LEONARDO'S QUESTION, OR: WHAT DO WE KNOW ABOUT INTERPRETERS' OCCUPATIONAL HEALT AND SAFETY?

Gabriele Dorothe MACK
Università di Bologna - Dipartimento di Interpretazione e Traduzione (DIT), campus di Forlì
gabriele.mack@unibo.it

Abstract: What do we know about interpreters' occupational health and safety? There are research findings focussing on specific aspects, but we are far from having a general overview of the multiple and complex aspects of an only apparently simple subject. This contribution presents a cross-disciplinary editorial project in which interpreting researchers work hand in hand with an international team of occupational health specialists in order to help practicing interpreters to take their health into their own hands.

Keywords: interpreters, occupational health and safety, hearing, voice, cognitive effort, psycho-physical strain, stress, selfcare, coping.

Introduction

Exciting research projects sometimes spring from apparently simple questions, like the one posed in autumn 2021 by an Italian postgraduate interpreting student: What do we know about interpreters' health and safety? In the wake of the Covid 19-pandemia health had become the issue of the day, and professionals as well as interpreting researchers started to take it up, driven mainly by the suspect that remote interpreting on internet platforms could trigger hearing damage in frequent users. There are research findings and even some literature surveys about interpreters' occupational health issues, but they are mainly focussed on specific aspects, such as musculoskeletal disorders in sign language interpreters (Fischer, Marshall and Woodcock 2012), vicarious traumatisation (Darroch and Dempsey 2016), interpreting in mental health settings with refugees (Fennig and Denov 2021), or trauma-informed interpreting (Naimi 2022). On a more general level, instead, we are still far from having a comprehensive overview of the multiple aspects of interpreters' health. Leonardo's question was the trigger for an MA thesis (Brunale 2022) and later on for an international book project which is the subject of this contribution.

Key concepts

A generally accepted definition of health states that it is "a state of physical, mental and social well-being and not merely the absence of disease or infirmity" (Constitution of the WHO 1946/1948). Well-being in turn is a multi-dimensional concept far from easy to define, but basically understood as "how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole" (Michaelson, Mahony & Schifferes 2012: 6).

For a long time, occupational health was mainly understood as harms arising directly from (physical) work. But job profiles evolve, and nowadays it focusses also on job-related factors, as fees or working hours, and takes into account aspects previously considered unrelated to work, as sleep disorders or depression. This is not to say that 'classical' ergonomic hazards, understood as sources of potential damage,

harm or adverse health effects on someone (Canadian Centre for Occupational Health and Safety CCOHS, online) have disappeared. But there is a clear trend towards more psychosocial and emotional challenges at work, especially in industrialised countries. Conditions of employment have changed too, with a shift towards 'non-standard work' as part-time, temporary, fixed term, seasonal, occasional and home-based jobs, telework, and self-employment (EU-OSHA 2023: 23). In occupational health therefore

> [t]he current consensus represents a move away from early engineering and physiological approaches, towards a more psycho-social approach that involves an understanding of the importance of people's interactions with their environment, and of their perceptions and their emotional reactions to work" (Cox and Griffiths 2005: 555).

In particular, a growing number of factors are known to affect mental well-being, as pressure due to time constraints, long and/or irregular working hours, poor communication and cooperation with the organisation, and dealing with difficult customers (EU-OSHA 2023: 9)

All this affects also interpreters, i.e. everybody translating orally between (both vocal and signed) languages in real-life contexts on a regular basis. We know very little about the precise number of practicing interpreters around the globe, their workload and work organization, let alone their age structure or the turnover in the profession, but we do know that they can work in all sorts of places – from hospital wards to TV studios and classrooms, from courtrooms to conference halls and police stations, from refugee centres to conflict or disaster areas, among many others. They can work in all sorts of locations, in booths, workstations in a hub or at home, working alone or in team, full-time, part-time or on demand, as staff members or as self-employed freelancers or even volunteers – with huge differences in health insurance, sick leave, pension rights, and much more. And we know that interpreters today act more and more as own-account workers; often engaged on a short notice, and struggling with growing competition (Pielmeier 2022) – not only with other interpreters around the globe, but also with untrained bilinguals, and with the use of computer-assisted/machine-produced translations. All this adds to the overall feeling of uncertainty, boosts stress and can become detrimental to health:

> Occupational health researchers have long noted that self-employed and piece-work often lead to voluntary overwork. (…) being paid only for actual worked hours discourages taking time off when the worker is unhealthy. (…) self-employed workers (…) have no limit on the amount of hours they may choose to work in order to earn more income. In response, they may choose to work past the point of fatigue and expose themselves to injury or stress-related ill-health (Woodcock and Fischer 2008: 13).

Against this background, it can hardly be denied that interpreters' occupational hazards are multiple, complex, multi-layered – and still go mostly unnoticed. But how to find a common denominator among the huge differences that can characterise

such heterogeneous and ever-changing working profiles, in order to grant each person access to the health-relevant information needed in their specific working situation? Let us start with a brief overview of what we know already.

Existing research on interpreters' occupational health and safety hazards

Consequences stemming from physical and psychosocial job demands are among the most researched health hazards for interpreters. A case in point is musculoskeletal strain from prolonged signing suffered by signed-language interpreters, already mentioned above. Inter-professional research on this subject led to the publication of valuable books as Woodcock and Fischer (2008) or Dean and Pollard (2013). Emotional load leading to compassion fatigue and vicarious trauma is another subject explored by researchers, starting again with sign language interpreters. Conversely, relational fatigue due to difficult interaction with clients and users of interpreting services is almost completely unresearched, though being often a source of interpreters' dissatisfaction and frustration. Prolonged talking, inadequate sound conditions, insufficient working pauses, unhealthy physical environments (e.g. temperature and air quality in the booth, or biohazards in hospitals, for instance) and poor workspace design are known as potentially unhealthy in general terms, but have only rarely been investigated in relation to the interpreting profession. The same applies to the effects of mental fatigue caused by massive workload, or to cognitive load entailed by multitasking, including the interaction with technical devices and/or AI. A more recent area of concern is that of safety risks in conflict areas, for which AIIC, FIT and red t in 2012 published a field guide for interpreters now available in over 35 languages. Some studies are appearing also on the negative impacts on health caused by the massive migration of interpreting to virtual meetings during the Covid pandemic (AIIC 2020; AIIC Canada 2021).

The editorial project

Given this state of the art, an editorial project on interpreters' occupational health was initiated by the author and a colleague. It is still under way and involves interpreting researchers working hand in hand with an international team of occupational health specialists, with the common aim to develop awareness and give practising interpreters enough knowledge to take their health into their own hands. The book is meant to inform them about the health hazards that are peculiar for their specific job situation, in order to avoid or minimise occupational hazards, find coping strategies for unavoidable ones and, last but not least, identify health promoting and protective factors. The open-access publication will make existing knowledge available to anyone concerned or potentially affected by professional hazards related to interpreting activities in different modes and settings.

Since any of the countless contexts in which an interpreter may be active can and probably will be multi-hazard, the rationale of the book is not to explore specific occupational settings or to associate hazards to different modes of interpreting. Instead, the six central chapters of the book deal with aspects that are typical of any interpreter's activity - namely listening, speaking, signing (for signed language

interpreters), cognitive multitasking, emotional and relational burden, and a peculiar example of their physical working environment, with the booth as a case in point.
On one hand the book will take stock of existing research and personal experience of interpreters themselves, reflected in studies initiated by professional associations (e.g. the AIIC workload study 2002) or stored in bulletins or papers (e.g. the proceedings of the Critical Link conferences). On the other hand it will link up with medical research in order to gather evidence of health hazards that interpreters share with other, often much more numerous groups of professionals. The final section will present a holistic approach putting individual health into a comprehensive perspective encompassing also the broader context of social networks and physical, social and cultural environments. Interpreters are considered first of all as individuals in their entirety and not for the (occupational) diseases they (may) suffer from. This approach is synthetized by the 'rainbow' model first presented in a report commissioned by the World Health Organization (Dahlgren and Whitehead 2021). It focuses on determinants of health rather than on the causes of diseases, including not only health damaging factors, but also protective and health promoting aspects. Its greatest advantage, though, is its holistic perspective which aims at triggering personal 'lightbulb moments' - because vulnerability is also due to lack of sufficient knowledge, little awareness of the hazards and risks a person can be exposed to. In this respect the book is also intended as a contribution to the understanding of health as formulated in the WHO Ottawa Charter for Health Promotion (1986):

> Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

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