews lasted approximately 30–40 minutes. Interviews provide the researcher with information about phenomena and can elicit data in depth and detail (Cohen et al., 2011). Interview questions focused on linguistic challenges, cultural differences, ethical dilemmas, emotional experiences, and interpreters' roles in facilitating communication during healthcare consultations. Follow-up prompts were used as needed to invite participants to elaborate on their experiences. The content of each interview was audio recorded with consent from participants and subsequently transcribed for analysis. Transcripts were reviewed and commented on by participants. To enhance the credibility of the findings, participants were invited to review the interview transcripts and provide comments or clarifications where necessary. This process helped ensure that their views were represented accurately.

Data Analysis

The interview data were analysed using Braun and Clarke's (2006) thematic analysis approach. An inductive approach was adopted, allowing patterns and themes to emerge from participants' accounts rather than being shaped by pre-existing theoretical assumptions. The analysis began with repeated reading of the interview transcripts to gain familiarity with the data. Initial codes were then identified and organised according to their relevance to the research questions. As the analysis progressed, related codes were grouped together and developed into broader themes. These themes were reviewed and refined several times to ensure they accurately reflected participants' experiences and captured meaningful patterns across the dataset. The process resulted in five themes that represented key aspects of Arabic–English interpreters' experiences in NHS healthcare settings.

To strengthen the credibility of the findings, participants were invited to review their interview transcripts and confirm their accuracy. Throughout the analytical process, records were kept of coding decisions and the development of themes to enhance transparency. The researcher also engaged in ongoing reflection during the analysis to ensure that interpretations remained closely grounded in participants' accounts. As a result, the themes presented in this study were derived directly from participants' experiences and reflected the issues that they considered most significant.

Researcher Reflexivity and Ethical Considerations

Given the researcher's professional experience as an Arabic–English interpreter in healthcare and public service settings, it was recognised that prior knowledge and experiences could influence the interpretation of the data. Throughout the study, efforts were made to remain aware of personal assumptions and to focus closely on participants' perspectives and accounts during the analytical process.

Ethical principles were observed throughout the study. Participants received information about the purpose of the research and provided informed consent before taking part. Participation was voluntary, and participants were informed of their right to withdraw from the study at any stage. Confidentiality and anonymity were maintained throughout the research process, and all interview recordings and transcripts were securely stored and anonymised prior to analysis and reporting**.**

Findings

The analysis of the interview data identified five interrelated themes: linguistic complexity in healthcare communication, cultural mediation in clinical encounters, negotiating ethical and professional boundaries, emotional labour and interpreter wellbeing, and the need for professional development and institutional support. This section presents the themes that emerged from participants' accounts, focusing on how they described their experiences of

interpreting in NHS healthcare settings. Theme 1: Linguistic Complexity in Healthcare Communication: Participants consistently described linguistic complexity as one of the main challenges of healthcare interpreting. Difficulties were associated with specialised medical terminology, variation in Arabic dialects, fast-paced consultations, and the need to communicate complex information in a way that patients could understand while preserving accuracy. Medical terminology was frequently identified as a source of difficulty, particularly in consultations involving serious illness, surgery, mental health, and maternity care. As one participant explained: *"One of the biggest challenges is medical terminology. Doctors often use technical terms that many patients do not understand, and sometimes there is no commonly used Arabic equivalent."* (Interpreter 1). Participants also highlighted the challenges created by dialect variation among Arabic-speaking patients. One interpreter noted: *"A patient from Morocco does not always use the same words as a patient from Iraq or Yemen. I constantly adjust my language so that it looks natural and clear to everyone."* (Interpreter 6). In addition, remote interpreting and fast-paced consultations were viewed as obstacles to accurate communication. As Interpreters 2 and 7 explained: *"It is also hard when clinicians speak very fast, use strong regional accents, or talk in very technical English."* (Interpreter 2). *"Often the sound quality is poor, people talk over each other, and I cannot see facial expressions or gestures."* (Interpreter 7). These accounts suggest that healthcare interpreting requires considerable linguistic flexibility and constant adaptation to both patients' language backgrounds and healthcare professionals' communication styles.

Theme 2: Cultural Mediation in Clinical Encounters: Cultural knowledge emerged as an important factor in facilitating communication between healthcare professionals and Arabic-speaking patients. They explained that gender preferences, beliefs about illness, treatment, family involvement, religion, and mental health often influenced how healthcare information was understood and discussed during consultations. Family involvement and gender preferences were frequently mentioned as a key cultural consideration. One participant explained: *"The family plays a big role. Relatives often want to be present and help answer questions, which is different from the more individualised approach often seen in the NHS… Some patients strongly prefer a male or female doctor or interpreter, especially for topics like gynaecology, fertility, or sexual health*". (Interpreter 2). Participants also highlighted the influence of religious beliefs and cultural values on healthcare decisions. As Interpreter 3 noted: *"Religion can also influence choices. Some people worry about taking certain medicines during fasting, or they may feel unsure about procedures like blood transfusions or organ donation."* (Interpreter 3). Attitudes toward mental health consultations were identified as particularly sensitive as Interpreter 5 states: *"In some societies, it is still taboo, so people prefer to talk only about physical symptoms."* Participants described situations in which cultural beliefs shaped how symptoms were understood. One interpreter recalled a consultation in which references to the "evil eye" were initially interpreted as signs of mental illness. After providing a brief cultural explanation, communication improved and the clinician reconsidered the interpretation of the patient's symptoms. Interpreters therefore considered themselves occasional cultural mediators. However, they stressed that cultural explanations must remain concise, transparent, and directly relevant to communication. Interpreter 6 explained: *"I mostly just translate what is said, but if a cultural gap causes confusion, I provide a quick explanation to help both sides understand each other again. If I went any further, I would stop being a mediator and start taking part in the negotiation itself, which is not my job."*. (Interpreter 6).

These accounts suggest that healthcare communication is influenced not only by language but also by cultural beliefs and expectations. Participants viewed cultural understanding as an important resource for preventing misunderstandings and supporting effective interaction during consultations.

Theme 3: Negotiating Ethical and Professional Boundaries: Ethical and professional challenges formed a significant part of participants' experiences. Interpreters frequently described situations in which they were expected to go beyond their professional role and provide opinions, advice, or emotional reassurance. A common challenge involved requests to withhold information from patients. One participant described being asked by family members not to fully interpret a cancer diagnosis: *"I explained kindly that I couldn't hide any part of what the doctor said. The family was unhappy at first, but I still interpreted the whole discussion."* (Interpreter 1). Participants also described situations in which healthcare professionals expected them to make personal judgements. As one interpreter explained: *"One of the difficult moments was when a doctor, after the consultation, asked me, 'Do you think he's lying?'"* (Interpreter 5). Similarly, interpreter 7 described a patient asking if he would personally recommend a treatment option. In both cases, interpreters stressed the importance of maintaining neutrality and remaining within professional boundaries. *"I looked at him and said kindly that I am not a doctor and my job is to translate, not to give advice. I encouraged him to ask the doctor more questions about the benefits and side effects. He seemed a little disappointed, but it protected my neutrality and kept the responsibility where it belongs, with the clinician."* (Interpreter 7). In such situations, participants emphasised the importance of maintaining neutrality, confidentiality, and professional boundaries. Although professional codes of conduct provided guidance, interpreters acknowledged that applying these principles could be challenging in emotionally charged or complex consultations. These findings suggest that healthcare interpreters regularly engage in professional decision-making while balancing the expectations of patients, relatives, and healthcare professionals.

Theme 4: Emotional Labour and Interpreter Wellbeing: Emotional challenges emerged as a prominent feature of participants' experiences. They referred to consultations involving terminal illness, cancer, mental health crises, domestic abuse, safeguarding concerns, and end-of-life care as particularly difficult. One participant reflected on the emotional impact of interpreting serious medical conversations: *"I've interpreted conversations where patients are told there's nothing else to do, or where families say goodbye for the last time."* (Interpreter 10) Another interpreter described the emotional burden of working across two languages: *"I interpret these stories word for word, and I feel them twice – once in Arabic and again in English."* (Interpreter 6). Many participants reported that emotionally challenging consultations could affect them beyond the immediate encounter, influencing their mood, sleep, or overall wellbeing as (Interpreter 7) explained: *"I sometimes go home and think about the faces and voices of the patients. On bad days it can affect my sleep and mood."* (Interpreter 7). Although interpreters described various coping strategies, including exercise, peer support, reflective practice, and maintaining professional boundaries, many felt that formal emotional support was limited. *"Peer support groups would make a huge difference. Interpreters often work alone and rarely see each other, so we have few chances to share experiences. A regular online or in-person group, led by someone with mental health training, could give us a safe space to talk about difficult jobs and learn from each other*." (Interpreter 7). *"What makes it harder is that interpreters rarely receive formal emotional support. This part of our work is often ignored. I have had to develop my own ways of coping, such as mentally separating my personal life from my work and reminding myself of my role as a neutral interpreter."* (Interpreter 4). Overall, these findings highlight the emotional demands associated with healthcare interpreting and suggest that interpreter wellbeing requires greater recognition within healthcare services.

Theme 5: Professional Development and Institutional Support: The final theme concerned the need for continuing professional development and stronger institutional support. Participants consistently emphasised that maintaining professional competence requires ongoing learning

and access to specialist training. Several participants identified medical terminology, mental health, safeguarding, oncology, maternity care, and cultural competence as areas where additional training would be beneficial. As one interpreter explained: *"To do our job well, we need ongoing training in medical terminology so we can follow different specialties, like cardiology or oncology."* (Interpreter 3). Participants also highlighted the need for better collaboration between healthcare professionals and interpreters. One participant stated: *"Better training for NHS staff on how to work well with interpreters would improve communication for everyone."* (Interpreter 1). In addition to training, participants emphasised the importance of emotional support, mentoring opportunities, and professional recognition. Many felt that interpreters are often overlooked despite their important role in healthcare communication. As interpreter 8 noted: "*Many interpreters feel invisible, being treated as part of the wider healthcare team would make a big difference."*

Participants also highlighted the importance of emotional support, mentoring opportunities, and peer discussion groups. Several noted that, although they regularly worked in emotionally demanding situations, access to structured support was limited. This was seen as an important gap in existing professional support. As one participant noted: *"We also need healthcare professionals to have a better understanding of our role. Sometimes they expect us to do things that fall outside our responsibilities because they do not fully understand what interpreters are trained to do."* (Interpreter 5). These findings suggest that effective healthcare interpreting depends not only on individual skills and experience but also on access to ongoing professional development, supportive working environments, and greater recognition of interpreters as members of the wider healthcare team.

Discussion

This study explored the experiences of Arabic-English interpreters working in NHS healthcare settings and showed that their role involves a complex combination of linguistic, cultural, ethical, emotional, and professional demands. The findings make clear that healthcare interpreting is not simply a matter of transferring information from one language to another. Rather, it involves managing communication in context, responding to cultural differences, negotiating professional boundaries, and coping with the emotional pressures that can arise in healthcare encounters. In this sense, the study adds to a wider body of work that understands healthcare interpreting as an interactive and socially situated practice rather than a purely linguistic task (Dysart-Gale, 2007; Hsieh, 2010; Major, 2024).

One of the strongest findings was the centrality of linguistic complexity in everyday interpreting practice. Participants described having to adapt their explanations to patients' linguistic backgrounds and levels of understanding while still preserving the meaning and accuracy of the original message. They also referred to the need to simplify medical terminology, clarify unfamiliar meanings, and adjust their language according to dialect and context. Several participants further highlighted the difficulties created by fast-paced consultations, strong regional accents, and remote interpreting conditions, particularly where poor sound quality, overlapping speech, or the absence of visual cues made communication harder to manage. This suggests that linguistic complexity in healthcare interpreting extends well beyond vocabulary alone. Interpreters are often required to respond simultaneously to lexical, interactional, and technological challenges. This supports Brisset et al.'s (2013) argument that effective healthcare interpreting involves communication management rather than literal interpreting alone, and it also aligns with Ono and Yang's (2024) emphasis on communication skills and context-sensitive interaction in medical interpreting. It also resonates with more recent work showing that remote and technology-mediated interpreting can shape both communication quality and the interpreter's working experience (MacLellan et al., 2024).

Another important point to emerge from the data was the linguistic diversity within Arabic-speaking communities. Although Arabic is often treated as a single language category in

healthcare settings, participants' accounts showed that effective communication frequently depends on sensitivity to regional dialects, expressions, and differences in understanding. Previous research involving Arabic-speaking migrants has similarly highlighted the impact of language variation, culture, and expectation on healthcare communication (Hadziabdic & Hjelm, 2014). The present study builds on this by showing how Arabic-English interpreters working in NHS settings encounter this diversity directly in practice and how it shapes the decisions they make during consultations. This is important because it challenges simplified assumptions about shared language and highlights the need for a more nuanced understanding of linguistic variation within Arabic-speaking patient populations.

The findings also point to the importance of cultural mediation in healthcare interactions. Participants described situations in which cultural beliefs, family involvement, religious values, and attitudes towards mental health influenced the way communication unfolded between patients and healthcare professionals. Their accounts suggest that communication difficulties in healthcare settings do not arise from language barriers alone, but also from differences in cultural expectations and understanding. This is consistent with earlier research showing that interpreters may at times take on a cultural mediating role when such differences affect communication (Brisset et al., 2013; Flores, 2005). It also reflects work that describes interpreter-mediated healthcare encounters as forms of mediation in which meaning is negotiated across linguistic, cultural, and institutional frameworks (Davidson, 2001). At the same time, the findings indicate that this role must be handled carefully, since interpreters are still expected to remain accurate, impartial, and transparent in their practice. What emerges here is not a simple expansion of the interpreter's role, but a careful balancing of professional boundaries and communicative necessity.

Ethical and professional tensions were also a prominent part of participants' experiences. Many described situations in which patients, relatives, or healthcare professionals expected them to go beyond their professional role. This included being asked to withhold information, offer personal opinions, or provide forms of support that extended beyond interpreting itself. Such accounts reflect longstanding concerns in the literature about neutrality, confidentiality, and professional boundaries in interpreter-mediated healthcare encounters (Dysart-Gale, 2007; Kaufert & Putsch, 1997). They are also consistent with more recent work suggesting that interpreters often operate within overlapping and sometimes conflicting expectations (Crezee et al., 2024). What this study makes particularly clear is that ethical decision-making is not an occasional challenge in healthcare interpreting, but a routine part of practice. This has implications not only for interpreter training, but also for how healthcare professionals understand and work with interpreters in clinical settings.

The emotional dimension of interpreting also emerged very strongly from participants' accounts. They described repeated exposure to difficult consultations involving trauma, domestic abuse, terminal illness, safeguarding concerns, and mental health crises. For many, these were not isolated experiences but a regular feature of their work. Their accounts suggest that emotional strain is built into healthcare interpreting and may continue to affect interpreters long after the consultation has ended. This is in line with research showing that interpreters working in sensitive healthcare settings may experience emotional distress, fatigue, and psychological burden (Geiling et al., 2021; Guo et al., 2023; Hancox et al., 2023). It also reflects more recent discussion of emotional labour and affective skills in public service interpreting, which argues that emotional management should be recognised as part of interpreter competence rather than treated as a secondary concern. The present study adds to this body of work by showing that these pressures are equally relevant to Arabic-English interpreters in NHS settings and that formal support may still be limited.

Participants also spoke very clearly about the need for stronger professional development and institutional support. They identified gaps in training related to medical terminology,

safeguarding, mental health, oncology, and culturally responsive communication. These concerns are in line with recent research emphasising the value of specialised training and professional support in strengthening interpreter competence and practice (Hale et al., 2025; Ono & Yang, 2024). More broadly, research on interpreter education has increasingly stressed that professional competence involves not only language proficiency, but also ethical judgement, interactional awareness, and the ability to respond appropriately in specialised settings (Crezee et al., 2024). Participants in the present study also highlighted the importance of mentoring, peer discussion, and emotional support, suggesting that effective interpreting depends not only on technical ability but also on access to continuing support throughout professional practice.

A further implication of the findings concerns collaboration between interpreters and healthcare professionals. Participants felt that healthcare staff did not always understand how to work effectively with interpreters or fully recognise the complexity of their role. This reflects earlier research suggesting that successful interpreter-mediated communication depends on effective collaboration among all participants (Hsieh, 2010). It is also consistent with studies showing that training healthcare staff to work more effectively across linguistic and cultural difference can strengthen communication and improve patient-centred care (Basaviah et al., 2024). Better recognition of interpreters as part of the healthcare team may therefore strengthen communication, reduce misunderstanding, and contribute to better patient care. In practical terms, this suggests that improving interpreted healthcare encounters is not only the responsibility of interpreters themselves, but also of the institutions and professionals with whom they work.

Overall, the findings show that the work of Arabic–English interpreters in NHS healthcare settings is both complex and multidimensional. Their work extends beyond language transfer to include managing dialect diversity, cultural expectations, ethical pressures, emotional demands, and professional uncertainty within a challenging healthcare environment. This study adds to the existing literature by demonstrating how these different responsibilities intersect in the everyday practice of Arabic–English interpreters working in the NHS. The findings also suggest that improving interpreter-mediated communication requires more than simply providing access to bilingual speakers. It depends on employing professionally trained interpreters who are well supported, fully integrated into healthcare teams, and recognised for the complexity of their work. These findings further highlight the importance of ongoing specialist training, structured emotional support, and greater awareness among healthcare professionals of how to work effectively with interpreters.

Limitations

This study has a few limitations. First, it involved only ten Arabic-English interpreters, so the findings may not apply to other language pairs or healthcare settings. Second, the data were based on participants' self-reported experiences in interviews, which means the findings may have been shaped by personal interpretation or memory. Third, because all participants worked in NHS settings in the UK, their experiences may differ from those of interpreters working in other healthcare systems. Even so, the study offers useful insight into the experiences of Arabic-English interpreters and points to several important directions for future research.

Conclusion

This study explored the experiences of Arabic-English interpreters working in NHS healthcare settings and the wide range of challenges they face in their daily work. The findings show that healthcare interpreting is not simply about translating words from one language into another. Instead, it involves managing complex communication across linguistic, cultural, ethical, and emotional boundaries.

The study identified five closely connected themes. Participants described the difficulties of interpreting medical terminology, working across different Arabic dialects, and communicating

in fast-paced and often stressful healthcare environments. They also emphasised the importance of cultural understanding in helping healthcare professionals and Arabic-speaking patients communicate more effectively. Ethical issues such as confidentiality, impartiality, and professional boundaries were a regular part of their work, particularly when interpreters were placed under pressure by patients, families, or healthcare staff. At the same time, many participants spoke about the emotional weight of the role, especially when interpreting in consultations involving trauma, serious illness, safeguarding, or end-of-life care. The findings also highlighted the need for ongoing training, emotional support, and stronger professional recognition.

This study contributes to the current body of research by highlighting the experiences of Arabic-English interpreters in NHS healthcare services, a group that remains relatively underexplored. It suggests that effective healthcare interpreting depends not only on language ability, but also on cultural awareness, ethical judgment, emotional resilience, and access to continued professional support.

These findings have practical importance for healthcare services. If interpreters are expected to work effectively in complex and emotionally demanding settings, they need more than language skills alone. They need appropriate training, support opportunities, and better collaboration with healthcare professionals. Recognising interpreters as an important part of the healthcare team may strengthen communication, improve patient experience, and support more equitable access to healthcare for linguistically diverse communities. Future research could usefully explore the experiences of interpreters working with other language groups or examine how different forms of training and support influence interpreter wellbeing and professional practice.

References

Abushina, A. (2025). The Pathway to Professionalism: A Descriptive Study of Becoming a Professional Interpreter in the United Kingdom. *Libyan Journal of Contemporary Academic Studies) LJCAS, eISSN: 5970-3005Volume 3, Issue 2(Part II), 2025, Pages: 815-822*.

Basaviah, P., Bryant, M., Hosamani, P., Westphal, J., Kugler, J., Hom, J., Chi, J., Parker, J., & DiGiammarino, A. (2024). Interpreter and limited-English proficiency patient training helps develop medical and physician assistant students' cross-cultural communication skills. *BMC Medical Education*, *24*(1), 185. https://doi.org/10.1186/s12909-024-05173-z.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2021). Thematic analysis: A practical guide. SAGE.

Brisset, C., Leanza, Y., & Laforest, K. (2013). Working with interpreters in health care: A systematic review and meta-ethnography of qualitative studies. *Patient Education and Counseling*, 91(2), 131–140. https://doi.org/10.1016/j.pec.2012.11.008

Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed.).

Crezee, I. H. M., Burn, J., & Roat, C. E. (2024). Managing boundaries: When patients, families, or healthcare professionals expect interpreters to work beyond their job standards. *International Journal of Interpreter Education,* 16(1), 45–62.

Davidson, B. (2001). Questions in cross-linguistic medical encounters: The role of the hospital interpreter. *Anthropological Quarterly*, *74*(4), 170-178.

Dysart-Gale, D. (2007). Clinicians and medical interpreters: negotiating culturally appropriate care for patients with limited English ability. *Family & Community Health*, *30*(3), 237-246.

Flores, G. (2005). The impact of medical interpreter services on the quality of health care: a systematic review. *Medical Care Research and Review*, *62*(3), 255-299.

Geiling, A., Knaevelsrud, C., Böttche, M., & Stammel, N. (2021). Mental health and work experiences of interpreters in the mental health care of refugees: A systematic review. *Frontiers in Psychiatry*, *12*, 710789.
Hadziabdic, E., & Hjelm, K. (2014). Arabic-speaking migrants' experiences of the use of interpreters in healthcare: a qualitative explorative study. *International Journal for Equity in Health*, *13*(1), 49.
Hale, S. B., Martschuk, N., Lim, J., Goodman-Delahunty, J., & Brandon, S. (2025). Training interpreters about investigative interview techniques: evaluation of an online course. *The Interpreter and Translator Trainer*, 1-20.
Hancox, J. A., McKiernan, C. F., Martin, A. L., Tomas, J., & MacArtney, J. I. (2023). The emotional effects on professional interpreters of interpreting palliative care conversations for adult patients: A rapid review. *Palliative Medicine*, *37*(7), 931-946.
Heath, M., Hvass, A. M. F., & Wejse, C. M. (2023). Interpreter services and effect on healthcare: A systematic review of the impact of different types of interpreters on patient outcome. *Journal of Migration and Health*, 7, 100162. https://doi.org/10.1016/j.jmh.2023.100162
Hsieh E. (2010). Provider-interpreter collaboration in bilingual health care: competitions of control over interpreter-mediated interactions. *Patient education and counseling*, *78*(2), 154–159. https://doi.org/10.1016/j.pec.2009.02.017
Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Services Research*, *42*(2), 727-754.
Ali, R. S. (2025). EFL Pre-Service Teachers' Attitudes Towards Using AI Applications. *Al-Farooq Journal of Sciences*, *1*(1), 93-109.
Kaufert, J. M., & Putsch, R. W. (1997). Communication through interpreters in healthcare: Ethical dilemmas arising from differences in class, culture, language, and power. *Journal of Clinical Ethics*, 8(1), 71–87.
MacLellan, J., McNiven, A., & Kenyon, S. (2024). Provision of interpreting support for cross-cultural communication in UK maternity services: A Freedom of Information request. *International Journal of Nursing Studies Advances*, *6*, 100162.
Major, G. (2024). Healthcare interpreting as relational practice: Understanding the interpreter's role in facilitating rapport in health interactions. *Interpreting and Society*, *4*(2), 115-136.Nguyen, Q., Flora, J.,
NHS England. (2025). Accessible information and communication guidance. NHS England.
Nisar, S., Khan, S., Rehman, A., Gobis, R. A., Shaikhomer, M., Alshanberi, A. M., Hariri, N. H., Alshareef, M. H., & Alsanosi, S. M. (2026). The impact of language barriers on patients' perception of their physician's involvement in shared decision-making. *Frontiers in Public Health,* 13, 1728046. https://doi.org/10.3389/fpubh.2025.1728046.
Ono, N., & Yang, J. (2024). Communication Skills of Medical Interpreters: A Qualitative Explanatory Study of Healthcare Professionals' and Medical Interpreters' Perceptions. *Healthcare (Basel, Switzerland)*, *12*(20), 2073. https://doi.org/10.3390/healthcare12202073.
Yousaf S., Haith-Cooper M., Iqbal H. (2025) The crucial role of language interpretation services in patient safety and healthcare delivery. *British Journal of Healthcare Management.* 31(10): 7-9