

Recognising the Invisible Labour of Interpreters Working in the UK's Maternity Services

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Aim

This study aimed to explore maternity interpreters' professional identities in order to highlight their contribution to providing quality care and encourage their use throughout maternity services.

Objective

To provide a poststructuralist analysis of how face-to-face UK maternity interpreters construct their professional identity, and what implications this has for their practice.

Background

Clinicians misunderstand the depth, and mistrust the quality, of interpreters' work. This, in part, leads to systematic underuse of professional interpreting services across healthcare. In the United Kingdom's maternity services, the underuse of professional interpreters has contributed to the deaths of a number of women with limited or no English proficiency.

Method & Design

Poststructuralist philosophy underpinned this study's explorative qualitative design. Face-to-face interviews were conducted with a purposive sample of nine professional maternity interpreters. Interview questions examined different defined components of interpreters' professional identity. Data were audio-recorded, transcribed by the researcher, and then analysed using a systematic version of Foucauldian Discourse Analysis.

Findings

The interpreters saw themselves as Routine Workers; Appeasers; Midwives; Tools of Empowerment; Sanctioned Transgressors; Patients and Counsellors; and Socially-Engaged Professionals, using a discourse of 'women's work' throughout to construct an overarching professional identity for themselves as Invisible Labourers. As part of their daily working practice interpreters carry out behaviours considered to be 'natural' to women, including affective, social and supportive work. These practices are enacted to provide quality care for women, but as they are not recognised as interpreting labour by official codes of practice they remain invisible.

Conclusions

Increased uptake of professional interpreting services in the maternity domain may be achieved by firstly, recognising interpreters' current identity as invisible labourers and secondly, moving to achieve visibility and regulation of their work. This means subverting the power of the biomedical paradigm, which currently defines healthcare interpreting labour. This is feasible in the maternity domain, wherein the paradigm of midwifery-led care is also prevalent.

Relevance to Practice

Interpreting labour should be re-conceived to fully reflect interpreters' practice. Making interpreting labour visible will give clinicians a full understanding of the depth of interpreters' work. Furthermore, this visible labour can be monitored and evaluated, giving clinicians confidence in its quality.

