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Navigating Healthcare Access for Migrants in Spain: A Scoping Review about Translation and Transcreation Strategies

Acceso a la atención sanitaria para migrantes en España: una scoping review de estrategias de traducción y transcreación

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ABSTRACT: Migration, like any other social event, impacts society, creating new communication needs for migrants unfamiliar with the local language. It is then legitimate to question to what extent translation, as a communication facilitator, can contribute to strengthening the rights of migrants. This paper examines how translation, particularly transcreation—a creative reinterpretation of texts to suit different cultural and linguistic audiences—can enhance migrants’ rights. Focusing on healthcare access in Spain, a literature scoping review of 10 scientific papers was conducted using NVivo. The study highlights the significance of migration, the barriers migrants face, and the role of cultural mediation and translational activities. This paper concludes outlining future research lines.

KEYWORDS: translation; transcreation; migration; healthcare; scoping review.

RESUMEN: Las migraciones, igual que cualquier otro evento social, tienen un impacto en la sociedad y crean nuevas necesidades comunicativas para personas migrantes no familiarizadas con la lengua local. Es por tanto legítimo preguntarse si la traducción, como un facilitador de la comunicación, puede contribuir a reforzar los derechos de los

migrantes. Este artículo estudia cómo la traducción y, en particular, la transcreación (una reinterpretación creativa de textos destinada a públicos con diferencias culturales y lingüísticas) pueden promover los derechos de los migrantes. Con el foco en el acceso al sistema sanitario en España, se llevó a cabo una *scoping review* de 10 artículos científicos con el software NVivo. El estudio repasa la importancia de la migración, las barreras a las que los migrantes se enfrentan y el rol de la mediación cultural y las actividades translacionales. El artículo concluye con posibles futuras líneas de investigación.

PALABRAS CLAVE: traducción; transcreación; migración; acceso a la salud; revisión de literatura.

1. INTRODUCTION

The phenomenon of migration, like any other social event, inevitably has repercussions on society (Achotegui Loizate 2009), both on the migrants and on the host population. Often, migrants move to countries whose language they do not know. Therefore, the influx of migrant communities, with its consequent linguistic and cultural diversity, leads to the emergence of new communication needs (Marnpae 2014). In this context, it is legitimate to question to what extent translation (and other related activities, interpreting, cultural mediation, transcreation, localization, etc.) can contribute to strengthening the rights of disadvantaged groups (Santaemilia Ruiz 2017), as it has traditionally been a facilitator for innovation and communication and has built bridges between peoples and cultures.

In this sense, an interesting trend centered on the use of a set of translation, adaptation and reinterpretation strategies known as transcreation has appeared in recent years (Díaz-Millón and Olvera-Lobo 2023). It is a creative re-interpretation of the contents of a text so that they are received in the same way by an audience with different cultural and linguistic characteristics than the original one. In the field of health information and services, numerous publications have studied transcreation as a tool for adapting materials (from leaflets and brochures to mobile applications) to facilitate their better understanding by people from other cultures or ethnic groups (Nápoles and Stewart 2018).

Thus, translation and transcreation are fundamental strategies for achieving effective communication in multilingual and multicultural environments. While translation focuses on accurate meaning conversion, transcreation incorporates creative adjustments to ensure that the message is culturally and emotionally relevant. While both maintain the intent and tone of the original message, transcreation allows for broader adaptability to the cultural specificities of the target audience, even if that involves considerable changes in its expression (Díaz-Millón and Olvera-Lobo 2023).

In this context, this paper asks how activities such as translation, interpreting, cultural mediation or transcreation have contributed to overcome language and cultural barriers in the access to healthcare in Spain, where migratory flows make the foreign population very significant (Ministerio de Inclusión Seguridad Social y Migraciones 2023). The following research questions are outlined:

- a. What are the barriers to healthcare experienced by migrant communities in Spain?
- b. Can translational activities (translation, interpreting, transcreation, cultural mediation, etc.) improve the lives of migrant communities in Spain?

A literature scoping review is proposed. The main objective is to explore and identify the topics of interest addressed in academic publications that focus on translational activities as effective tools for communication facilitators in the access to healthcare in the context of migration in Spain.

2. METHODOLOGY

This study applies a methodology known as a scoping review. According to Codina (2020), a scoping review or exploratory systematic review is a type of knowledge synthesis that analyzes the academic literature produced in an area of science or in relation to a specific topic. To implement this methodology, we followed the guidelines of the PRISMA 2020 Statement (Preferred Reporting Items for Systematic reviews and Meta-Analyses) (Page et al. 2021) for conducting systematic reviews. A summary of the process is included in Figure 1.

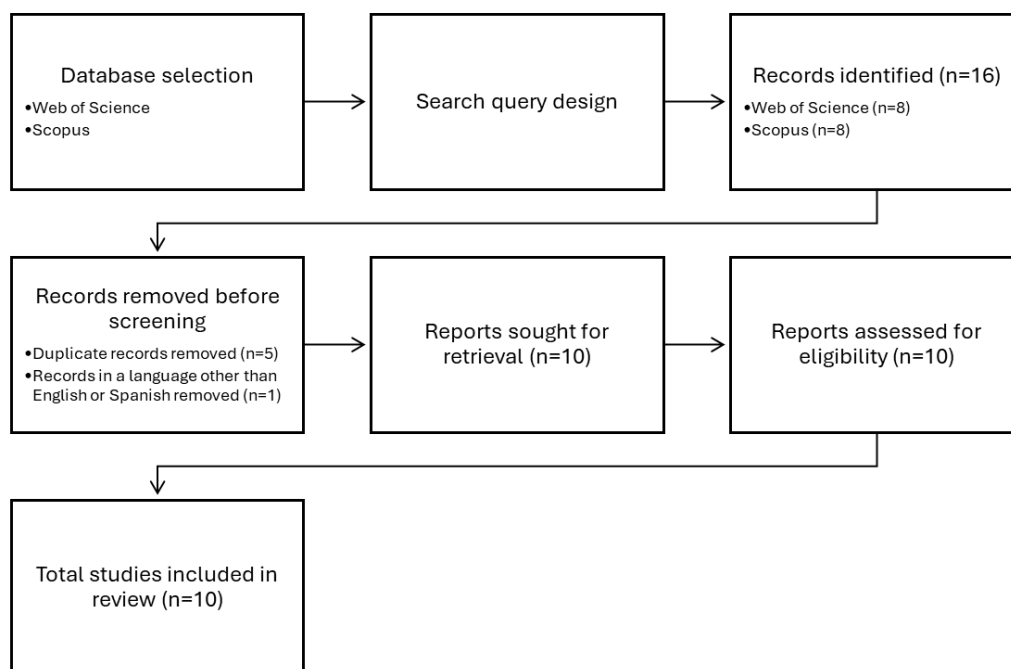


Figure 1. Methodology

For data collection, two prestigious generalist databases were selected: Web of Science and Scopus. The search query was developed from the key terms identified in previous literature (Filmer et al. 2023) and adapted specifically to the object of study, i.e., the relationship between translational activities and access to healthcare for migrant communities in Spain. The search equation was as follows:

(emigrant* OR emigration) OR (immigrant* OR immigration) OR (migrant* OR migration) OR refugee* (Topic) and health OR (healthcare OR health care) OR “health services” (Topic) and “language barriers” OR “cultural barriers” (Topic) and (translation OR translator) OR (interpreting OR interpreter) OR (transcreation OR transcreators) (Topic) and Spain (Topic)

The search question offered 16 results; five (5) duplicates were excluded. Subsequently, one (1) publication not in English or Spanish was eliminated. Finally, 10 publications were analyzed (Table 1).

| Code | Citation (as cited in this text) |
|------|-------------------------------------|
| S001 | Frutos et al. 2008 |
| S002 | Plaza del Pino et al. 2013 |
| S003 | Plaza del Pino and Veiga 2014 |
| S004 | Rubio-Rico et al. 2014 |
| S005 | León-Pinilla et al. 2016 |
| S006 | Falla et al. 2017 |
| S007 | Garnweidner-Holme et al. 2017 |
| S008 | Jiménez-Ivars and León-Pinilla 2018 |
| S009 | March et al. 2018 |
| S010 | Thonon et al. 2021 |

Table 1. Analyzed publications

The analysis was conducted using NVivo, a qualitative analysis tool that facilitated the coding of the texts. The analysis was divided into two stages: descriptive analysis, and content analysis. This last step made it possible to code the publications around the main topics addressed. The analysis was carried out in February 2024 by two researchers (specialists in translation and communication), thus guaranteeing a plural perspective in the interpretation of the results.

3. RESULTS

3.1. *Descriptive Analysis*

In this phase, this analysis focused on publication year, authors' affiliation and research methods used. The articles under analysis were published between 2008 and 2021, suggesting a steady interest on this issue during the first two decades of the 21st century.

Only the affiliation of the first author was recorded in the case of publications with multiple authors with different affiliations. Most of the contributions came from authors linked to Spanish institutions, such as the Transplant coordination in Málaga, the University of Almería, the Torrecárdenas Hospital in Almería, the University Rovira i Virgili, the European University, the University Jaume I, and the Balearic Islands Health Research Institute. There are three articles whose authors belong to the Oslo and Akershus University College of Applied Sciences (Norway), the University Medical Center

Rotterdam (Netherlands) and the University of Paris (France). Consequently, there is evidence of a particularly local focus on the object of study.

Regarding the research methods employed, seven (7) publications addressed the object of study with a qualitative methodology; two (2) of them did it with quantitative methods, and one (1) did it with a mixed-methods approach.

3.2. *Content Analysis*

The following themes were identified: 1) relevance of migration in Spain; 2) barriers faced by migrants; 3) the role of translational activities; and 4) other proposed solutions to overcome barriers faced by migrants.

3.2.1. RELEVANCE OF MIGRATION IN SPAIN

Some of the analyzed papers pointed out to the role of Spain as a host country for migrants, especially during the decade from 2000 and 2010, when it had the highest increase in migration of the European Union (Plaza del Pino et al. 2013). Among the migrants arriving to Spain, several publications note that the main countries of origin are Morocco and Algeria, thus suggesting that the Maghrebi community is an important segment of the population (Plaza del Pino and Veiga 2014; Plaza del Pino et al. 2013; Rubio-Rico et al. 2014).

3.2.2. BARRIERS FACED BY MIGRANT COMMUNITIES

The analyzed papers identify a wide range of barriers faced by migrant communities, starting with barriers to access healthcare in the host country. Through a systematic literature review, Thonon et al. (2021) identified a series of barriers to healthcare experienced by migrants that include lower folic acid intake, less awareness about its benefits, and higher risks of obstetric trauma among pregnant women, more serious medical events in pediatrics and lower cancer screening rates.

Language seems to be one of the main obstacles for migrants seeking healthcare (Frutos et al. 2008; León-Pinilla et al. 2016; Falla et al. 2017; Plaza del Pino et al. 2013). Indeed, inadequate communication between health professionals and patients can hamper effective diagnosis, monitoring, and treatment (León-Pinilla et al. 2016). After a round of interviews with African migrants in Spain, Plaza del Pino and Veiga (2014) noticed that language barriers deprive migrants of the right to decide about their own health, as they do not receive health information, sometimes not even about their own diagnosis. Migrants reported signing informed consents without knowing what they were consenting to, since neither the material was translated nor were there interpreters present (Plaza del Pino and Veiga 2014).

The absence of professional interpreters is also confirmed in the study by Rubio-Rico et al. (2014). Through interviews and focus groups with Maghrebi adults living in Spain, it was identified that Maghrebi minors are frequently used to act as ad hoc interpreters between adults and healthcare providers (Rubio-Rico et al. 2014). A similar situation is found in the case of asylum seekers, who must routinely rely on family,

friends, or members of the community of origin (including children) to interpret at various stages of the application process, including seeking healthcare (León-Pinilla et al. 2016).

However, other publications provide contrasting data. Through a survey of health professionals in six European countries (Germany, Hungary, Italy, the Netherlands, the United Kingdom, and Spain), Falla et al. (2017) investigated the availability of information materials on hepatitis B/C and language support services (translation and interpreting). The results of the survey revealed that, in Spain, the availability of materials translated into languages other than the official language was uncommon, compared to Germany, the Netherlands and the United Kingdom. However, the presence of interpreters in consultations seems to be common, although not in systematically (Falla et al. 2017). According to the experts consulted in the study, language barriers explain the low frequency of diagnostic tests in migrants with risk factors, the absence of translation and interpreters justifies the lack of performance of these tests, and language barriers also explain the reluctance of those diagnosed to seek help from a specialist. Cultural differences represent another barrier that hampers migrants' access to healthcare. For example, Plaza del Pino et al. (2013) revealed in their study the concern expressed by some healthcare professionals that communication would be hindered by cultural barriers rather than language barriers, and by a lack of interest on the part of the professionals themselves to understand cultural and religious differences, especially regarding Moroccan patients.

Migrants experience barriers not only accessing healthcare, but also administrative barriers. In the papers by León-Pinilla et al. (2016) and Jiménez-Ivars and León-Pinilla (2018), researchers describe the barriers experienced by asylum seekers during the process of obtaining the legal status of refugees, again due to the lack of translated information materials and the absence of professional translators and interpreters during the process.

Finally, there are barriers that specifically affect women. Female migrants are frequently dedicated to domestic life, which limits their ability to learn the language of their new country of residence (Plaza del Pino et al. 2013), and even when they learn the language, they are more frequently charged with the task of being ad hoc translators for their relatives than male migrants (Rubio-Rico et al. 2014). In the case of migrant women who suffer from intimate partner violence (IPV), the information about the resources they can access is not usually available in different languages (Garnweidner-Holme et al. 2017). Also, another study revealed that migrant women in Spain participate less frequently in breast cancer prevention programs than native women for several reasons, such as language barriers, mistrust in the healthcare system, or frequent changes of address, which made it difficult for them to receive information about these programs (March et al. 2018). This is migrant women encounter more barriers in the host country than their male counterparts.

3.2.3. TRANSLATIONAL ACTIVITIES

Translational activities are sometimes presented as solutions to overcome communication barriers in healthcare settings, while other studies remark the absence of

professionals in the field. Generally, researchers from the field of medicine acknowledge the need for translators and interpreters in healthcare settings, as they are a mean to improve patients' safety, the quality of healthcare, medical ethical practice, and patient outcomes (Falla et al. 2017; Garnweidner-Holme et al. 2017; Rubio-Rico et al. 2014; Thonon et al. 2021). However, their presence in Spain is not common (Plaza del Pino et al. 2013; Plaza del Pino and Veiga 2014; León-Pinilla et al. 2016; Jiménez-Ivars and León-Pinilla 2018; Falla et al. 2017). Several deficiencies are alleged to explain the absence of such a necessary service, including the lack of: specific training on the part of language professionals, professionals speaking the patients language, resources (both economic and technological), institutional support, academic interest, and sensitivity on the part of healthcare providers (Plaza del Pino et al. 2013; León-Pinilla et al. 2016; Jiménez-Ivars and León-Pinilla 2018; Garnweidner-Holme et al. 2017; Rubio-Rico et al. 2014).

The negative consequences of not providing professional translational activities include:

- a. There is no good communication between migrant patients and healthcare providers. Thus, migrants seek professional care less frequently, undergo less screening tests, and receive treatment less frequently than the native population (Plaza del Pino et al. 2013; Falla et al. 2017; León-Pinilla et al. 2016);
- b. Patients with low language proficiency are often not informed about their diagnosis, treatment, or prognosis, losing their right to decide about their own health (Plaza del Pino and Veiga 2014);
- c. Ad hoc (non-professional) interpreters are used, who sometimes do not even have a good command of the host country language (Plaza del Pino et al. 2013; Plaza del Pino and Veiga 2014). Ad hoc interpreters include family members, friends, or members of the community of origin of the person involved (including children), migrants, asylum seekers or refugees themselves, non-professional volunteers from outside the user's circle, public service or NGO staff, bilingual professionals, and others (León-Pinilla et al. 2016). Non-professional interpreters do not know medical terminology and produce less accurate, low-quality interpretations (Rubio-Rico et al. 2014; Jiménez-Ivars and León-Pinilla 2018; León-Pinilla et al. 2016);
- d. In the case of minors translating for other relatives, the negative consequences multiply: in addition to poor quality translations, children miss classes and receive a negative emotional impact (Rubio-Rico et al. 2014);
- e. In the case of asylum seekers, their applications may be delayed or blocked by poor communication between the applicant and the administration (Jiménez-Ivars and León-Pinilla 2018; León-Pinilla et al. 2016);
- f. In the case of women, they access screening and prevention programs less frequently than native women (March et al. 2018). When they are victims of IPV, they find it difficult to talk about violence with healthcare professionals,

which reduces their possibilities of reaching out for help and puts their lives at risk (Garnweidner-Holme et al. 2017).

This is, translations, interpreting, and other translational activities play a crucial role in improving migrants' quality of life and the negative consequences of not providing these services are an issue that should be addressed.

3.2.4. OTHER SOLUTIONS

Some solutions have been identified to overcome barriers faced by migrant communities. These include the use of cross-cultural mediators in medical consultations, to create lists of people who speak minority languages and that can be contacted by medical professionals to interpret, to train healthcare providers in intercultural communication competence, to use pictograms (Plaza del Pino and Veiga 2014), and electronic tools that have been specifically developed to be used in medical consultations (Thonon et al. 2021).

4. CONCLUSIONS AND RECOMMENDATIONS

The information gathered in a scoping review can guide the formulation of precise research questions. Therefore, this study aims to provide a starting point for further research, including more specific systematic reviews. The evaluation carried out evidences how the lack of translational strategies has negative repercussions on people's lives and health, exacerbating inequalities (Plaza del Pino and Veiga 2014; Plaza del Pino et al. 2013; Jiménez-Ivars and León-Pinilla 2018; León-Pinilla et al. 2016; Garnweidner-Holme et al. 2017; March et al. 2018; Thonon et al. 2021; Rubio-Rico et al. 2014). This paper concludes that translational activities are essential to reduce inequalities and promote the integration of migrants. Specific training in translational activities in migration contexts contributes to overcoming language barriers and facilitates integration, eliminating obstacles in accessing healthcare. In this sense, we highlight the continuous need for research and application of translation, transcreation and cultural mediation as inclusive tools in the field of health information and services as well as the crucial importance of adopting communication strategies that transcend language and cultural barriers. Through this approach, not only language barriers are overcome, but also cultural understanding is fostered, promoting more inclusive and responsive communication. In an increasingly globalized world, where the mobility of people is a constant reality, transcreation emerges as an essential element for building communicative bridges that foster integration and equity. This paper advocates for the application of cross-cultural approaches to transcreation, recognizing its fundamental role in creating more cohesive and caring societies.

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