

# A Linguistic Analysis of Chinese Patients' Attitudes Using Appraisal Theory as Reflected Through Translation

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## **Abstract**

Since 2013, the Chinese government has allowed couples to have a second child. This alleviation of the one child policy has encouraged many Chinese to come to Thailand to undergo an In-Vitro Fertilization (IVF) program.

In this study, the researcher investigated Chinese patients' attitudes towards the medical service personnel. This involved how patients view the doctors, staff, interpreters, facilities, and the service they received. One of the main issues was the language barrier, when patients could not speak Thai and the staff could not speak Chinese. Interpreters were used in interviewing patients and both the Chinese and English data recorded and transcribed.

The linguistic framework of appraisal based on a functional approach to language involving affect (feelings/emotions), judgment (criticize, praise) and appreciation (evaluate and comment) outlined by Martin and Rose (2007) was used to assess the attitude of the Chinese patients toward the healthcare providers in an IVF department.

The findings reflected the prosody of waves illustrating positive and negative attitudes. This detailed procedure was used to avoid the issue of the findings simply being labeled as 'commentary' rather than a semantic analysis reflected in the English translations of the texts from the interviews.

The pedagogical implications for teaching translation in Chinese universities are also discussed. Baker's (1992) and House's (2015) guidelines to develop translation quality assessment is suggested as one way in which the teaching of translation in general can be improved.

**Keywords:** Attitude, Chinese Patients, Health Care Personnel, Interpreting, Private Hospitals.

## Introduction

In 1978, the *One Child Policy* (1CP) was introduced by Chinese government in order to alleviate social, economic, and environment problems in China. However, there was an imbalance in terms of sexual preferences which created social instability in China. As Chinese population is declining, the 1CP has been relaxed. More recently, in November 2013, China announced a further loosening of the policy (Jiang, Li and Fieldman, 2013). The alleviation of the one child policy has encouraged many Chinese to come to Thailand to undergo In-Vitro Fertilization programs (IVF). In addition, Thailand's advancement in medical field has positively affected its medical tourism by the influx of foreigners, and in particular, Chinese nationals coming to Thailand to seek treatment. As a consequence, there is now a great demand for Chinese interpreters in many hospitals, specifically in private hospitals that offer services to Chinese patients. In 2010, research showed there were 316 registered private hospitals in Thailand and healthcare services. These hospitals attracted around 1.4 million foreigners to seek medical treatment (NaRanong and NaRanong 2011). Advertisements and established tourist agencies help Thai international hospitals in strengthening their reputation and brand name. Turner (2007) described the medical service in Thailand as *First World Health Care with Third World Prices*. That means, in Thailand, patients can receive good health care with at low cost.

As compared with the medical environment in Thailand, Chinese hospitals are characterized by hustle and bustle, and with a poor attitude from healthcare personnel. Affluent Chinese, in pursuit of high-grade healthcare services, go abroad to seek medical treatment. Moreover, some Chinese agencies cooperate with Thai healthcare institutions and introduce customers to them. Agencies are also looking for Chinese students in Bangkok who can speak English to serve their own clients. As they are native speakers of Chinese, they are not required to take a Chinese language test, but an English language test is needed if they do not have IELTS, TOEFL, or any other English qualification. They are asked to make a simple self-introduction and answer a questionnaire which evaluates their

English proficiency. Most of the interpreters do not have a great deal of medical knowledge or background, so the institutions provide workshops for translators to give them some medical knowledge before starting work.

As an interpreter, much of the time, is taken up with complaints by Chinese patients. However, such complaints normally do not go beyond the interpreters to other personnel. According Anazawa, Ishikawa and Kiuchi (2012, p. 1) ‘satisfaction and trust in the patient–provider relationship and in clinical outcomes rely primarily on effective communication’. Interpreters have the responsibility to provide explanations to customers, such as the process before the treatment starts, costs, and reporting in different stages, during the treatment. This means that interpreters play a significant role when customers rely on them as “the quality of communication between patients and clinicians can have a major impact on health outcomes” (Brach, Fraser, & Paez, 2005, p. 424).

## Rationale

As this study is mainly about the attitudes of the people involved in the particular discourse of medical treatment a *Systemic Functional Linguistic* approach was used as it is concerned with text structure, function, and meaning of language (Halliday, 1985; Halliday & Matthiessen, 2004). This approach places more emphasis on semiotics, the code of language and how the utterances and texts are related to the meaning potential, in a particular situational and social context (Halliday, 1985). White (2006) and Martin and Rose's (2007) have provided a detailed account how to analyze attitudes portrayed in both written and spoken texts which motivated the researcher to investigate Chinese patients' attitude concerning medical treatment in international private hospitals here in Thailand. Such small scale research seemed to be worth investigating as communication problems can be a major issue in interpreting

Apart from the fact that Thai medical tourism industry is experiencing a rapid increase, particularly in the private sector, there has been little research in terms of linguistic evidence ‘appraising’ customers ‘attitude’ towards the personnel involved.

In order to investigate Chinese patients' attitudes toward the healthcare personnel, the following research questions were posed:

- a. What are the attitudes of the Chinese patients towards the health-care providers as indicated through their interpreters?
- b. How translation influence the language features involved in appraising attitudes?

## Language, Culture and Translation

People have their own distinct habits, values and norms that influenced their own culture (Zhu, Quan & Xuan ,2006). Language on the other hand is a symbolic system of communication that has developed in response to change in historical, political and social situations. Language also influences culture, so, in order to understand another culture, it is important to know its language, as language and cultures are interrelated.

Obviously, translation/interpreting is not only a simple act but communication across different cultures. Jakobson (1959; 2000) talked about the three linguistic aspects of translation namely, interlingual, intralingual and semiotic translation. While Nida and Taber (1969) stress that culture is always involved in the translation process interweaving with the languages. Different languages serve to form and mould certain cultures, as different meanings can be understood only if translators are familiar with languages themselves and linguistic customs in order to process messages and produce the same meanings in the source language (SL). After understanding this, translators need to consider the background of the author and contextualize the event and the author's intention.

The inherently reflective nature of translational action reveals itself in a translators' focus on the situations of a text, and the recognition of the intimate interconnectedness of text and context. Exploring text in context is the only way for the purposes of translation as re-contextualization (House, 2015).

Prasithratsint (2010) wrote that some scholars in the field of translation emphasize that the text being translated must have the same meaning as in the original text, which means translation should deal with *semantic equivalence* while other scholars emphasize that translation of the text must also have *pragmatic and structural equivalence*. However, Prasithratsint (2010) believes that for a good translation a text must also have *sociolinguistic equivalence*.

Prasithratsint, adapted a number of key the concepts advocated by Baker (1992).

- Equivalence can be at word level or above word level. A word can have different meanings in different languages; therefore, the translator needs to focus on number, tense, and gender.
- Grammatical equivalence refers to diversity of grammatical categories across languages. Rules in grammar may vary across languages that can be a problem in translation as the translator may omit or add words. The problem lies in number, tense, voice gender and person.

- Textual equivalence refers to the equivalence between SL (source language) and TL (target language) in terms of information and cohesion. The translator has to make a decision in producing a cohesive and coherent text which the target audience, purpose of translation, and text type are to be considered.
- Pragmatic equivalence refers to implicatures and strategies of avoidance during the translation process. Implicature is what is implicitly said. The translator recreates the author's intention in another culture in order to be understood by the reader or listener.

(Baker, 1992, pp. 11-12)

Translation converts spoken, written or sign language from one language to another. Interpreting involves listening to, understanding and memorizing content in the original 'source' language (SL), then reproducing statements, questions and speeches in the 'target' (TL) language ([www.prospects.ac.uk](http://www.prospects.ac.uk)). Interpreters and translators' educational backgrounds may vary widely, but it is essential that they be fluent in the SL and the TL.

As regards, interpreters that typically work in healthcare settings help patients communicate with doctors, nurses, technicians, and other medical staff. Such interpreters are expected to have some knowledge of medical terminology in both languages and be sensitive to patients' personal circumstances, as well as maintaining confidentiality.

A number of studies have indicated that interpreters help to improve the quality of healthcare (Flores 2000). Along with the benefits, studies have described the common issues of language barriers and communication in health care (Chang and Fortier 1998) and a substantial number of studies document how language barriers can have a major adverse impact on health and health care, including impaired health status (Kirkman-Liff and Mondragón, 1991).

A systemic literature review was conducted in 2003 on the impact of interpreter services on health care quality. The study (Flores, 2005) was based on 36 published articles which were in English from multiple databases. International and USA studies were included because of the similarities in the effects of language barriers on health care worldwide. A diversity of population was used in order to see the international implications. The focus was on patients with limited English proficiency (LEP). In Flores' study, the term 'interpreter service' refers to an intervention that involves an interpreter to improve access to a language for LEP patient. The services involved any type of medical interpreters who were trained professionals, ad hoc like family members, friends, and not trained medical or non-medical staff, or telephone interpreters. The results were divided into three categories: communication issues, patient's satisfaction with care, and processes,

outcomes, complications, and use of health services.

The results for communication issues were: (1) patients who need an interpreter but do not get one understand poorly their diagnosis and treatment plan resulting in a desire to get a better explanation from their health care provider; (2) ad hoc interpreters miss up to half of the physician's questions, commit errors with clinical effects, and when children are the ad hoc interpreters, they have the possibility of not mentioning the side effects and avoid embarrassing issues; and (3) interpreter services can affect communication and the quality of psychiatric help, including the positive effects of bilingual providers.

The results on patient satisfaction were: (1) bilingual providers and telephone interpreters give high levels of satisfaction while ad hoc interpreters give insignificantly lower satisfaction ; and (2) patients who need interpreters but do not get one indicate the lowest degree of satisfaction.

Another study was conducted by Ngo-Metzger et al. (2007) involving a total of 2,746 Chinese and Vietnamese patients who are LEP receiving care at 11 health centers in eight cities in the US. The findings of the study showed that having language concordance between personnel and patients is still the most effective situation. An interpreter helps in the transmission of information, especially on health issues when a language barrier exists between doctors and patients. In situations where the interpreter may not completely address the problem concerning the language barrier and may interfere with other aspects of the patient-provider relationship, such as interpersonal care, patient satisfaction was lower in such visits compared to visits where patients and providers spoke the same language and did not need an intermediary person to translate.

Some researchers focused on the main issues that interpreter's face and the roles they perform. Normally, researchers believe that interpreters only take responsibilities for the interpretation. However, Lee et al. (2005) pointed out that interpreters were more than the people who just produced a translation. Yukinori (2012) also conducted a study on Japanese interpreters in Bangkok International Hospital. Through seven Japanese interpreters' narratives, Yukinori findings revealed that Japanese interpreters extend their roles beyond boundaries. They take responsibilities of solving the patients' problems because they either share the same language or culture. In terms of emotion, managers of private hospitals prefer interpreters who are sympathetic and able to control their own emotions.

Other studies show the importance of the interpreter and also provide suggestions to improve the performance of interpreters. According to Chen (2006), a good Chinese

interpreter needs to possess diverse skills and ability, cross-cultural understanding, accuracy of interpretation, the needs to possess empathy, responsibility and wide knowledge to provide better service to clients. This involves looking at the characteristics of Chinese interpreters who work for international companies and found that culture shock is apparently a major factor in the acculturation and culture training

## Appraisal

White (2006) has argued that people attitude towards what they see around them differs as circumstances change. Therefore, attitudes and emotions, tastes and normative assessments will not be the same. Appraisal (Martin and Rose, 2007) provides three types of ATTITUDE; affect, judgment and appreciation and is an evaluation of something or someone, it could be positive or negative.

*Affect* refers to emotional feelings in discourses concerned with registering positive and negative feelings: do we feel happy or sad, confident or anxious, interested or bored (Martin & White, 2005). It is always influenced by many factors, such as gender, age, racial, culture and some certain circumstances. It can go two ways first one's feelings can be good or bad. Second, people may choose a direct way or indirect way to express their feelings.

*Judgment* is a kind of comment how people value on things or subjects. Judgment deals with attitudes towards behavior, which we admire or criticize, praise or condemn (Martin & White, 2005). As with affect, judgment of people's character can be positive or negative, and they may be judged explicitly or implicitly. But not like affect, researchers found that judgments differ between personal judgments of admiration or criticism and moral judgments of praise or condemnation (Martin and Rose, 2007).

*Appreciation* focuses on things or goods whether concrete or abstract, material or semiotic (White, 2006). It refers to how different people value things. Some words in an utterance can be either judgment or appreciation though they convey the same meanings.

<b>Judgment</b>	<b>Appreciation</b>
Doctors here are responsible.	It is a responsible treatment here.

In this present research, the focus is to analyze and understand various Chinese patients' attitudes with regards to the health service personnel of an in-vitro service department. Martin and Rose (2007) model of 'Appraisal' would therefore seem an appropriate tool to use to analyze the data as it allows the researcher to address the second

question posed: How translation influences the language features involved in appraising such attitudes.

## **Research Context**

The hospital in which the study was conducted has around 200 new patients' arriving every month specifically in the infertility center. Dealing with various patients creates many problems especially among Chinese patients who have to be dealt with by interpreters. The majority of Chinese patients cannot speak Thai or English and this can create misunderstandings and cause problems. It is this context, interpreters are useful as they have to communicate with patients, doctors and medical personnel so that those involved can communicate their purpose effectively.

## **Research Design**

This study took a qualitative research approach in order to explore in detail the attitudes of Chinese patients supported by a semantic and lexico-grammatical analysis of the interviews using purposive sampling for data collection. The interviews were conducted in Chinese then transcribed and translated to English. The English translation is the basis of the analysis and the instrument of this study. The researcher selected Chinese patients in the Fertility Center based on the stages of the treatment.

First, basic information of candidates was obtained in order to select the appropriate patients to be interviewed. Ten Chinese patients were interviewed and the patients' information was kept confidential. The interviews were conducted according to the patients' availability which was approximately, one hour per week.

The researcher introduced and explained the purpose of this study. In addition, consent forms were given and signed by the participants, in order to comply with the ethical demands.



### Description of Participants' Background

Participants	Gender	Age	Length of stay	Number of visits	Stage of process
1. Patient A	Female	36	10 days	2	Egg pick up
2. Patient B	Husband of Patient	42	16 days	1	Embryo transfer
3. Patient C	Female	28	7 days	2	Stimulation
4. Patient D	Female	27	10 days	1	Stimulation
5. Patient E	Husband of Patient Male	28	28 days	1	Check pregnancy
6. Patient F	Female	35	13 days	1	Waiting for embryo transfer
7. Patient G	Husband of Patient Male	46	20 days	2	Waiting for embryo transfer
8. Patient H	Female	24	29 days	1	Check pregnancy
9. Patient I	Female	32	14 days	2	Waiting for embryo transfer
10. Patient J	Female	38	9 days	2	Stimulation

In terms of reliability and validity, each validator was given a copy of the transcriptions made by the researcher of this study. Three native Chinese who had graduated in international universities and fluent in English checked and validated the transcription. The transcribers were Mr. A who has been working as Chinese-English interpreter for the Hospital since 2011; Mrs. B has been working as Chinese-English interpreter for the Hospital since 2013 and Mrs. C has been working as Chinese-English interpreter for Fertility Institute since 2012. The researcher received the checked and validated copies of the Chinese-English transcribed interviews two days later. There were no major corrections made on the original transcriptions.

### The Procedure of the Analysis

To answer the research question, the following steps were taken.

1. The translated versions were the focus of the analysis.
2. The English translations were analyzed based on Martin and Rose's (2007)

approach to Appraisal Theory.

3. The linguistic 'attitudinal elements' were categorized based on 'affect', 'judgment', and 'appreciation, then synthesized.
4. The influenced of translation were discussed based on Jakobson (1959/ 2000) concept and Baker (1992) proposed model.

The analyses of different attitudes were as follows: affect, followed by judgment and appreciation as illustrated below.

### 1. **Affect** (bold and underlined)

Affect refers to emotional feelings in discourses. This concerned with registering positive and negative feelings such as do we feel happy or sad, confident or anxious, interested or bored (Martin and White, 2005)

### 2. **Judgment** (bold)

Personal judgment: personal judgment can be divided into admiring and criticizing. It could be implicit or explicit. Moral judgment could be positive (praising) or negative (condemning)

### 3. Appreciation (underlined)

Appreciation refers to different people's values on different things. It always focuses on things or goods whether concrete or abstract, material or semiotic (Martin and White, 2005).

The following table indicates the symbols used in each element the projection of 'attitude'.

### Symbols Used in the Analysis

Affect	Aff.
Appreciation	App.
Judgment	Judg.
Positive	+
Negative	-
Implicit	Imp
Explicit	Exp

### Samples of Data Analysis

Based on the theoretical framework used in this study, the analysis of the data illustrates the ATTITUDE found as reflected through the translation of the interpreter from Chinese to English and vice versa. Extracts from the data were from random selected clients who received treatment in IVF department in the hospital. All interviews were recorded and the attitudinal aspects of the interactions were analyzed based on affect, judgment, and appreciation displayed. Although interviews were done in Chinese, the transcription in English as provided by the researcher is the focus of the analysis. However, Chinese in which interviews were originally conducted is also shown for consistency in terms of translation.

#### 1. Client A

我一开始觉得还可以，因为这里的环境还是给人感觉很舒服的，人相对来说比较爱微笑，我觉得还不错。后面我发现，试管科用的是布衣沙发，其实这个布衣沙发你观察一下，还是有很多的斑点，给人感觉不太卫生，我觉得医院在这方面应该做一下调整，这给病人长期下去有不太好的影响。另外呢，就是我们做b超的时候，盖的这个被子，我建议他们改成医疗卫生的被子比较好，如果是单单的蓝布或者绿布都比较像医院的东西，目前用的是花的，我去了这么多次，我发现都用这一个被子，我也不确定他到底洗了没有，还是挺担心卫生的。

**Client A:** First time, I thought it was good because it is quite comfortable here (**App: +: Exp**). Thai people **smile a lot**; they **look very friendly** (**Jud: +: Exp**). However, so far as here use cloth that have many spots (**App: -: imp**) on which it **makes clients feel uncomfortable** (**Aff:-:Exp**). In addition, the blanket provided for clients are too colorful (**App: -: Exp**), I **suggest them to change** to be blue color or green color that look like stuffs in a hospital (**Jud:-:Imp**). From the first time to see doctors, I found that they **use**

**only one blanket whole day (Judg: -: Imp). I was worried about hygiene (Aff: -: Exp).**

The client describes Thai attitude in a positive way. She was satisfied with the Thai staff especially their smile. She stated, Thai people ‘smiles a lot’ and ‘look very friendly’. Emotionally, the attitude of affect shows elements of the prosody in her discourse with ‘waves’ of positive and negative attitude. For example, she mentioned the doctor did an ultra sound on her, the blanket they used to cover the lower part of her body was not changed. She stated, the department, ‘use’ only one blanket the whole day and found ‘some spots’ on the sofa. Such remarks indicate negative attitudes in terms of judging the nurses and appreciating the object nurses/doctors used during the checkup. This experience probably made her feel uncomfortable because she thought it was so unhygienic. She did not seem to appreciate the service of Chinese interpreters not because of their ability to interpret but because of the ‘waiting time’. She claimed, the interpreter had to attend to so many patients and claimed that the department asked ‘complicated’ questions. Perhaps because of her lack of knowledge of English it was very hard for her to make an appointment and the reason why she had to rely on the interpreter every time to convey what she wanted to do.

## 2. Client B (the husband of a patient)

客户B：医生还是挺专业的，问一些问题，都可以及时的给予解答，没有催病人赶紧出去。护士也很认真的帮助做一些准备工作，我觉得都挺好的，给人感觉很舒服。

Doctors are **professional (Judg: Per: +:Exp)**, when I have doubt, they are **able to reply me immediately (Judg: Per: +:Imp)**, and they **do not ask patients to get out as quick as they can (Judg: Per: +:Imp)**. Nurses are **careful** to assist doctors to do preparations (**Jug: Per: +: Exp**). I think it is good (App: + exp) that makes me feel comfortable (Aff: +: Exp).

客户B：如果不会讲的话，就会找医院的翻译，他们还可以吧，有什么需要，都可以跟医院工作人员传递清楚。前台也都很耐心的跟翻译沟通。而且翻译基本都对整个流程很熟悉，有些问题他们就可以解答，比如填写表格，他们就知道怎么填写，省去很多麻烦。

If I am not able to communicate, I will ask help from interpreters. They are **good** to convey my demands to Thai staffs (**Jug.+:Exp**) . Receptionists are **patient** to deal problems (**Jug.+:Exp**). In addition, interpreters are **familiar with whole process (Judg,+:imp)**, they **can answer questions mostly (Judg,+:imp)**, for instance, they **take away** too much troubles (**judg,+:Exp**) as they **know** how to fill the register form (**judg,+:Exp**).

Client B is the husband of a patient and seems satisfied with the experience in this

hospital with a fairly positive attitude towards nurses and the interpreters. This client conveys positive judgment to nurses, such as, ‘willing to help him’ and ‘careful’ in assisting doctors to prepare everything. Doctors are also viewed positively, explaining that doctors are ‘professional’, they answered the questions immediately. Chinese interpreters are also given positive evaluation as interpreters are ‘good’ in conveying his wife needs to Thai staff and ‘patient’ in dealing with problems.

### 3. Client C

客户C：我觉得医院整体还挺好的，装修也挺新的，挺现代化的，患者的等待区也挺舒适的。但是有一点，医院指向比较混乱，比如，客户要去哪里吃饭啊？厕所在哪里啊？有问题的时候跟谁交流，跟谁沟通啊？因为我看工作人员都挺忙，不知道有问题的时候应该跟谁去交流，没有标识，给人感觉有点混乱。

In general, the environment is good (**App,+ :Exp**), decoration is quite new and modern (**App,+ :Exp**). Area for rest of patients is comfortable (**App,+ :Exp**). However, I think directions in this center are not that clear, for example, where customers need to have lunch? Where is the toilet? Who should I ask if I have problem (**App,- :Exp**)? Because I notice that staffs there are too busy sometimes (**judg,- :imp**), so it makes me feel confused (**Aff,- :Exp**).

This extract indicates that client C has reservation regarding the hospital as she mentioned about directions as ‘not that clear’. for example, ‘where customers need to have lunch’, where the toilet is or who should she ask if she has problem.’ She complains about how busy the staff was which made her confused. However, she provides a positive appreciation when asked about the environment of the hospital, as she feels the environment was very clean and modern, and the patients’ lounge was very comfortable.

### 4. Client D

对，对，医院他们有免费的翻译服务。每次我过来的话，都会要求翻译陪同，但是也不是每一次翻译都能及时过来，有时候需要等，耽误事情。

Yeah, hospital provide free translation service (**App: + : Imp**). Every time I come here, I request for this service. However, they are **not always able to come on time** (**Judg: - : Imp**), I need to wait sometimes which affect my schedule. (**App: - : Imp**).

客户D：态度还是可以的，可能如果你不问的，他们就不会给你多的一些考虑，我一定要想的周全，他们才会说到和回答。

Their attitude is **good** (**Judg: + : Exp**), but if I do not ask keenly (**Aff: - : imp**) they **do not consider** more for me (**Judg: - : Imp**), I need to fully and logically think everything that I

want to ask, then they can answer and mention more details (**App: -: Imp**).

客户D: 应该中等吧, 我还是比较相信这边的技术, 就是专业。但是医生可能做的人太多, 可能时间也不是很多, 和我之间的交流就比较的简短。有时候还是希望医生可以多给点意见, 多解释一下。他们反正就时间少, 做他们该检查的东西, 就完了。

I think it is average (**App: -: Imp**), I believe the techniques here, doctors **very professional** (**Jug: +: Exp**). But maybe there are too many people, they **do not have enough time to communicate** with us (**Jug: -: Imp**). I **hope doctors can provide more advice and explain more** (**Aff: -: Imp**). They just finish basic procedures because of not enough time (**App: -: Imp**).

There are examples of positive and negative affect found in the transcript of this interaction. This client had a positive view based on her first visit, she said that she was comfortable and praised the professionalism of doctors, nurses and interpreters in this department. However, she was not happy in terms of the waiting period for her interpreter. She mentioned that they were good but just too busy because this particular department had many customers. This implies that there was a lack of interpreters as well as the doctors.

## Findings and Discussion

*Q1: Chinese patients' different attitudes towards the health-care providers as indicated through their interpreters.*

### 1. Affect

The following excerpts from the interview demonstrate various clients' emotion during the period they were having treatment in the hospital towards doctors, nurses, staff, interpreters and the hospital services and environment as a whole.

1. You **can enjoy** water, snack bar free here. It gives me **good mood** [positive]
2. Nurses are carefully assist doctors to do preparations, I think it is good that **makes me feel comfortable** [positive]
3. First time when I arrived here, I **felt very comfortable**, I **wasn't scared** of getting into a hospital [positive]
4. I feel like they just want to finish their work, this thing makes me **not satisfied**. One time, there was a male interpreter serving me when I was

doing ultrasound, I was **so embarrassed** [negative]

5. I feel **I am respected** here the staffs dealt with me when I have problem. So **I feel good** when I am here. [ positive]

The various lexico-grammatical items used to describe AFFECT, come when clients think that their needs are being provided, it gives them a good feeling towards, the service, doctors, nurses, interpreters etc. However, once the services do not reach to the level of their expectation, this can cause dissatisfaction. Although, the clients that were interviewed provided both positive and negative affect with regards to their feelings, the patterns have similarities. They want the health-care provider to provide high quality services. Perhaps, their expectations are influenced by the reputation of the hospital or the amount of money they paid for these services.

## 2. Judgment

JUDGEMENT deals with attitudes towards behaviors that we appreciate or criticize, praise or condemn. It could be positive or negative, and expressed explicitly or implicitly.

1. As far as I'm concerned, receptionists are **quite emotional**, their moods are **not stable** [negative]. If it is not busy, their **attitudes are better** [positive]. However, if there are lots of patients, they **could not provide** what I need [negative] For example, I tell them I come for injection, but after a while, they **forget** what I come here for [negative]
2. Doctors are **professional** when I have doubt, they **are able to reply me immediately** and they **do not ask patients to get out quickly**. Nurses are **carefully assisting doctors** to do preparations.
3. For interpreters, I think they are **good and patient**. Even I ask many questions, they are **still very patient**. For example, they are **very passionate** to explain when I want to know my body condition ...
4. For interpreters, I think they are **not familiar with work** that much, they **look unsympathetic**

The majority of the clients in the interview wanted nurses, doctors and interpreters to be attentive and patient. Perhaps because of the medical care that they undergo is quite sensitive.

## 3. Appreciation

People have personal standards on assessing different things, some people

appreciate things based on what they see resulting in an evaluation or comment. Appreciation could be positive or negative, explicit or implicit as affect and judgment.

1. In general, the environment is good, decoration is quite new and modern. The lounge for the patients to rest is comfortable. However, I think directions in this center are not that clear, [positive]
2. Their services are clear and good. [positive]
3. Environment is good, it is very clean. And it is customers' friendly, there are many seats for clients, and many flowers on the table which makes patients feel comfortable [positive]
4. I feel it is fresh and advanced here. The environment is better than hospitals in China... [positive]
5. it is not warm here, it is a little bit mushy. Too many people here, ... I think environment is chaotic [negative]

As found in attitude, **judgment**, **affect** and **appreciation** are also mixed with positive and negative feelings. The services and environment play a big part in Chinese customers' medical care. To be in service sectors, it is quite hard to please everyone. As this study shows, there are only two choices that this hospital might have in terms of evaluation, satisfied or not satisfied. With regards to service, getting a positive appreciation from the clients can be good for business. Knowing how to please those who have negative appreciations will contribute to a more flourishing business and satisfied clients in the future.

*Q2: The influence of interpretation on the features of translation involved in appraising attitudes.*

Applying the concept of translation, the transcriptions illustrate that the majority of translations are either, 'interlingual' and 'intralingual' translation. Interlingual is normally used to transfer the message of the clients which is Chinese to English. This includes the form from one language to another, while intralingual translation deals with the process of rewording in one and the same language for the purpose of clarification (Jakobson, 1959; 2000).

**For example:**

1. Chinese:我觉得还可以啊，虽然语言不通，但是他们还是微笑服务哦，给我们的这感觉还是挺亲切的，减轻压力，让我们不是特别紧张。



*[English Translation: I think it is ok, even though I cannot communicate with them, I can feel their kindness from their smile. It makes me feel imitate, relax and not that nervous ]*

2. Chinese:我觉得挺新鲜的啊，挺好的呀，挺高级的啊，比国内好太多啦。国内去咨询医院的时候，在走廊我们就裤子脱一半，感觉很没有隐私的，没人管的。这边就不是啊，我感觉很尊贵，有什么事还有专门的事给我们去翻译啊，给我们去管啊，去跑啊，总体感觉还是挺不错的。

*[English Translation: I feel here is fresh and advanced, it is better than environment in hospital in China too much. In China, all clients take off pants waiting inside of the room, it is not private at all, no one cares us. I feel I am respected here, staffs deal with problems for me when I have problem. So I feel good when I am here.]*

3. Chinese:护士啊，可就差点劲了，相比医生，给我的感觉，素质就差的有点多了。为什么呢？比如说啊，有一次我想补点维生素，见医生的时候我忘记了，我想起来的时候呢，我就回去找这个工作人员帮我解决下，我就找的翻译，翻译就找的护士，护士就找的医生。我听见翻译跟护士说我有这个要求的时候，我就听护士说：“刚才为什么不说啊。”这个表情也不耐烦，可能也因为我的疏忽给别人工作带来麻烦，但我觉得耐心欠了点。

*[English Translation: Nurses? Their services are much worse than services of doctors. For example, last time, I want doctors to prescribe medicines for me, but I forget to tell when seeing doctors. After I come outside, I ask help from staff, and staff ask interpreters, interpreters ask nurses, and nurses ask doctors. But I heard nurses say “Why she did not tell before?” when interpreters are talking to nurses. Their facial expression is not patient. Yeah, it is my problem to bring trouble to their work, but they lack patience.*

However, Baker (1992) has proposed a model which seems to be more in-tune with the modern demands of translation and interpretation and could be used as possible the criteria for teaching.

- *Word decoding*, which means there is no word in the target language (TL) to express the same meaning as the word in the source language (SL) as in ‘lend’ and

borrow' where in Chinese there is only one word 'jie'.

*For example:*

a.i.1. Chinese: 可能也因为我的疏忽给别人工作带来麻烦, 但我觉得耐心欠了点。

Pinyin: ke neng ye shi yin wei wo de shu hu gei bier en gong zuo dai lai ma fan, dan w jue de nai xin qian le dian.

*[English Translation: Yeah, it is my problem to bring trouble to their work, but they lack patience.]*

The word “qian” actually means lack of some traits if we use it to describe a person's trait. But in English, we need to use a phrase “lack of” to replace this single word.

a.i.2. Chinese: 对, 对, 医院他们有免费的翻译服务。每次我过来的话, 都会要求翻译陪同, 但是也不是每一次翻译都能及时过来, 有时候需要等, 耽误事情。

Pinyin: dui, dui, yi yuan ta men you mian fei de fan yi fu wu. Mei ci wo guo lai de hua, dou hui yao qiu fan yi pei tong, dan shi ye bus hi mei yi ci fan yi dou neng ji shi guo lai, you shi hou xu yao deng, dan wu shi qing.

*[English Translation: Yeah, hospital provides free translation service. Every time I come here, I request for this service. However, they are not always able to come on time, I need to wait sometimes which affects my schedule.]*

Indeed, “dan wu” is different from the word “affect”. However, this word cannot be translated into the target language. “dan wu” means are going to miss an event, but in English we cannot find a word that is the exact equivalent

- *Word combination* when words are combined with other words as in idioms or fixed expressions: ‘to be given your walking papers’ means dismissal from your job.

*For example:*

a.i.1. Chinese: 护士啊, 可就差点劲了, 相比医生, 给我的感觉, 素质就差的有点多了。

Pinyin: Hu shi a, ke jiu cha jing le, xiang bi yi sheng, gei wo de gan jue, su

zhi jiu chai de you dian duo le.

[English Translation: Nurses? Their services are much worse than services of doctors.

The word chai dian jing le actually is a word in dialect at the North part in China. There is no exact word that can be translated by a similar word in English.

a.i.2. Chinese: 这真让人汗颜。

Pinyin: zhe zhen rang ren han yan.

[English Translation: This really makes people embarrassed.

“han yan” is a modern word used by young people group. It means embarrassing as people’s sweat which indicates a level of awkwardness.

- *Grammatical equivalence*, this can be a very problematic area for example, English has singular and plural forms but Chinese does not.

*For example:*

a.i.1. Chinese: 比如, 客户要去哪里吃饭啊?

Pinyin: bi ru, ke hu yao qu na li chi fan a?

[English Translation: for example, where do customers go to have lunch?

When we analyze this sentence grammatically, it is difficult to find a grammatical equivalence.

Chinese: 比如, 客户 要去 哪里 吃饭啊?

subj verb adverb object

[English Translation: for example, where (do) customers go to have lunch?

adverbial subj verb object

a.i.2. Chinese: 他们反正就时间少, 做他们该检查的东西, 就完了。

Pinyin: ta men fan zheng jiu shi jian shao, zuo ta men gai jian cha de dong xi, jiu wan le.

[English Translation: They just finished basic procedures because of not having enough time.

We show different grammatical equivalence.

Chinese: 他们 / 反正就时间少 / 做 他们 / 该检查的东西, 就完了。

subj. adv. verb obj.

*English Translation:* They /just /finished/ basic procedures / because of / not /

Subj. /adv./ verb / obj. / prep. / polar  
adv./

having enough time/.

nominal group

- *Equivalence in syntactic structure* as the organization of these structures can have different effects but the information needs to be correctly and fluently expressed. Also there are structures that change the stress such as 'I am going back to fight for my job, you believe me' as opposed to 'I am going back to fight for my job, believe me'.

*For example:*

a.i.1. Chinese: 相比医生, 给我的感觉, 素质就差的有点多了。

Pinyin: xiang bi yi sheng, gei wo de gan jue, su zhi jiu shi cha de you dian duo le.

*If it is translated into English with the same syntactic structure, it would be as following:*

*Compared to doctor, give me feel, quality is worse more.*

a.i.2. Chinese: 厕所在哪里啊? 有问题的时候跟谁交流, 跟谁沟通 啊?

Pinyin: ce suo zai na li a? you wen ti de shi hou gen shui jiao liu, gen shui gou tong a?

But once we translate with the same structure, it would be:

Toilet is where? Have questions ask who, communicate with who?

- *Cohesion* is another problematic area. For example, 'she is a good lady, that woman', 'she' refers to 'that woman'. In translation, this can be quite difficult in a text where the pronoun is at some distance from the referent.

*For example:*

1. Chinese: 护士啊, 可就差点劲了, 相比医生, 给我的感觉, 素质就差的有点多了。

English lacking cohesion: Nurses? Bad, compare to doctor, make me feel, quality is worse.

English cohesion: Nurses? Their services are much worse than the services of doctors.

2. Chinese: 医生还是挺专业的, 问一些问题, 都可以及时的给予解答, 没有催病人赶紧出去。

English lacking cohesion: Doctors are professional, ask some questions, give reply immediately, not ask patients to get out as quick as they can.

English cohesion: Doctors are professional, when I have doubt, they are able to reply immediately, and they do not ask patients to leave as quickly as they can.

This expression from client wants to point out that when s/he asks questions, doctors give a reply immediately. Doctors do not ask patients to leave as quickly as they can. (The subject does not need to be expressed in Chinese.)

- *Pragmatic equivalence* often concerns implied meaning and causes difficulties when the translator does not understand the underlying meaning conveyed in the text as in the following example: ‘Wei Min is putting on a lot of weight. He smokes very heavily’.

We may infer that the speaker implies that Wei min is putting on weight because he is smoking too heavily or the other way around that he is smoking heavily because he is putting on a lot of weight. One implication, therefore, could be that he is not looking after himself as he should do.

*For example:*

1. Chinese: 他们就知道怎么填写, 省去很多麻烦。

English version: They know how to fill the register form, take away too much trouble.

English in pragmatic equivalence: they take away the problems as they know how to fill the register form.

2. Chinese: 其实这个布衣沙发你观察一下, 还是有很多的斑点, 给人感觉不太卫生

English version: However, if you observe the cloth of sofa, have many spots, make people feel not comfortable.

English in pragmatic equivalence: However, the cloth on the sofa has many stains which it makes the clients feel uncomfortable.

House (2015) has also proposed a model on her 'Translation Quality Assessment' based on Halliday's systemic functional approach, the basis for the linguistic analysis used in this study as has Baker. The strength of such models for teaching seems to lie in moving away from the sentence by sentence translation to seeing text as an entity and more of 'discourse' as in Communicative Language Teaching (CLT).

## **Conclusion and the Pedagogical Implication of the Study**

Students who aspire to be translators need to realize that their roles are more than just an interpreter. Interpreters in the customers' point of view can be as coordinators, negotiators and even a counselor. As found in this study, patients rely on interpreters for many different reasons. This means an interpreter's job is more than just translation. Therefore, being a translator is not just about being a competent translator in a sense that he/she has excellent language skills, but also s/he needs to have negotiation and coordinating abilities. Translation study is not only about knowing a language but also the culture. When you study a language, you also need to study and understand the culture of the target language. This is because there are many ways to interpret the language being used. In addition, students who want to be an interpreter need to have logical thinking and problem solving abilities. This particular aspect is something that is intangible and hard to learn as interpreters do not only need linguistic expertise but also psycholinguistic skills to deal with individuals' various emotions.

Hospital based interpreters need to have a linguistic and social role in cross-linguistic medical discourse. Hospital staff, in particular doctors and nurses need medical interpreters to interpret without adding or subtracting meaningfully from the content and intentions of the communication. On the other hand, time constraints placed on interpreters force them to do more than simply change the nuances but often edit or delete parts of the instructions being given. From this point of view, the measure of an interpreter's success may not be how 'accurate' linguistically they are but rather the degree of how effective the communication is in terms of the functionality. One consequence of this would be that interpreters cannot simply use a 'free' translation process but need to be trained specifically for the medical field.

Today in many Chinese universities, the English department provides translation courses mainly for English major students. The teaching methods that are used in these translation classes are very similar, with exercises and comments by the teacher. 'Exercises' refers to the teacher's classroom exercises to train the students' translation skills and include the assignments after class. The exercises are sentence translations between English and Chinese or vice versa. Comments are given as feedback on the translations with the expectation that the students will improve, but the effect of feedback is not so immediately obvious. There is a tendency in the Chinese translation classes to focus more on form rather than issues of language and culture, decoding and recoding different types of translation and the problems of equivalence. In addition, many of the texts are often from 'classical works' and the 'classical' translations are used as models. Bassnett (2003, p. 8) pointed out that problems in translating are caused, at least, by discrepancies in conceptual and lack of a textual model as by discrepancies in language.

This study gives a brief insight into the attitude of clients in a potentially stressful situation of hospitalization. Hopefully, it can also give some idea of what might be involved in preparing students in translation programs especially when serving different clientele, in difficult situations with different languages and cultures.

## References

- Anazawa, R., Ishikawa, H., and Kiuchi, T. (2012). The accuracy of medical interpretations: A pilot study of errors in Japanese-English interpreters during a simulated medical scenario. *The International Journal for Translation & Interpreting Research*. Volume 4. No 1. Pp. 1-20
- Baker, M. (1992). *In Other Words. A Coursebook on Translation*. London: Routledge.
- Bassnet, S. (2003). *Translation Studies*. London/New York. Routledge
- Blaxter, L., C. Hughes & M. Tight. (2006). *How to research*. Berkshire: Open University Press.
- Brach, C., Fraser, I., & Paez, K. (2005). *Crossing the language chasm*. *Health Affairs (Millwood)*, 24(2), 424-434. Oxford University Press.
- Chen, Z. (2006). *A Brief Translation Course*. Beijing: National Defending Industry Press.
- Flores, G. (2000). Culture and the patient-physician relationship: Achieving cultural competency in health care. *Journal of Pediatrics*. 136:14-23.
- Flores, G. (2005). The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. *Medical Care Research and Review*, Vol. 62 No. 3, (June 2005) 255-299
- Foley, J. A. (2011). *Grammar Meaning and Discourse*. Bangkok, Thailand: Assumption University Press.

- Jakobson, R. (1959; 2000). On linguistic aspects of translation. In R.A. Brower (ed.) *On Translation* (pp. 232-239). Cambridge MA: Harvard University Press. (Reprinted in Venuti, L. (ed.) (2000). *The Translation Studies Reader* (pp. 113-18). London: Routledge.
- Halliday, M.A.K , (1985). *Introduction to Functional Grammar*. London, Arnold
- Halliday, M.A. K. & Matthiessen, C.M.I.M (2004) *Introduction to Functional Grammar*.(4<sup>th</sup> ed) London, Routledge
- House, J. (2015). *Translation Quality Assessment: Past and Present*. London: Routledge.
- Jiang, Q., Li, Q., and Fieldman, M.W. (2013). China's Population Policy at the Crossroads: Social Impacts and Prospects. *Asian Journal of Social Science*, Vol. 41. Issue 2.
- Kirkman-Liff, B. and D Mondragón. (1991). Language of interview: relevance for research of southwest Hispanics. *American Journal of Public Health*, November 1991: Vol. 81, No. 11, pp. 1399-1404. doi: 10.2105/AJPH.81.11.1399
- Lee, T., G. Lansbury & Sullivan, G. (2005). Health care interpreters: A physiotherapy perspective." *Australian Journal of Physiotherapy* 51, 161-165.
- Martin, J. R., & White, P. R. (2005). *The language of evaluation: Appraisal in English*. Basingstoke: Palgrave Macmillan
- Martin, J.R. and D. Rose (2007). *Working with discourse: Meaning beyond the Clause*. New York: Continuum
- NaRanong, A., & NaRanong, V. (2011). The effects of medical tourism: Thailand's experience. *Bulletin of the World Health Organization*, 89(5), 336-344.
- Nida, E.A. and Taber C.R. (1969). *The Theory and Practice of Translation*. Leiden: E.J. Brill
- Ngo-Metzger, Q., Sorkin, D. H., Phillips, R. S., Greenfield, S., Massagli, M. P., Clarridge, B., & Kaplan, S. H. (2007). Providing High-Quality Care for Limited English Proficient Patients: The Importance of Language Concordance and Interpreter Use. *Journal of General Internal Medicine*, 22(Sup. 2), 324-330. <http://doi.org/10.1007/s11606-007-0340-z>
- Prasithratsint, A. (2010). *Parts of Speech in Thai: A Syntactic Analysis*. Bangkok: Chulalongkorn University press
- Turner, L. (2007). First World Health Care at Third World Prices: Globalization, Bioethics and Medical Tourism. *BioSocieties*, 2(3), pp. 303-325. doi: 10.1017/S1745855207005765.
- White, P.R.R. (2006). Evaluative Semantics and Ideological Positioning in Journalistic Discourse, in *Image and Ideology in the Mass Media*, Lassen, I. (ed.), Amsterdam/Philadelphia, John Benjamins: 45- 73
- Yukinori, W. (2012). Japanese Interpreters in Bangkok's International Hospitals Implications for Intercultural Communication between Japanese patients and



Thai Medical Providers. *The Japan Journal of Multiculturalism and Multilingualism*, (18)1 pp. 18-38

Zhu, M., Quan, R., & Xuan, K. (2006). The impact of Sino-western cultural differences on IT products consumption. *Journal of Technology Management in China*. I (2), 159-173.