JADARA

Volume 15 | Number 3 Article 8

November 2019

The Nursing Center and Interpreter Training Program- A Joint Venture

Karen Green
none

THE NURSING CENTER AND INTERPRETER TRAINING PROGRAM — A JOINT VENTURE

Karen Green, R.N.

This paper describes a program of interpreter training for deaf clients and the discoveries made by the author, who is experienced in composing workshops, at the University of Wisconsin-Milwaukee. The program is a unique and interesting joint venture between the Department of Exceptional Education-Interpreter Training Program and the Nursing Center at the School of Nursing. As a graduate student in Community Mental Health Nursing, I became involved in planning and implementing the program.

Leo Dicker, Project Director, along with Eve Dicker and Evelyn Zola, Instructors, have begun to develop an exemplatory training program for interpreters. Their hope is to create a model of coordination and accessibility of community services for deaf people, utilizing and including interpreters. The Nursing Center is part of the School of Nursing, functioning to serve both the neds of the community and the school's faculty and students. Because professional nursing is an applied science, reaching to groups and the community, working together was considered a natural.

Eve and Evelyn approached Dorothy Waggoner, program development coordinator at the Nursing Center, to find out how working together might be coordinated. Initially, Eve was interested in working with nursing faculty and students in the area of stress management for the trainee interpreters and interpreters. In addition, Eve wanted to co-sponsor wellness classes for parents of deaf children.

Since the area of wellness and health maintenance is my area of expertise, when I saw the announcement, I responded immediately. Dorothy, Eve, Evelyn and I met to assess and prioritize needs and decide where to start. My initial reaction was to wonder if I had made a mistake. I had never worked with the deaf before, nor had my undergraduate training taught me how to do so. To make matters worse, I was trying to find a way of communicating with Evelyn, who is deaf. I felt frustrated and uneasy. However, the longer the meeting went on, the more I realized the needs and problems of the interpreters are very similar to those of nursing. Both professions are faced with high levels of job stress, resulting in professional dissatisfaction and burnout. Both professions work long hours and need to cope with the difficulties of dealing with many agencies, with and for clients.

The Venture Begins

That meeting resulted in two plans. One, a long-range plan that another graduate student and I are designing, showing the interpreters how to effectively work with agencies in the community. The second plan was short-range. An intensive interpreter training program was being offered in summer school. I agreed to present three workshops for the summer school students. Three topics were decided upon. The first was to be enchancement of interpersonal communication skills for the interpreters. The second was looking at stress and its management from a variety of perspectives and the third was how to effectively use the health care system. I did not anticipate how much I would learn.

Ms. Green is a Graduate Student at the University of Wisconsin-Milwaukee.

THE NURSING CENTER AND INTERPRETER TRAINING PROGRAM — A JOINT VENTURE

The Workshops

In writing the workshops, I had decided to vary the format for each one. Fifteen students, plus Eve and Evelyn would comprise the group. My strong feelings and belief that good communication skills are the basis for effectively coping with most everything in life, plus the tremendous challenge the deaf and interpreters have in this area, was my impetus for this topic. Using Claude Steiner's "Transactional Analysis Made Simple" (Travis, 1977) model, I explained the Parent-Adult-Child mode of communication. Using an overhead projector, with transparencies, I diagrammed how the Parent ego state thinks, feels and behaves just like an individual's real parents did. The Parent ego state is a lifetime collection of rules for living from the past. The Parent decides how to react to situations, how people should live and what is good and bad, all without reasoning. The Adult has no emotions and operates like a human computer, receiving its information from the Parent and Child. However, if the information from the Parent or Child is faulty, the Adult will compute and deliver faulty information. The Adult is the source of decision-making, rational and logical thinking. It is important for the Adult to check out its perceptions in order to compute information correctly. The Child ego state is the source of all emotions, fun and creativity. It contains the best in human beings. The Child laughs, cries, is impulsive, is intuitive, becomes angry or fearful and decides whether or not to take risks.

Next, I diagrammed how good communication occurs when individuals both communicate with each other from the same ego state. Faulty communication occurs when individuals are communicating from different ego states. Misperceptions, misunderstandings, fights, games, poor relationships, and increased stress occur when communication is faulty. Games, simplistically, were explained as a way of avoiding closeness with others by not being straightforward in communicating. In games, people often say one thing, while feeling another way.

I felt an understanding of communication skills was important. People in helping professions such as nursing and interpreting, often do more than they need to for clients. Frequently, this is due to not knowing how to directly communicate with clients or an unwillingness to let them make their own decisions. Using the newly acquired knowledge of Transactional Analysis, the interpreters role-played situations they had encountered with their clients. Each role-playing pair was videotaped for instant critiquing by the entire class. My goal for them was self-awareness of the ego state they were communicating from and how it felt. A variety of role-playing situations were tried and the first workshop ended.

Stress

The workshop on stress began with a look at stress from a variety of perspectives. Beginning with a discussion of how stress was felt when communication was poor, the effect of stress on the body was explored. Positive and negative stress was discussed. Stress related to life's changes was described. I explained how stress is encouraged in our work and family cultures. Using the Stress Reduction Module from the *LIFEGAIN: A Cultural Change Program For Health* (Allen, 1978), a step-by-step program for stress reduction was outlined. Key emphasis was placed upon self-responsibility, obtaining support from others, becoming aware of a variety of alternative activities for reducing stress, and having fun.

The value of interpreter support groups to decrease stress, share problems and prevent burnout was explored. Networking, a mechanism of staying in touch with other interpreters or having another interpreter to call when needed, was explained. I closed this workshop by conducting a relaxation exercise for the group and giving them many handouts on stress.

The Health Care System

Interpreters are in a unique position when they are interpreting for a client within the medical system. Their position is not always

easy. This workshop began with an explanation of some of the component parts that comprise the health care system. Any patient entering the health care system has the potential to be dealing with any or all of this system's component parts. A patient will interact with a physician and nurse, as well as be confronted with medical terminology, a hospital, insurance, financial, legal and pharmaceutical components. As a result, this is stressful and requires good communication skills. A deaf person may be overwhelmed or have difficulty in communicating effectively with physicians and nurses. Interpreters, in a sense, are in a position of being present during the confidential client-physician relationship. Additionally, clients may ask interpreters to relate or explain medical questions after they have left the physician's office or hospital, putting the interpreter in the position of attempting to be a medical interpreter or care-giver.

Teaching interpreters what they could encourage deaf people to do for themselves when involved with the health care system, was one of my goals. The more responsibility the deaf can assume for themselves, the better their communication and understanding will be, the better they will feel about themselves. The interpreters will feel less responsible for assuming a medical role for which they are not qualified. Actions the deaf can do for themselves are:

1. Know and write down any diet restrictions they have.
2. Know and write down ALL medications they are taking.
3. Write down questions before seeing a physician.
4. Write down signs and symptoms of any problems they are having.
5. Bring a small wipe-off board and ask the physician to communicate directly with the deaf client.
6. If dissatisfied with their physician, they need not hesitate regarding making a change. Have someone call to find out if another physician will care for the deaf client.
7. Learning about the body can be done via picture books and simple medical dictionaries. Level of reading skill of the deaf may determine this.

Being a fervent client advocate, I presented information on how interpreters can maintain their clients' best interests when a deaf person is hospitalized.

Three points were emphasized.

1. Put a sign over the bed, stating the person is deaf so that ALL hospital personnel are aware.
2. Remind nursing personnel that their client is deaf. When the call light is pushed for help, a nurse will need to go to the room instead of answering the call over the intercom.
3. Do not assume that physicians and nurses are interested in or skilled in knowing how to communicate with the deaf. They may have had no training in doing so and may be fearful of the deaf, due to their handicap.

Drawing upon the Medical Resources Module from *LIFEAGAIN: A Cultural Change Program for Health* (Allen, 1978), *Life Stress* (Forbes, 1979), and *The Patient's Advocate* (Huttman, 1981), plus my own experience, the concept of advocacy was discussed. A goal of this workshop was to answer as many questions as possible regarding the health care system for the interpreters. Handouts were presented and question and answer was the format. Eve, Evelyn and I wanted to assess the level of knowledge and skill interpreters have in working with the health care system for future classes, as well as this one.

Evaluation

The students evaluated the series, answering the following questions: What was most helpful to you? What was least helpful to you? What would you like to see changed? What topics would you like to see presented at other workshops? The results are presented in Figure 1, based upon fourteen returned questionnaires.

My Own Learning

Based upon the evaluations and the comments I received, I consider the workshops to have been an overwhelming success. On a personal level, I learned to feel comfortable having a student standing next to me "signing" for Evelyn. I learned how important it was for Evelyn to be able to understand what was going on and to feel a part of the group. For that to happen, Evelyn requested to read my lecture notes to supplement the "signing."

THE NURSING CENTER AND INTERPRETER TRAINING PROGRAM — A JOINT VENTURE

FIGURE 1

Most Helpful
Stress — 71.4%
Health Care System — 21.4%
Transactional Analysis — 7.1%

Least Helpful
Transactional Analysis — theory or examples — 50%
Everything was helpful — 28.5%
Health Care System — 14.2%
Stress discussion — 7.1%

Changes
Health Care System — 42.8%
No new topics — 35.7%
Stress — 14.2%
Mental health — 7.1%

Other Workshops
Change nothing — 42.8%
More role playing — 31.4%
More information on Health Care System — 21.4%
Present stress first — 7.1%

I am wondering how much communication is not covered by sign language. Having Evelyn present provided an invaluable experience for me. Not only was she willing to contribute her experiences and perceptions as a result of her deafness, but her warmth and sense of humor melted my fears and frustrations in attempting to communicate with her. I have found her to be a delightful person to know.

Professionally, the workshops pointed to the need for this joint venture. I discovered a need for interpreters to understand how their communication skills affect their interactions with their clients, both positively and negatively. Communication between the deaf and their interpreters includes more than just "signing." Non-verbal language, facial expressions and gestures take on great meaning for the deaf.

I learned that client advocacy is in direct conflict with the Code of Ethics for interpreters. I firmly believe that is an issue that needs to be confronted. Interpreter stress, burnout and job dissatisfaction are bound to be high when they hear the complaints of their clients; especially if a close bond has developed between them. If, due to the Code of Ethics, they are unable to help their clients when clients are unable to help themselves, everyone's frustrations, disappointment and anger increases. Tension rises because expectations are not met, client's needs may be unfulfilled and the interpreters may feel helpless. This is particularly true when interacting with the health care system. Fear of pain, death and the unknown during hospitalization, creates stress for everyone as a normal reaction to being hospitalized. The deaf, when hospitalized, are in an even more difficult position than the blind. Most of what transpires in the hospital depends upon communication. The ability to communicate also lessens the sense of isolation of hospitalized patients. If the deaf are unable to communicate with hospital personnel, they must be very frightened, have a difficult time understanding what is happening to them, and have little reason to cooperate. If interpreters were permitted to be advocates, everyone would benefit.

For The Future

The evaluations showed the workshop on stress to be the favorite. My hunch is that because stress is a familiar and popular topic, the students related to it easily; thus, it was evaluated as the most helpful. While the workshop on communication was the least popular, I believe it to be the most important. For the future, I will not eliminate a communications workshop. Instead, I will modify its content and method of presentation. The

evaluations elicited that information on interacting with the health care system is not only desired but needed by interpreters. In the future, I would present this topic in two workshops instead of one, in order to cover this subject in more depth.

Eve, Evelyn and I plan to repeat the workshops in the future. These presentations are just a beginning and only a small part of what we hope to accomplish. Plans to facilitate the ability to utilize a wide variety of activities, services and agencies for both the deaf and the interpreters in Milwaukee, have just begun. It is my hope that whatever I accomplish for the Interpreter Training Program will be continued by other graduate students in nursing after I complete my master's degree in the spring of 1982. Thus far, Eve, Evelyn and I have decided that the largest success we've had has been embarking upon a much-neded interdepartmental joint venture. The Nursing Center and Department of Exceptional Education-Interpreter Training Program, look forward to a long and fruitful relationship.

REFERENCES

Allen, R. Medical Resources Module in *LIFEGAIN: A Cultural change program for health.* Morristown, New Jersey: HRI Press, 1978.

_____. Stress Reduction Module in *LIFEGAIN: A cultural change program for health.* Morristown, New Jersey: HRI Press, 1978.

Forbes, R. *Life stress: How to manage stress in your life and make it work for you.* Garden City, New York: Doubleday & Co., 1979.

Huttmann, B. *The patient's advocate: The complete handbook of patient's rights:* New York: Penguin Books, 1981.

Steiner, C. Transactional analysis made simple, *In* John Travis (Ed.), *Wellness resource manual.* Mill Valley, California: Wellness Resource Center, 1977.