An X-ray of the Telephone Interpreting Service during the First Nights of the Refugees' Evacuation from Afghanistan to Spain

Raquel Lázaro Gutiérrez

Group FITISPos-UAH, Universidad de Alcalá – SPAIN

Gabriel Cabrera Méndez

Dualia Teletraducciones SL, Group FITISPos-UAH, Universidad de Alcalá – SPAIN

ABSTRACT

It has been sufficiently demonstrated that public service interpreters, among others, face traumatic situations during the course of their work. These situations can trigger conditions such as vicarious traumatization, empathy fatigue or burnout syndrome. However, rarely has it been possible to observe the palpable dimension of these during interpreting. This article details observation work carried out using Critical Incident methodology. The authors analyzed real time conversations between those evacuated to Spain from the Taliban takeover in Afghanistan in August 2021, as well as staff in charge of their reception and psychological, health and social care, mediated by Dari interpreters from the company Dualia Teletraducciones. The analysis highlights moments in which the traumatic situations encountered during interpreting affected the interpreters' performance. The results of the research suggest that the traumatic situations to which interpreters are exposed in public services affect the quality of their performance, leading to extreme behaviors and deviations from professionalism.

KEYWORDS

Interpreting quality, stress, refugees, telephone interpreting, trauma

1. Introduction

Nowadays it is known that a large proportion of the refugee population may develop some form of trauma in their host countries. Fazel et al. (2005) state that refugees resettled in western countries could be about ten times more likely to have post-traumatic stress disorder than age-matched

general populations in those countries. Several studies have been conducted on the difficulties interpreters face when interpreting for refugees (Jiménez-Ivars and León-Pinilla 2018). Protocols have been developed for interpreters who work with refugee trauma patients. These protocols have resulted in the provision of trauma-focused cognitive behavioral therapy (TF-CBT) due to post-traumatic stress disorder (d'Ardenne et al. 2007). Proposals such as Bancroft's (2017) have been launched to create a professional specialization in trauma-informed interpreting, which integrates research on trauma into the professional practice of interpreters.

Our proposal delves deeper into trauma-informed interpreting with a focus on quality. We describe the provision of telephone interpreting services during the evacuation of the first Afghan refugees to Madrid after the Taliban takeover of Kabul in August 2021. As part of the quality control and assurance process of the Spanish telephone interpreting company Dualia Teletraducciones SL, an agreement was reached with the University of Alcalá (Madrid) to develop a Q&A system based on the critical incident technique developed by Flanagan (1954). Due to this agreement, real time researcher observation of professional telephone interpreted conversations was allowed in order to gain further knowledge about interpreting challenges and practice.

In this paper, a special focus is put on the results brought about by the critical incident-based Q&A procedure concerning trauma-related experiences and settings. Some interpreted conversations are analyzed as one way of discovering how trauma symptoms in refugees and possible confrontations with the culture of the host country can impact the performance of a group of Dari language telephone interpreters. Thanks to the critical incident technique, it has been possible to isolate key challenging aspects in the interaction between refugees and the Spanish Red Cross medical and social support staff. Results not only provide an X-ray of the effect of the distress experienced by interpreters when faced with trauma-related testimonies and manifestations during the first hours of the evacuation from Afghanistan. These results also contribute to the development of guidelines for best practice and training for current and future telephone interpreters.

2. Psychological impact on interpreters and their performance

The World Health Organization (WHO 2022) defines seven different types of occupational hazards for workers: biological, chemical, physical, ergonomic, psychosocial, fire and explosion, and

electrical. These hazards harm workers at two levels: physical and psychological. Consequently, a biological hazard, such as the exposure to a SARS (Severe Acute Respiratory Syndrome) virus, can provoke physical harm in the shape of a severe respiratory disease, whereas enduring fast changing shift work can lead to stress and burnout, both considered psychological harm.

Psycho-social risks appear most frequently in the literature related to interpreters' occupational risks, particularly in public service settings (Lázaro Gutiérrez 2022). Valero-Garcés has tackled this matter in several publications (2006, 2014) and it has been a recurrent topic for students following her steps at the University of Alcalá, who have published dissertations around this topic (Wasko 2009; Svakova 2010; Pérez Rodríguez 2011; Navarro Moreno 2012; Cordero Cid 2016). All these authors emphasize the negative emotional impact of psychologically challenging interactions on interpreters and the absolute need to tackle this issue, despite the scarce attention that this issue receives, and the minimal resources allotted to it. They also agree on the fact that public service interpreters are more prone to experiencing emotional impact because of the characteristics of the interactions, which involve asymmetrical power, different cultures, voluntary or involuntary alignment with one of the parties or traumatic content. Valero-Garcés (2006: 161) mentions several factors that contribute to the interpreter's stress and emotional impact: emotionally loaded situations, emergencies (or situations when it is necessary to react quickly), different discourse paces, side conversations, multiple speakers, erratic discourse, and primary speakers who want to involve the interpreters in the interaction and even try to engage them in personal conversations.

Interpreters must render utterances using the first person. They must express not only words, but also feelings, emotions, tone, and intent. Interpreters, thus, channel traumatic content and can experience it as their own, having the feeling of undergoing the same situation as primary speakers. For medical interpreters and interpreters working in conflict zones and with victims of abuse, especially, exposure to trauma is recurrent, and the risk of suffering psychological impact is high. As a practical example, Lor (2012) found that most of the interpreters in her study experienced changes in the physical, psychological, and behavioral spheres, and in self-perceptions and perceptions of their surroundings because of psychosocial impact. They also experienced physical and psychological changes, such as nightmares, sleeping, breathing, and concentrating difficulties; avoidance or sensitivity to certain types of violence; and intrusive thoughts or mental images related to their clients. The most prominent behavioral changes had to do with setting boundaries and

separating work from personal life. Most of the interpreters in Lor's (ibid.) study also questioned their purpose and meaning as an interpreter, reflecting a sense of their own helplessness.

The most frequent reported psychosocial occupational conditions for interpreters have been stress, compassion fatigue, vicarious trauma, and burnout syndrome (Harvey 2003; Lor 2012; Zenizo 2013; Cordero Cid 2016). Stress is defined as the result of environmental demands exceeding the individual's coping mechanisms (Cordero Cid 2016). When the demand overcomes coping skills, the individual will react adaptively, provoking a set of negative emotions, such as anxiety, anger, and depression. Burns (2010: 24) states that "[s]tress can affect our concentration, memory, and ability to handle the mentally strenuous complexity of language conversion", seriously impairing the interpreter's ability and performance.

Compassion fatigue is usually experienced by healthcare professionals who work with people in difficult situations, and most of these professionals witness intense feelings of loss, pain, grief, trauma, or suffering (Stebnicki 2008; Cordero Cid 2016). It is related to the desire to help and not being able to do so due to practical and ethical constraints. Figley (2002) distinguishes between compassion stress and compassion fatigue. Compassion stress is a non-clinical, non-pathological way to characterize the stress of helping or wanting to help a trauma survivor. It is considered natural and transitory, and its symptoms are helplessness, confusion, and increased isolation. On the other hand, compassion fatigue is the result of cumulative compassion stress, and its symptoms are physiological and emotional exhaustion and dysfunction. In the case of interpreters, this translates into mood swings, detachment, addiction, anxiety, depression, unproductivity, insomnia, exhaustion, fatigue, changes in appetite, digestive issues or headaches (Cordero Cid 2016).

Pearlman and Saakvitne (1995) define vicarious traumatization as a transformation of the helper's inner experience, resulting from cumulative empathic engagement with a client's trauma over time. The symptoms of vicarious trauma include feeling helplessness, anger, and despair. Symptoms also include feeling inadequate or numb, having little energy for oneself or others, going beyond professional boundaries, strongly identifying with the client, and experimenting sleep disturbance. (Costa et al. 2020). Holmgren et al. (2003) found through a study of Kosovo-Albanian mental health interpreters that interpreters experienced crying spells, mood swings, nightmares, and detachment from family members due to their work in this context.

The development of vicarious trauma in caring professions is frequent and is often understood as intrinsic, expected, inevitable and even natural (Pack 2013). In the case of interpreters, there seems to be a lack of awareness among the workforce about vicarious trauma. While some interpreters may experience symptoms of vicarious trauma, they do not recognize them as such. When they do, they feel isolated, as they think there are no other interpreters suffering from this because the topic does not usually arise in conversations (Lázaro Gutiérrez 2022).

Many interpreters are involved in rendering traumatic situations very frequently in community interpreting (Birck 2002; Tribe and Morrisey 2004; Palm et al. 2005; Canfield 2008; Splevins et al. 2010). Lor (2012) found that many of the participants in her study had struggled or were struggling with vicarious trauma throughout their interpreting experiences. Most interpreters share the same immigration background with their clients which can mean a higher risk of over-identification (Splevins et al. 2010) and revisitation of their own personal and unresolved grief (Miller et al. 2005). This could be the case of ad hoc interpreters—interpreters with no previous training in translation and interpreting who arrived in a country as refugees or as children of refugees and who are now translating in public services. These interpreters would have gone through the same stages and suffered the same socio-economic, linguistic and adaptation problems as the people for whom they now interpret.

Finally, Maslach and Jackman (1981) describe burnout syndrome as an inadequate response to chronic emotional stress. Its main symptoms are physical or psychological exhaustion, cold and depersonalized relationship toward others, and a feeling of inadequacy about the tasks performed. Although work overload might be the most important and prevalent factor leading to burnout, Cordero Cid (2016) offers a classification of other factors divided into personal and work-related variables. Personal variables include age, expertise, gender, family situation, personality and training. Work-related variables can be further divided into intrinsic—including autonomy to make decisions, variety of occupations, workload, work relevance and personal development—and extrinsic—including physical, social, and organizational variables.

3. Trauma-informed interpreting

As we have seen in the previous section, interpreters give voice to and put themselves in the shoes of a great variety of speakers or participants in an interaction (Ndongo-Keller 2015). These may include victims of any kind of harm and trauma, and aggressors or perpetrators. In public service settings, interpreters work with people who may be facing a distressing and strenuous situation, such as displaced people and migrants, who constitute one of the vulnerable groups identified by the United Nations (UN DESA 2018). The content of the messages that interpreters render might be highly emotional, which may lead to an accumulation of occupational stress (Bontempo and Malcolm 2012). This has been proven to have a psychological impact on interpreters that may affect their performance (Parrilla Gómez and Gutiérrez Solís 2020). However, not only negative outcomes have been reported related to interpreting in emotionally challenging settings. Some authors have also found personal growth experienced long term (Splevins et al. 2010; Roberts 2015).

Several authors have suggested models for interpreting with people suffering from emotional or psychological distress, being some of the most recent ones Miller et al. (2019) or Bancroft et al. (2022). However, most of these apply to interpreting in psychotherapy. Westermeyer (1991) identifies three models of the therapist-interpreter-patient relationship: "triangle", in which therapist and interpreter play an equal role (also called "relational" by Miller et al. 2005), "black-box", where the presence of the interpreter is minimized (see also Miller et al. 2005), and "bi-lingual worker", in which the interpreter is used as a cultural consultant. Drennan and Swartz (1999) describe the models "language specialist", "culture specialist", "institutional therapist", and "patient advocate". In Europe, interpreters are described as cultural brokers who are part of the clinical team (Tribe and Morrissey 2004; Patel 2003; Lázaro Gutiérrez 2021, although in any case they should be considered as co-therapists (Bot and Wadensjö 2004).

Bancroft (2017: 217) suggests trauma-informed interpreting as a specialization which involves "interpreting for survivors of any violent crime or traumatic event, such as child abuse, gender-based violence, trafficking, torture, war trauma and mass disasters", not only during psychotherapy, but in any kind of public service setting, such as legal, medical, social services, educational and mental health services. As it is more intense and complex than public service interpreting, trauma-informed interpreting training should include techniques to foster communicative autonomy (a means by which interpreters give voice to trauma survivors), adapt professional ethics to the

context, and develop self-care to avoid vicarious trauma and (perhaps) achieve compassion satisfaction and personal growth.

4. Telephone interpreting provision in Spain during the Afghan evacuation

Our contribution delves deeper into trauma-informed interpreting by describing the provision of telephone interpreting services during the evacuation of the first Afghan refugees to Madrid after the Taliban takeover of Kabul in August 2021. The media had been showing for days how the Taliban were advancing in their positions, conquering cities, and approaching the Afghan capital. However, it was unexpected for the official telephone interpreting service – which had been contracted by public tender for several years to the company Dualia Teletraducciones– that Afghans were to be evacuated to the airport of Torrejón de Ardoz (Madrid), as Spain would be their first point of arrival before moving on to other European countries. In addition, the United States government lent its military bases in Spain –located in Rota and Morón de la Frontera –to serve as a refuge for the evacuated Afghans who would later be transferred to the United States. As a result, Spain became overnight the largest host of refugees from Afghanistan. Everything was organized in secret for security reasons and, consequently, the Spanish Red Cross telephone interpreting service (in charge of the initial reception of the new arrivals) had to struggle to cope with such unexpected heavy workload relying on their regular means and resources.

The main language required for this population was Dari, which was not provided at the time by Dualia Teletraducciones. Prior to this, the company offered telephone interpreting in Farsi –a language spoken in Iran that is very similar to Dari. Therefore, Dualia's Farsi interpreters initially provided interpreting service to Dari speakers. Nevertheless, since the average demand for Farsi had been three calls per month over the previous five years, only two freelance interpreters were available during daytime hours and just one interpreter was available during evenings and weekends. Unfortunately, local interpreters in Kabul who had collaborated with the Spanish government could not be drawn upon as they were not included in the evacuation plan. While the largest contingent of evacuees were Spanish government aids, local interpreters were abandoned on Afghan soil.

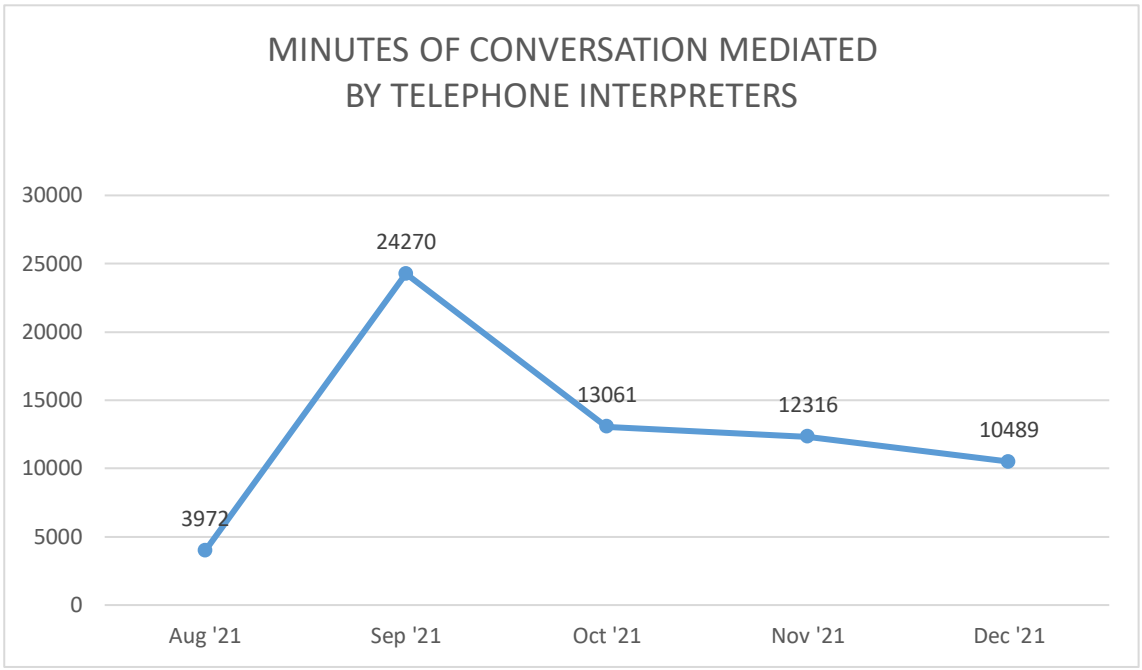
The above context summarizes the difficulty for the company in setting up the appropriate support to take on the telephone interpretation of all the evacuees who arrived night after night by plane. The first plane landed in Madrid on 18 August 2021 with 53 evacuees. Red Cross Spain, on behalf

of the Spanish central administration, reported then to the company in charge of the telephone interpreting service that a camp had been set up on the runway at Torrejón de Ardoz airport. From this moment, all welcome conversations, hospital visits and any urgent psychological support involving the evacuees had to be interpreted. The first call came in at 3:15 am, without previous notice to the telephone interpreting company. The Farsi interpreter on night duty was overwhelmed with calls, as the evacuees were divided into groups and each group was supported by a Red Cross social worker with access to the telephone interpreting service via mobile phone.

The company's management team immediately set about trying to find interpreters who could provide the service right away. Given the lack of interpreters in the database, consular offices and embassies were contacted without success, as many offices and embassies had been dismantled due to the uprisings in Afghanistan. The rest were either unresponsive or too busy dealing with these events. A massive social media call for Dari and Pashto interpreters for the newly arrived evacuees was launched with a resounding success. The advert had an impact of 786,000 impressions on Twitter, which resulted in over 300 responses from people wanting to assist. This number at first seemed promising. The initial interviews (via messaging service or phone calls) carried out to recruit staff showed however that the vast majority of candidates were in an irregular situation in Spain –asylum seekers without work rights or lacking resident permits. Therefore, they could only participate as volunteers and could not be legally employed, as their status was incompatible with the company´s legal obligations. Eventually, two teams of eight and nine interpreters, respectively, were created, so that the group of telephone interpreters in Dari grew from three to seventeen within 48 hours.

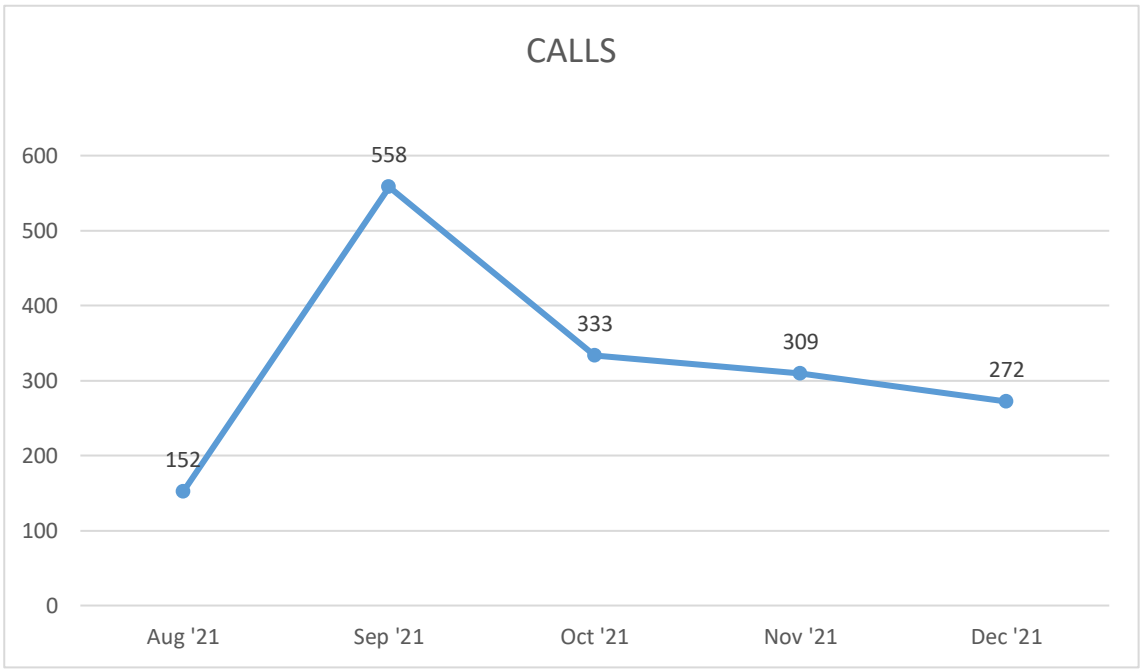
Despite such quick measures, the initial team of three interpreters had to be on alert to answer all the calls that came in during the first 48 hours. The spike in calls was considerable, with 135 calls received in the first week, 92 of which were analyzed using the critical incident observation methodology (calls shorter than five minutes were not included). The calls came mainly from the Spanish Red Cross. Figure 1 shows the trend in call volumes during the months thereafter. The decrease observed between September and October may relate to the fact that some of the evacuees decided not to apply for asylum in Spain and continued on their way to other countries that have explicitly committed to hosting refugees such as Canada, the United Kingdom, Australia, Mexico and Costa Rica (Human Rights Watch, 2021). This was a common topic of conversation in some of the calls analyzed.

Figure 1. Number of minutes of conversation mediated by telephone interpreters in Dari. (Source: Dualia Teletraducciones)



The number of calls regardless of duration shows a similar trend as shown in Figure 2.

Figure 2. Number of calls in Dari for telephone interpreting. (Source: Dualia Teletraducciones)



5. Methodology

Our methodology is based on the Critical Incident Technique, which focuses on the qualitative observation of human behavior during the provision of a professional service and has its origins in the studies of Sir Francis Galton in the late 19th century. This technique was first described by John C. Flanagan in 1954, and became popular at the beginning of this century, particularly in the areas of healthcare and stress management. Some authors using this methodology include Bormann et al. (2006) in the United States, Schluter at al. (2007) in Australia, Hensing et al. (2007) in Scandinavia, Bradbury-Jones et al. (2007) in the UK, Silva et al. (2007) in Brazil, Yáñez et al. (2011) in Chile. More recent examples are Stadin et al. (2020) in Sweden, Peltola et al. (2022) in Finland, and Martens et al. (2022) in Belgium.

The Critical Incident Technique requires the definition of criteria, which must be presented and accepted by all the researchers that participate in the observation. This technique is dynamic in that the number of observers and incidents need not to be predetermined. Incidents occur and are added to the observation exercise as considered relevant. Likewise, more observers may join the team as workload increases. The results of the observation lead to ways of identifying and solving recurrent practical problems encountered when carrying out a specific activity.

5.1. Brief description of the Critical Incident Technique methodology

As mentioned above, this methodology was created to study how professionals act as they perform their work-related tasks. Since its inception, it has been used to study numerous occupational deviations in practice by professionals. The first implementation of this methodology started with the observation of pilots in the Aviation Psychology Program of the United States Armed Forces during World War II. Its goal was to identify the reasons why pilots were not able to learn to fly at the end of 1941 (Flanagan 1954). More recently, this methodology has been applied in professional fields such as psychology, nursing, computer science, teaching, social work, intensive care medicine, palliative care medicine, and even sign language interpreting (Harrelson 2019) and healthcare interpreting (CCHI 2020).

As defined by Flanagan (1954), a critical incident is the basic unit of study in this methodology. It refers to a moment of human professional activity that is sufficiently complete to make predictions and inferences about the person performing the act. To be considered as critical, the incident must take place during a situation in which the purpose or intention of the act is reasonably familiar to the observer and in which its consequences can be so sufficiently defined as to leave no doubt about the possible effects. As a qualitative research tool, this technique consists of observing behavior in real time, the collection of data, and the presentation of results to formulate a hypothesis.

Flexibility has been considered the greatest strength of this research methodology, as it does not consist of a single set of rigid rules but rather it favors a flexible range of principles that can be modified or adapted to the situation under study at any given moment (Keatinge 2002). Notably, observers are understood as persons qualified to interpret the behavior being observed. Observers must limit themselves to making simple judgments, and observations must be evaluated based on considerations agreed upon for the purposes of the professional activity under study.

A further strength of this method relates to the data collection. In the case of sample collection by means of a survey or interview, the professionals investigated may consciously lie or misremember what happened. In the study concerned in this paper, the research was carried out while the interpreters were interpreting. The observers were another party on the phone line, meaning that the interpreters were observed in real-time, with no or less possibility of facts being distorted. This technique, however, has some weaknesses that the authors of this paper considered when acting as observers. The weaknesses noted are as follows:

- A systematized methodology for data collection needs to be specified, as several observers may have different criteria. In this study, a unified template and a coordinated system of data recording were agreed in advance.
- Observers only look at events that deviate from normal behavior. Consequently, behavior that conforms to the standard work of a professional is left out of the study.

5.2. Critical incident research procedure

Following Serrat (2010), the observation can be divided into two general phases: preparation and observation. The preparation phase requires defining the object of study and the subjects that will intervene in it. All observations should begin by classifying the critical incident (object of study)

within a chosen category as objectively as possible. Observers must take into account that categories are subject to change throughout the observation period, as emerging elements of an incident can alter definitions. The observer must also be defined, and this individual must possess sufficient qualification, expertise, and reliability. The second step concerns making deductions or inferences with the primary aim of understanding behavior and the subsequent aim of improving the performance observed in the incident. The incident should be studied in light of the relevant principles of human behavior, previously known facts, or behaviors that relate to the factors and conditions of a specific situation, for example, what the client commissioning the observation has established as "normal" in the professional field in which the observers are to perform their work.

Once the critical incident is defined in the preparation phase, the observer undertakes the subsequent observation phase, which can be divided into five simple tasks:

i) General aim: All observation needs procedural guidelines and established inclusion criteria. These guidelines should be so simple and clear that the observer has no doubts as to what is expected of the professional whose behavior is being studied.

ii) Plans and specifications: When choosing a behavior to study, it is recommended to choose extraordinary situations, as these are easier to define and explore than a behavior closer to the daily routine of professional development. These specifications must be followed before collecting data:
a. Observed situation. The situation must be clearly set out. Information about the place, people, conditions, and activities must be included.
b. Relevance to the general aim. Once the behavior to be studied has been chosen, it must be decided whether the said behavior is relevant to the general aim defined above.
c. Extent of effect on the general aim. The impact of the critical incident on the overall objective should be identified. Relevant and non-relevant interactions must also be identified.

The number of critical incidents under study will depend on the purpose of the investigation and the available elements. The author of the methodology (Flanagan 1954) does not establish a perfect number of observations, observers, or incidents, but he does recommend that the incidents be clear and simple in order to avoid errors of interpretation. Thus, more complex critical incidents must be broken down into observation areas and categories. As our object of study is related to human behavior, Flanagan recommends focusing on identifying incidents that are representative rather than

achieving full coverage of a professional activity. It is also encouraged to establish a system for collecting critical incidents from the same activity over time, especially if the object of study is the adequacy of a group behavior, adherence to a work protocol, loyalty to a code of conduct, etc.

iii) Collecting the data: The team or individual in charge of the observation will be required to evaluate, classify, and record behaviors and observation results as they progress and while the data is fresh in the observer's mind. Data can be collected using the most suitable model for the research being undertaken, e.g., individual interviews, group interviews, audio or multimedia recordings of the critical incident, or observation in real time. Twelker (2003) considers that is not advisable to use questionnaires, as the predefined options may influence the respondents' choices.

iv) Analyzing the data: At this stage, the observers' aim is to summarize and describe the data efficiently so it can be useful for several purposes. This methodology seeks to maximize the usefulness of the data without sacrificing its comprehensiveness, specificity, and validity. Thus, the following three parameters are established:

a. Frame of reference: It refers to the context of the observations, which should be well defined by the study commissioner. This parameter must be consistent with the above and should consider the intended use for the data obtained.

b. Category formulation: Critical incidents under study can be broken down and classified into categories that meet the requirements set forth in the final aim of the research.

c. General behaviors: The final parameter is to determine the most appropriate levels of specificity vs. generality of the data under study.

v) Interpreting and reporting: Human activity can often be unpredictable and unexpected, and therefore may not respond to expected behaviors. Flanagan (1954) highlights that, in practice, it is not possible to come to an ideal solution for every practical problem in human activity. Therefore, interpretation of the data is necessary if we want to use it properly. In fact, the author emphasizes that, in many cases, errors are not made in data collection or analysis but instead in the correct interpretation of the data. This interpretation should be left in the hands of expert observers who have internalized the methodological process and are fully aware of the research being conducted.

Twelker (2003) lays out the following suggestions for data presentation:

- The results obtained should be presented in the form of statements that convey full meaning without the need to add definitions or explanations;
- These statements should be parallel in structure. They should be stated in neutral language, not defining either effective or ineffective performance;
- These statements should represent the same level of magnitude; and
- If a considerably high number of critical incidents is studied, these statements should represent all the critical incidents with significant frequencies, determining said frequency by looking at how much the incident stands out from the average.

In the following section we will apply the Critical Incident Technique to our research on interactions in which trauma has been present as an element in conversations mediated by telephone interpreters.

6. Observation of telephone interpreters' performance

The observers selected for this research were the authors of this paper. Gabriel Cabrera Méndez holds a degree in Translation and Interpreting from the University of Granada and is responsible for the Interpreting Quality Department at Dualia Teletraducciones as a professional external auditor since 2011. He has been working in telephone interpreting as his main professional activity. Dr Raquel Lázaro Gutiérrez holds a PhD in Modern Languages and has more than 20 years of expertise as a researcher in the field of intercultural communication and interpretation, specializing in public service and telephone interpreting.

The observers received instructions from the company Dualia Teletraducciones to assess the quality of telephone interpretation provided to the first evacuees from Afghanistan. The critical incidents were specifically those disruptive moments that deviate from the correct performance of the telephone interpreter due to potential social or cultural conflicts in the interaction between the evacuee and the public service provider. The aim was to identify situations that elicit a traumatized response from the interpreter. While the meaning of "traumatized" was not clearly stated, examples were given to illustrate instances where emotions, cultural gaps or social misunderstandings might affect the quality of interpretation.

The observations were made by listening to the conversations in real time from the moment the interpreter picked up the call to the end of the conversation without intervention by the observers. The interlocutors were not aware of the research study being conducted during data collection, as operators and interpreters are aware that the contract specifications stipulate that Dualia Teletraducciones can listen to interpretations for academic or quality purposes. Ninety-two calls were received during the first week in which Spain was bringing evacuees to the military base in Torrejón de Ardoz. The parties involved in the observations were: Red Cross staff, Spanish public service providers such as doctors, social workers, lawyers or psychologists, Dari telephone interpreters, and evacuees from Afghanistan. The interactions took place in the camp set up on the runways of the Torrejón de Ardoz military base, the Gregorio Marañón hospital in Madrid, and the Red Cross facilities.

7. Analysis

We offer in this section the main results from the observation of 40 telephone-mediated conversations, which took place from October to December 2021. We have selected for this paper some examples that illustrate our findings and show the effect of trauma and stress on the performance of interpreters. These situations were selected because they compromised the quality of the interpretation in one way or another, which was initially the main concern for Dualia Teletraducciones in its quality control process.

The frame or context of the observation was characterized by emotional spells and uncivil behavior (Hutton 2006) from the end-users of the interpreting service (evacuees). The impact of the situations observed not only affected professional behavior and performance during calls, but also had effects after their completion. Many interpreters took longer than expected to formulate interpretations. Some interpreters missed several calls before they were ready to continue as they felt overwhelmed by the situation faced on the previous call. Some interpreters even asked to be disconnected from the computer system for hours in order to calm their emotions, and so on.

In this same vein, some minor breaches of performance protocols were found, particularly at the beginning and the end of encounters. Dualia Teletraducciones provides its interpreters with a series of mandatory work protocols. Some of them apply to all assignments, whereas others are agreed

upon among the clients and the company (a detailed analysis of these protocols can be found in Lázaro Gutiérrez et al. 2021). These breaches were not considered critical incidents, but minor non-conformities. However, they were also highlighted as quality failures. For example, after a few days, some interpreters stopped using the initial protocol greeting upon answering the phone or stopped saying goodbye before hanging up. As part of the standardized Q&A procedure, the interpreters were warned of these breaches to avoid future problems. When asked about this, most interpreters replied that they felt exhausted and unwilling to work when they received a high volume of work on the same day without a break, and that they wanted to finish as soon as possible.

The following list illustrates critical incidents which were considered for analysis. They are presented in the chronological order in which they appeared and were discovered:

- CI1: A six-month-old baby has been vomiting for five days and is taken directly from the plane to hospital in a semi-conscious state. The father cries in the consultation room while the baby receives treatment through an IV. The interpreter pauses a very long time before interpreting the father's plea: "he is asking his dead wife to wait a little longer in heaven and not to take the baby with her".
- CI2: A father initially refuses to have a COVID-19 test done on his son at the runway and finally agrees. The interpreter confesses to the nurse that he has agreed because he has told him (on his own initiative) that it is compulsory, and the nurse thanks him.
- CI3: In an interaction between a social worker and three families, the families refuse any kind of help. The interpreter recommends (on his own initiative) to reiterate the help offer because, according to the interpreter's own words: "Afghans are proud people and do not recognize a weakness at the first attempt."
- CI4: A 3-year-old boy in an emergency room shows signs of needle lesions on his arms. The interpreter's rendition was: "Those marks are from needles because we were in the hospital when those sons of bitches attacked and we had to flee by pulling out the wires", where the expression 'sons of bitches' is not in the original Dari sentence.
- CI5: Dehydrated patients complain of receiving only juice, water, or saline at the hospital, but no medicine. The interpreter explains to the Spanish professionals that it is customary to receive a lot of medicine in Afghanistan and takes a long time to explain to the Afghans how healthcare works in Spain, sometimes repeating the same phrase up to ten times.

- CI6: Several parents complain because their children do not receive medicines and long dialogues take place between Afghans and the interpreter without informing the Spanish professional what is going on. The interpreter is explaining that less medicine is prescribed in Spain than in Afghanistan.
- CI7: The interpreters find it difficult to explain that many evacuees add the phrase "I thank God for bringing you into my life" when they say goodbye to the professionals on the phone. They are very hesitant and their voices crack when they explain this farewell.
- CI8: A pregnant woman does not want to answer when asked when she had her last menstruation. The interpreter asks the doctor for permission to talk to her and a long monologue ensues as the interpreter explains that she should not be ashamed, that in Spain it is natural to ask this question to any woman.
- CI9: At a doctor's consultation room, the interpreter gets angry with the doctor when he asks several times if the patient has vaginal bleeding or a burning sensation when urinating. At the end of the question, the woman bursts into tears and the interpreter stops the interpretation to say: "How dare you ask a woman that, can't you see that you don't ask that?"
- CI10: A woman bursts into tears when asked if she has ever had a curettage and says that she is a normal woman and not one of those who have abortions. The woman interrupts the interpreter several times while he is doing his job and he shouts something in Dari. In the end, he apologizes to the doctor because the woman told him not to talk about her in the consultation room.
- CI11: In a gynecology consultation, the evacuee refuses to uncover herself in front of the male doctor and asks to take off her clothes in front of a female nurse and for the nurse to tell the doctor what she sees. The interpreter needs a very long turn to explain the procedure in Spain, without success.
- CI12: Despite both the doctor and the interpreter being women, an Afghan gynecology patient refuses to take off her clothes. She hands the phone to the doctor and leaves the room. The interpreter apologizes to the doctor on behalf of all Afghans and thanks her for her work.
- CI13: A woman having a nervous breakdown on the runway of the military base screams and cries inconsolably. The interpreter tries to calm her down and ends up screaming too. The woman does not remember if she saw her husband board the plane in Kabul.

The observers detected as a main pattern that the difficulties for the interpreting practice are grounded on two main aspects:

- Cultural gaps between the Afghan and Spanish contexts.
- Uncivil behavior (Hutton 2006), probably triggered by the emotional distress of the callers who had been or were experiencing trauma.

Most interpreters shared some cultural background with the evacuees. Usually, this is particularly useful, as it turns interpreters into cultural experts, able to understand discourse and even behavior marked by culture, which would be opaque to those without such cultural knowledge. In Spanish public service settings, interpreters are allowed to provide cultural explanations when required (Lázaro Gutiérrez et al. 2021). Our data reveals a certain difficulty and strain when interpreters render parts of the discourse with a very prominent cultural meaning or when they explain cultural aspects impacting on the discourse or the behavior of the evacuees. In CI1 we observe an unusual long pause before an explanation of this kind. The structure of the discourse is not particularly challenging or difficult to translate, and our interpretation for that pause reflects the time that the interpreter needed to recover emotionally before being able to proceed with the interpretation.

CI2 and CI3 illustrate examples of cultural behaviors which imply not only a way of acting, but also a particular communicative pattern. It appears to be common for evacuees to reject help or any kind of diagnostic test at a first instance. Interpreters found ways to mediate in these situations, either providing explanations to the evacuees, as in CI2, or to the service providers, as in CI3. Sometimes, though, they failed to announce that they were adding those explanations (CI2) or, instead of giving neutral and discreet explanations, gave instructions (CI3), which influenced the behavior of the main speakers and the course of the conversations.

CI5 and CI6 can be considered as a progression. The fact that more drugs are administered in the Afghan healthcare system than in Spain triggered the need for the interpreter to provide extensive cultural explanations and for some negotiation between the service provider and the patient. Sometimes the interpreter takes the lead in this explanation and negotiation procedure and may inform the service provider (CI5) or not (CI6).

Examples CI8 to CI12 illustrate different episodes with a common cultural aspect: women's healthcare. In CI8, the interpreter announces the need to provide cultural explanations to the evacuee and engages in a long process of negotiating meaning. In CI9, the episode further leads to uncivil behavior from the interpreter. In CI10, the interpreter is attacked (interrupted and given

orders) by the evacuee, who is in clear distress. CI11 and CI12 are examples of failure in the cultural negotiation. Although this failure, at a first instance, cannot be attributed to the interpreters because of their neutral roles in the conversation, as the only bicultural experts in these interactions, interpreters have a very high impact on the outcomes of these encounters. This is particularly the case in healthcare consultations, where interactions are collaborative and all the participants should align toward the wellbeing of the patient, interpreters usually contribute to mutual understanding (Álvaro Aranda et al. 2021). In CI11 the service provider refuses to accommodate to the patient's cultural needs, and in CI12 the patient abandons the consultation.

Uncivil behavior is also present in examples CI4 and CI13. Andersson et al. (1999) described incivility as deviant behaviors at the workplace, usually intended to harm a target. Incivility may be a symptom of occupational stress (Miner et al. 2012) and, in these examples, we can observe how interpreters even deviate from their code of ethics to include opinions of their own (CI4, when adding an insult which had not been previously uttered by the main speaker) or get involved trying to calm down a client, after which they lose their temper and start screaming.

Although not precisely uncivil, CI7 shows a particular type of behavior which was generalized amongst the interpreters in our study. More specifically, interpreters break down when they have to render to the service providers when evacuees express gratitude to God for having put them (service providers and, maybe, interpreters) on their path. Apart from the behavior described in example CI7, generally, interpreters tend to remain silent for some time (in 82 % of the critical incidents studied) before translating responses that may be shocking to one of the parties. In addition, there is a certain degree of stammering, stuttering and unnecessary repetition.

The observation allowed us to witness how interpreters erupted in outbursts of anger, shouted at both evacuees and professionals, interjected personal opinions or over-summarized information. These behaviors are considered unacceptable according to the work protocols that Dualia Teletraducciones sets for its interpreters. However, most of the interpreters who showed such behaviors already had a vast expertise and possessed long records of excellent professional performance. In our opinion, these extraordinary behaviors are symptoms of trauma caused by the stress suffered during interpreting.

It is also worth noting that the interpreters do not seem to be fully aware of the way the trauma affects their performance. The quality department of Dualia Teletraducciones holds regular video-conference group meetings with company staff and freelancers. The aim of these encounters is to increase the sense of belonging to the company and to identify specific needs, which are later transferred into training or guidelines. During these meetings, a time is allocated to the interpreters' self-perception regarding quality and performance. When asked about the assignments which are object of this contribution, all, without exception, replied that they did not encounter any problems that might impact the quality of their performance. However, this is demonstrably inaccurate in light of the observations. Such disagreement could be either because the interpreters have a different perception of the cultural norms concerning the languages and nationalities of the people for whom they interpret or because they do not tell the truth for fear of reprisals from the company, despite the space being presented as a safe zone to speak freely.

8. **Conclusions and further research**

The observations suggest that the interpreters in this study are vulnerable to the stress communicated by those evacuated from war. This opens the door to the need for specific training to deal with this situation. Upon presenting the study conclusions to Dualia Teletraducciones, the company requested the University of Alcalá, as part of their cooperation agreement, to provide training especially targeted to reducing the burden of stress for interpreters who face situations such as those described in the critical incidents analyzed.

Due to the vast expertise of the interpreters in the study, it could be argued that they are already able and prepared to interpret in tense and trauma-related contexts. As mentioned above, interpreters did not receive any kind of guidelines or protocol for these assignments due to their sudden and emergent nature. In light of the results of our study, we believe that, not only are performance guidance and protocols needed, but also a valid debriefing scheme to support interpreters and other professionals in reducing their emotional impact and stress.

We were able to observe that, as the shifts progressed, and especially during the night shift (from 6:00 pm to 8:00 am), interpreters struggled more to control their emotions, and it was towards the end of the shifts when more high-level disruptive situations were detected. Exposure to traumatic events through the discourse of their clients leads to fatigue, but also to a possible loss of empathy

or other conditions such as vicarious trauma (Costa et al. 2020). Further research is envisaged, and arrangements have been made to extend the observation to other interactions of a similar traumatic nature (refugees in Spain from the war in Ukraine). The results from rounds of observation based on the Critical Incident Technique will be used to design training, not only for Dualia Teletraducciones interpreters, but also for other telephone interpreters and interpreting companies dealing with similar assignments.

The Critical Incident Technique has been useful for our purposes. However, to improve the Q&A procedure, we suggest testing other methods, such as the collection and analysis of interpreters' testimonies to complete the findings of the observation. We believe that the quality of the interpreters' performance will improve if bespoke emotional support and mental healthcare are provided (at least for those who declare having had a traumatic work session). Last but not least and trying to delve deeper into the interpreters' work-related wellbeing, we think that further research should study how long the trauma remains in the interpreters' subconscious and affects the quality of their performance, in the line of studies such as those by Splevins et al. (2010), Roberts (2015) and González Campanella (2022).

References:

Álvaro Aranda, Cristina, Raquel Lázaro Gutiérrez and Li Shuangyu (2021) 'Towards a collaborative structure of interpreter-mediated medical consultations: Complementing functions between healthcare interpreters and providers', *Social Science & Medicine*, 269, 113529.

Andersson, Lynne M. and Christine M. Pearson (1999) 'Tit for Tat? The Spiraling Effect of Incivility in the Workplace', *The Academy of Management Review*. 24 (3): 452–471.

Bancroft, Marjory A. (2017) 'The Voice of Compassion: Exploring Trauma-Informed Interpreting' in Carmen Valero-Garcés and Rebecca Tipton (eds), *Ideology, Ethics and Policy Development in Public Service Interpreting and Translation*. Bristol, Blue Ridge Summit: Multilingual Matters, 195-219.

Bancroft, Marjory A., Linda Piwowarczyk, S. Megan Berthold, Karen Hanscom, Carola Green, Nora Goodfriend-Koven, Liliya Robinson, Nataly Kelly, Cynthia R. Roat, Arelys Chevalier and AnaMaría Bambarén-Call (2022) *Healing Voices: Interpreting for Survivors of Torture, War Trauma and Sexual Violence: A Training Manual.* Toronto: MCIS Language Solutions.

Birck, Angelika (2002) 'Secondary traumatization and burnout in professionals working with torture survivors', *Traumatology* (7: 2): 85-90.

Bontempo, Karen and Karen Malcolm (2012) 'An ounce of prevention is worth a pound of cure: Education interpreters about the risk of vicarious trauma in healthcare settings', in Karen Malcolm and Laurie Swabey (eds) *In our hands: Educating healthcare interpreters*, Washington DC: Gallaudet University Press, 105-130.

Bormann Jill E., Doug Oman, Jeanne K. Kemppainen, Sheryl Becker, Madeline Gershwin and Ann Kelly (2006) 'Mantram repetition for stress management in veterans and employees: a critical incident study. Journal of Advanced Nursing', *Journal of Advanced Nursing*, 53(5), 502-512 53(5), 502-512.

Bot, Hanneke and Cecilia Wadensjo (2004) 'The presence of a third party: a dialogical view on interpreter-assisted treatment', in John P. Wilson and Boris Drozdec (eds) *Broken Spirits: the treatment of traumatized asylum seekers, refugees, war and torture victims*. East Sussex: Brunner Routledge.

Bradbury- Jones Caroline and Tranter Siobhan (2008) 'Inconsistent use of the critical incident technique in nursing research', *Journal of Advanced Nursing*, 64(4), 399–407.

Burns, Julie (2010) 'Stress Busters for Interpreters (And Everyone Else)'. *The ATA Chronicle*, 39(6), 24-27.

Canfield, Julie. (2008) 'Secondary traumatization, burnout, and vicarious traumatization', *Smith College Studies in Social Work*, (75:2): 81-101.

Cordero Cid ,María (2016) *Prevención del síndrome "burnout" en intérpretes en los servicios públicos* [Preventing burnout syndrome in interpreters in the public services]. Alcalá de Henares: Universidad de Alcalá.

Costa, Beverley, Raquel Lázaro Gutiérrez and Tom Rausch (2020) 'Self-care as an ethical responsibility. A pilot study on support provision for interpreters in human crises", *Translation and Interpreting Studies*, (15: 1): 36-56.

d'Ardenne, Patricia, Elly Farmer, Laura Ruaro and Stefan Priebe (2007) 'Not lost in translation: Protocols for interpreting trauma-focused CBT', *Behavioural and Cognitive Psychotherapy*, 35(3), 303-316.

Drennan, Gerard and Leslie Swartz (1999) 'A concept overburdened: institutional roles for psychiatric interpreters in post-apartheid South Africa', *Interpreting, 4*, 169–198.

Fazel, Mina, Jeremy Wheeler and John Danesh (2005) 'Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review', *The Lancet*, 365(9467), 1309-1314.

Figley, Charles R. (2002) 'Compassion fatigue and the psychotherapist's chronic lack of self-care', *Journal of Clinical Psychology* (58:11): 1433-1441.

Flanagan, John C. (1954) 'The critical incident technique', *Psychological bulletin*, 51(4), 327.

González Campanella, Alejandra (2022) ''Trauma informs so much of what happens:' interpreting refugee-background clients in Aotearoa New Zealand', *Perspectives.*

Harrelson, Paul B. (2019) 'Deaf Employees' Perspectives on Effective American Sign Language-English Interpreting in the Workplace: An Investigation Using the Critical Incident Technique', Gallaudet University.

Harvey, Michael A. (2003) 'Shielding yourself from the perils of empathy: the case of sign language interpreters'. *Journal of Deaf Studies and Deaf Education* (8): 207-213.

Hensing Gunnel KE., Annette M. Sverker and Göran S. Leijon (2007) 'Experienced dilemmas of everyday life in chronic neuropathic pain patients results from a critical incident study', *Scandinavian Journal of Caring Science*, 21, 147–154.

Holmgren, Helle, Hanne Sondergaard and Ask Elklit (2003) 'Stress and coping in traumatized interpreters: A pilot study of refugee interpreters working for a humanitarian organization', *Intervention* (1:3): 22-27.

Human Rights Watch (2021, September 19) 'What's Next for Afghans Fleeing the Taliban? Questions and Answers', available online at [https://www.hrw.org/news/2021/09/09/whats-next-afghans-fleeing-taliban] (accessed 06 January 2023).

Jiménez-Ivars, Amparo and Ruth León-Pinilla (2018) 'Interpreting in refugee contexts. A descriptive and qualitative study', *Language & Communication*, 60, 28-43.

Hutton, Scott (2006) 'Workplace Incivility: State of the Science', *Journal of Nursing Administration*, 36 (1): 22–7.

Keatinge, Diana (2002) 'Versatility and flexibility: Attributes of the Critical Incident Technique in nursing research', *Nursing and Health Sciences*, 4, 33–39.

Lázaro Gutiérrez, Raquel (2021) *Fidelidad, confidencialidad y empatía en consultas médicas con víctimas de violencia de género mediadas por un intérprete* [Loyalty, confidentiality and empathy in medical consultations with victims of gender-based violence mediated by an interpreter], in E. Postigo Pinazo (ed) *Interpreting in a Changing World: New Scenarios, Technologies, Training Challenges and Vulnerable Groups.* Berlin: Peter Lang, 49-64.

Lázaro Gutiérrez, Raquel (2022) 'Self-care for interpreters', in R. Porlán Moreno and C. Arnedo Villaescusa (eds) *Interpreting in the classroom: Tools for teaching.* Córdoba: UCOPress, 137-154.

Lázaro Gutiérrez, Raquel, Emilia Iglesias Fernández and Gabriel Cabrera Méndez (2021). *Aspectos éticos de los protocolos de actuación en interpretación telefónica* [Ethical aspects of telephone interpreting protocols], *Verba Hispanica*, 29(1), 137-156.

Lor, Mailee (2012) 'Effects of Client Trauma on Interpreters: An Exploratory Study of Vicarious Trauma*',* Minneapolis: St. Catherine University. *Master of Social Work Clinical Research Papers*.

Martens, Carmen, Ann Petermans and Cécile Delcourt (2022) 'The critical incident technique as a method to understand the impact of healthscapes on patient experience', *The Evolving Scholar*.

Maslach, Christina and Susan E. Jackman (1981) 'The Measurement of Experienced Burnout' *Journal of Organizational Behavior*, (2:2):99–113.

Miller, Kenneth E., Zoe L. Martell, Linda Pazdirek, Melissa Caruth and Diana López (2005) 'The role of interpreters in psychotherapy with refugees: An exploratory study', *American Journal of Orthopsychiatry*, (75): 27–39.

Miller, Alisa B., Emily Hahn, Carmen Rosa Norona, Savina Treves, Nicole Elyse St. Jean, Laura Gassen Templet, Sara McConnell, Rocío Chang, Saida M. Abdi and Rebecca E. Ford-Paz (2019) *A Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to Mental*

Health Interpretation. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Miner, Kathi N., Isis H. Settles, Jennifer S. Pratt-Hyatt and Christopher C. Brady (2012) 'Experiencing Incivility in Organizations: The Buffering Effects of Emotional and Organizational Support', *Journal of Applied Social Psychology*, 42 (2): 340–372.

Ndongo-Keller, Jeongsuk (2015) 'Vicarious Trauma (VT) and Stress Management', in Holly Mikkelson and Renée Jourdenais (eds) *The Routledge Handbook of Interpreting*, 337-351.

Pack, Margaret (2013) 'Vicarious resilience: A multilayered model of stress and trauma', *A Journal of Women and Social Work*, 29(1), 18-29.

Palm, Kathleen M., Melissa A. Polusny and Victoria M. Follette (2005) 'Vicarious traumatization: potential hazards and interventions for disaster and trauma workers', *Prehospital and Disaster Medicine* (19:1): 73-78.

Parrilla Gómez, Laura and María del Mar Gutiérrez Solís (2020) *El estrés en la Interpretación para los Servicios Públicos. Protocolo de actuación y estrategias para la formación de intérpretes* [Stress in Interpreting for the Public Services. Protocol for performance and strategies for the training of interpreters], *Lebende Sprachen* 65:1, 104-135.

Patel, Nimisha (2003) 'Speaking with the silent: addressing issues of disempowerment when working with refugee people', in Rachel Tribe and Hitesh Raval (eds) *Working with Interpreters in Mental Health*, East Sussex: Brunner Routledge, 219-237.

Pearlman, Laurie Anne and Karen W. Saakvitne (1995) 'Treating therapists with vicarious traumatization and secondary traumatic stress disorders', in Charles R. Figley (ed) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, New York: Brunner/Mazel, 150-177.

Peltola, Maija, Pekka Isotalus and Päivi Åstedt-Kurki (2022) 'The Critical Incident Technique (CIT) in Studying Health Care Professional-Patient Communication', *The Qualitative Report*, 27(9), 1868-1889.

Pérez Rodríguez, Benayga (2011) *El impacto emocional y psicológico de los intérpretes en los servicios públicos* [The emotional and psychological impact of interpreters in public services], Alcalá de Henares, Universidad de Alcalá.

Roberts, Gemma (2015) 'Public service interpreters: the emotional and psychological impact of interpreting within public service settings', Cardiff, Cardiff University.

Schluter, Jessica, Philippa Seaton and Wendy Chaboyer (2007) 'Critical incident technique: a user's guide for nurse researchers', *Journal of Advanced Nursing*, 61(1), 107-114.

Serrat. Olivier (2010) 'The critical incident technique', *Knowledge solutions*. Springer, Singapore.

Silva, Tatiana Magalhães, Adélia Yaeko Kyosen Nakatani, Adenícia Custódia Silva e Souza and Maria do Carmo Silva Lima (2007) *A vulnerabilidade do idoso para as quedas: análise dos incidentes críticos* [The vulnerability of the elderly to falls: analysis of critical incidents], *Revista eletrônica de enfermagem*, 9(1).

Splevins Katie A., Keren Cohen, Stephen Joseph, Craig Murray and Jake Bowley (2010) 'Vicarious posttraumatic growth among interpreters', *Qualitative Health Research* (20: 12): 1705-1716.

Stebnicki, Mark A. (2008) 'Empathy fatigue: Healing the mind, body, and spirit of professional counselors', New York, Springer Pub.

Stadin, Magdalena, Maria Nordin, Eleonor I. Fransson and Anders Broström (2020) "Healthcare managers' experiences of technostress and the actions they take to handle it – a critical incident analysis". *BMC Medical Informatics and Decision Making* 20:244.

Svakova, Z. (2010) *Impacto psicológico y emocional en los intérpretes y traductores en los SSPP* [Psychological and emotional impact on interpreters and translators in public services], Alcalá de Henares: Universidad de Alcalá.

Tribe, Rachel and Jean Morrissey (2004) 'Good practice issues in working with interpreters in mental health', *Intervention*, (2:2): 129-142.

Twelker, Paul A. (2003) 'The Critical Incident Technique: A Manual for Its Planning and Implementation', available online at [https://ptwelker.wordpress.com/2019/03/24/the-critical-incident-technique-a-manualfor-its-planning-and-implementation/], (accessed 06 January 2023).

UN DESA (2018) 'Innovation in Delivering Public Services to Vulnerable Groups for Achieving the 2030 Agenda for Sustainable Development'. available online at [http://unpog.org/page/download.asp?tn=Board_TypeA&sn=238&folder=board&field=Imagename1], (accessed 06 January 2023).

Valero-Garcés, Carmen (2006) *El impacto psicológico y emocional en los intérpretes y traductores de los servicios públicos. Un factor a tener en cuenta* [The psychological and emotional impact on public service interpreters and translators. A factor to consider], *Quaderns*, (13): 141-154.

Valero-Garcés, Carmen (2014) 'Communicating Across Cultures: A Coursebook on Interpreting and Translating in Public Services and Institutions', Washington, University Press of America.

Wasko, M. (2009) *El impacto emocional del trabajo de los intérpretes en los servicios públicos sanitarios: retos y necesidades* [The emotional impact of interpreters' work in public health services: challenges and needs], Alcalá de Henares, Universidad de Alcalá.

Westermeyer, Joseph (1991) 'Working with an interpreter in psychiatric assessment and treatment', *Journal of Nervous and Mental Disease*, 178, 745-749.

World Health Organization (WHO) (2022) 'Occupational health: health workers'. Available online at [https://www.who.int/news-room/fact-sheets/detail/occupational-health--health-workers] (accessed 11 January 2023).

Yáñez, Rodrigo, Luís López-Mena and Fernando Reyes (2011) *La técnica de incidentes críticos: una herramienta clásica y vigente en enfermería* [The Critical Incident Technique: a classic and current tool in nursing], *Ciencia y enfermería*, 17(2), 27-36.

Zenizo, Amy Lyn. (2013), *Self-care in the field of interpreting.* Oregon: Western Oregon University.