Title: “I had to stifle my feelings” –Bilingual health professionals translating for family members in a health care setting. A qualitative study”

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Keywords: brokering, interpretation, family, inequality, ethics, cultural competencies, nursing, translation, language
“I had to stifle my feelings” – Bilingual health professionals translating for family members in a healthcare setting. A qualitative study.

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Aim: Very little is known about young people providing informal translation services in a Scandinavian context. We therefore aimed to capture the lived experiences of bilingual health professionals, students and postgraduates who have experienced interpreting for family members in a healthcare setting. By interviewing bilingual health professionals, we aimed to obtain two perspectives, the translators and the professionals, in one interview.

Results: Analysing the conditions, meanings and reasoning, it became possible for us to understand the young translators’ situations and how their life conditions affected their reasons for action in certain ways and in certain conditions. The analysis revealed four main themes: 1) The importance of social relations and cultural conditions; 2) The hidden burden of consequences for participants’ health conditions due to the focus on health-related consequences and emotionally difficult situations experienced by the participants; 3) Participants experienced limitations in language skills as a challenge; 4) Being ‘in between’ in the encounter with the professional system.

Conclusion: When family members interpret for the family, the family interpreter is at risk of being excluded by the family or being exposed to and involved in highly sensitive dilemmas that may forever
impair normal family relations: health professionals should be aware of this and take professional responsibility.

**Keywords:** brokering, interpretation, family, inequality, ethics, cultural competencies, nursing, translation, language

**Introduction**

This study emerged from experiences in clinical practice settings of patients’ young relatives often serving as informal translators or interpreters in the healthcare sector. Very often, this resulted in serious consequences for those involved in the consultation: for the patients in the form of misunderstandings and mistreatments, for the young relatives in the form of taking on a professional responsibility and being denied the role of being a relative, and for health professionals in the form of misunderstanding the patient. The literature concurs with this observation, showing that increased medication administration errors and decreased patient safety are caused by use of family members (1-4). This paper therefore aimed to look deeper into the phenomenon of young people interpreting for their relatives in a Scandinavian context.

**Background**

As an alternative to a professional interpreter, children or relatives often act as so-called ‘language brokers’ in the healthcare sector (3, 5). Weisskirch et al (2017) have demonstrated that the cultural context is significant for the potential outcome for child language brokers (5). For individuals from a
collectivistic family pattern it becomes natural, and is often regarded as respectful, to assist older relatives day and night (6, 7). Perceived cultural norms include caring for one’s family in a healthcare context, and several studies have explored family perceptions of honour related to helping your parents, including interpreting for them. Many migrants have fled from war and persecution; therefore it is a challenge for many to trust interpreters who are often complete strangers (8, 9). Based on these factors, migrant parents will often ask their own children to interpret for them (6). A study by Hilder (2017) found that most people are satisfied with using family members as interpreters because of the trust and personal relationship they have with family (8).

Studies have also examined the impact of language brokering experienced by children who have been interpreting for many years in the healthcare system (10-12). As far back as the 1970s, Harris and colleagues (13) described the consequences of language brokering by children. Being a broker for the family during childhood can affect children’s and adolescents’ cognitive and emotional conditions and in many situations lead to an increase in incidence of depression (11, 14). Additionally, serious anxiety and social isolation (15, 16) have also been described in this population. Furthermore, studies have shown that family members who brokered as children or as adolescents live with an increased risk of alcohol or drug abuse, especially when brokering is perceived as a burden (14).

In Denmark, enforcement of an interpreter law began in 2018, making it mandatory for migrants who have stayed in Denmark for more than three years to pay for professional interpreter services. This may have resulted in an increased number of children or relatives, rather than professional interpreters, being used in the healthcare system. Very little is known about young people brokering in a Scandinavian context. We therefore aimed to capture the lived experiences of bilingual health professionals, students and postgraduates who have experienced interpreting for family members in a healthcare setting. By interviewing bilingual health professionals, we aimed to capture two perspectives, that of young translators and of health professionals, in one interview.

**Theoretical framework**

In this study we adapted a critical psychological approach (17) focusing on the importance of objective conditions, specifically the participants’ reasons for handling different conditions in their everyday life, including brokering. In critical psychology, two main categories are important in the theoretical
framework, action potency and conduct of everyday life (17-19). Action potency refers to the degree to which persons are able to deal with or change their life conditions and make a good life for themselves. This includes the person's capacity to engage actively in society and with other people (18, 19). The conduct of everyday life category refers to the notion that it requires an active effort to produce and reproduce everyday life, and furthermore that everyday life is lived across structures of social practice. Using a first-person perspective, it is possible to analyse how individual existence is mediated by participation in various contexts (17). The core of the analysis consists of identifying relevant conditions that matter in specific ways in the lives of the participants. We examine what these conditions mean to individuals in their everyday lives and how actions like interpretation for family members may be subjectively reasoned (17-19).

Methods
The COREQ (Consolidated criteria for Reporting Qualitative research) Checklist (20) was used as a guideline for this study.

Design
The study was designed and conducted as a qualitative, explorative interview study (21).

The interviews
The study was guided by an interview guide which was constructed based on literature and experiences of all authors. The interview guide consisted of the following themes:

- How does the participant’s experiences with interpreting for family members impact their everyday life?
- What were the conditions, meanings and reasons for acting as an interpreter for family members?
- How did interpretation impact relationships within the family?

All interviews were recorded and transcribed verbatim; the analysis was conducted by [BLINDED] and discussed afterwards with all authors. Transcripts were anonymized as ID plus a number [ID 1, ID 2, etc]

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Participants
As we anticipated that it would be difficult to find participants who would share their critical and emotional stories, snowball sampling was used as a method to include participants (22). The purpose was to obtain as many different perspectives as possible, aiming to include different health professions and participants with different backgrounds. The study included 12 health professionals, all women, post-graduates or students, aged 26 to 35 years, with familial origins in different continents, including Africa, Middle East, East Europe, and Asia, only mentioned by continents to keep participants unrecognisable (Table 1). The first three participants included in the study were known by the authors as colleagues and in different ways had expressed a desire to focus on the consequences of acting as a translator for family members at a young age. These participants were then asked if they knew other bilingual health professionals with similar experiences, and assisted the researchers with contacting more participants. All participants had experienced interpreting for family members, which was the only inclusion criteria aside from being a health professional. No participants declined to participate or to share their stories.

Setting
The interviews were conducted at different locations chosen by the participants. Some interviews were conducted in hospitals, others at the nursing school.

Analysis
Inspired by critical psychology, analysis of conditions, meanings and reasoning was conducted in four steps (17, 19). First, all material was read through several times. Next, the text was condensed into smaller sections guided by the aim of the study and the condition, meanings and reasoning analysis. Focus remained on the dominant phenomenon behind acting as a broker for family members, with the aim of identifying participants’ options for handling everyday life and their personal ways of handling the conditions. The final themes were identified by comparing identified themes with the interviews to capture the complexity and combine the individual’s options with the social and societal context (Table 2).

Ethical considerations
All participants were informed about the aim of this study, and written and informed consent was obtained from all participants. It was emphasized that they had the right to withdraw if they no longer desired to participate in the study. Participants were informed that personal information would be omitted to ensure participant anonymity. The Danish Data Protection Agency approved the study in accordance with the Act on Processing of Personal Data. Approval by the Danish Ethics Committee was not required because of the qualitative design, according to Danish law. The study was conducted in accordance with the Declaration of Helsinki.

Findings

Through analysis of conditions, meanings and reasoning, we explored the young brokers’ situations, analysing how their life conditions had impacted their reasons for acting in certain ways and in certain conditions. The analysis revealed four main themes. The first theme dealt with the importance of social relations and cultural conditions. The second theme was about the hidden burdens – consequences for participants’ health conditions, focusing on health-related consequences and emotionally difficult situations experienced by the participants. The third theme dealt with how participants experienced the limitations in language skills as a challenge, and the last theme was about the encounter with the professional system – being ‘in between’ (Table 2).

The importance of social relations and cultural conditions

Destructive consequences for relationships

The interviews revealed that acting as an interpreter for family members had destructive consequences for the relationship between participants and their relatives. Participants explained their affected relationships with relatives in situations where they as, young brokers, had translated intimate details:

I was only 12 years old when I was translating intimate and sexual topics for my uncle at the fertility clinic - this situation had the consequence that he was not looking at me during or after the consultation… I still remember the way we were driving back home without speaking or looking at each other. That situation had impact on our relationship, which has been problematic ever since. [ID 5]
In some situations, participants had experienced being fearful of making mistakes while interpreting. Several participants also described how as children they had experienced being blamed by their relatives for not translating what they wanted to be said at consultations. Most of the participants experienced it as very difficult to object to relatives’ expectations of assistance. In other situations, participants were asked to interpret sensitive issues for their parents; two participants experienced translating their mother’s trauma history for the first time, and neither participant had heard the stories before. The mothers’ reactions were withdrawal due to trauma, but it was experienced as punishment by the participants: “I was so afraid of losing my close relationship to my mother, because I knew so many vulnerable things about her” [ID 7].

Another participant experienced her responsibilities as a huge burden. Her parents were vulnerable and depended on her in all situations in the conduct of everyday life. This situation made her doubt her prospects for independence:

   It’s a huge responsibility - sometimes I'm thinking about how I'm ever going to move out of their home, and how I am going to have my own life. How can I help my mother if I'm not here? How can I help her with interpretation? With the computer? With the net-banking? I just don’t want this huge responsibility – I want to be their daughter! [ID 6]

Most of the participants explained that they found the situation of interpreting for family members unfair and difficult, and it impacted their sense of self. Interpretation became a condition that hindered them from having a healthy and normal relationship with their closest family members.

Cultural values, norms and conditions

It became evident that most participants’ reasoning for interpreting for the family was the close connection and the feeling of a collectivistic duty and obligation. Even though most participants perceived it as a heavy burden to interpret for their parents or relatives, they reasoned that they would continue helping them out of a feeling of obligation:

   It has been difficult for me to say no because it was my mother... [ID 6]
You become an adult very fast – to me it was natural to help my mother, she carried me for nine months and raised me, she has always been there for me… [ID 9]

Saying ‘no’ to their parents would be the same as not respecting them: “When you say no, you will be adopting the role of being the black sheep of the family. Then you get all the conflicts at home. You will be labelled as being infidel and ungrateful” [ID 11]. Refusing to translate or broker would create conflicts within the family also because the parents feared their children assimilating into Danish culture. Assimilation was often feared because of Danish children’s behaviour and perceived lack of respect for older family members.

Social control outside the family was mentioned by one participant, who reasoned that her conflicts often stemmed from the fact that her parents were often influenced by their distant friends and family members. A few participants described being labelled as ‘the bad daughter’ but that their mothers would primarily pay the price for it. One participant had experienced interpreting for a lot of relatives, neighbours, and people she didn't even know. She explained that her constant availability to others was expected and never discussed:

People wanted me to interpret for them but if I made mistakes I was really told off and was called the bad daughter. One time an old woman shouted at me and told me that I should be sent back to Somalia to learn the Somali language better. No one ever thanked me. [ID 3]

**The hidden burden – consequences for participants’ health conditions**

Health-related consequences

It became evident during the analysis that the participants experienced health-related consequences due to the responsibilities of translating for their close relatives. Most participants emphasized that despite the honour and obligation, it became difficult because they did not receive the understanding and support they needed, both from parents and health professionals. One reported feeling like an object and not a daughter worthy of care:

I was just “a bag” my mother was carrying around. I just had to be with my mother

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interpreting and she continues… it makes me sad, and it feels like having a handicap. It [the feeling] will never disappear or be better. [ID 5]

Some of the participants experienced that their parents seemed to forget that they had a life of their own, which made them feel psychologically run-down at times. Having duties at school and social obligations made it even more difficult for some of the participants:

My parents forget I also have a life – somehow they have worn me and my brother down psychologically… it is a hard job helping my mother… I have my school… For example at my next exam my mother also needs me to go with her to hospital and that really stresses me. [ID 9]

Most participants had experienced feeling alone due to their obligations and responsibilities. Carrying all the knowledge about their parents’ secrets and pain and not being able to share the knowledge with anybody was described as having an important impact on one woman’s sense of self and her conduct in everyday life: “I became quieter… I withdrew from everybody and became isolated in my own world. I really needed a shoulder to cry on – someone to understand me”. [ID7]

Handling emotionally difficult situations
It became evident that when the young interpreters had to interpret in situations involving emotional topics, it was difficult and emotional, particularly their parents’ stories and experiences related to war and traumas – stories that had never been told before:

As a daughter it was really, really hard to listen to my mother’s trauma history, she was crying—and I was just sitting trying to interpret, shocked, had never heard the story before and tears were just running down my cheeks – I had to stifle my feelings. [ID7]

Providing or translating a severe diagnosis was also experienced as a serious emotional challenge for the participants. One said that she had to provide her mother with a diagnosis of Post Traumatic Stress Syndrome (PTSD):
My worst experience was when my mother got the PTSD diagnosis – I had to interpret her story five times, once had been enough. I started crying – but no one paid any attention to me… I was only 16 years old. [ID 7]

Several participants experienced being asked to interpret in situations which were considered taboo or carried a stigma in their culture. Translating severe diagnoses or severe results from examinations was experienced as transferring professional responsibility from the healthcare professional onto the young interpreter:

I was interpreting in many situations full of taboo for people with my cultural background [Somali]. At 12 years old I had to interpret to a woman that she would never be able to have children - it was terrible. [ID 3]

Several participants emphasized how difficult and emotional it was to interpret a severe diagnosis like cancer or dementia for their relatives. One of the participants said: “I had to interpret to an old lady and her relatives that she was suffering from dementia. It was so sad and I started crying. I didn’t want to interpret I just wanted to hold her”. [ID 3]

**Limitations in language skills as a challenge**

**Being burdened by language and technical terms**

Not having sufficient language competency and skills in both Danish and in their parents’ native tongue was described as a challenge and a difficult situation for most participants. They explained that they felt especially challenged by their language skills when they were young. Some had started interpreting already at the age of 10. At that age, none of the participants felt that they had sufficient language competency to handle several languages and interpret health-related issues:

As a ten year old your language is still not evolved completely – you are not fluent in two languages – my mother tongue, which is Danish, is my first language, the second language is like behind in my brain. [ID 4]

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Most of the participants had experienced not interpreting one hundred percent correctly. They all stated that they did their best, but at times they did not understand what they were translating and didn’t dare tell the doctor. Being asked to interpret unfamiliar diagnoses or complicated examinations was experienced as being very difficult and at times resulted in severe consequences:

My mother was diagnosed with Morbus Crohn [Crohn’s Disease] – I didn’t know what it was – so I was just saying something – I interpreted wrong and told her she should have an ostomy – she started crying – I felt so bad, but the staff seemed OK with me interpreting. [ID 7]

At the age of 12, one participant had experienced interpreting for a relative who was going to be examined for cancer. She misunderstood and instead she told the woman that she had cancer, which caused an emotional reaction and a lot of frustration from the relative. In other situations, specific symptoms could be difficult to interpret:

Specific words and conditions can be very difficult to interpret – I had to interpret my mother had a pricking pain – this was so difficult to interpret, I tried with Google Translate [and] it went all wrong – and I felt so responsible. [ID 9]

Technical terms were described as a huge challenge and most of the participants had experienced having a troubled conscience after translating for doctors at consultations:

I feel responsible for my mother’s treatment and her situation – maybe she would be better if I had been a better translator at the doctor – I was not able to interpret the severity of her disease… [ID 4]

The conditions in the encounter with the professional system
Being caught between a rock and a hard place
Translating was described and experienced by most participants as being under pressure from both health
professionals and relatives. At all ages, participants had experienced health professionals focusing only on the patient, expecting everything to be interpreted, and at the same time the healthcare professionals seemed to ignore or overlook the participants, even at the age of 10. The pressure was described as increasing when they returned home from hospital and relatives asked the young broker to repeat information from the doctors or nurses.

I was also nervous when interpreting for the doctor because I never knew what question he would ask my mother. My mother got so disappointed and angry at me if the information from the doctor was bad concerning her disease or treatment. [ID 4]

This quote also illustrates how the participants were caught between the healthcare professionals and relatives. They reasoned that some of the stress they experienced was caused by the fact that they were stuck ‘between’, pressured on both sides in their role as an interpreter.

The encounter between health professionals and the young participants was characterised by lack of care, lack of interest, and lack of responsibility from the health professionals’ side. Unethical situations occurred at the expense of the participants, who expressed a deep need for adults to take care of them, to protect them from such a responsibility, and from the interpretation situations: “I really needed some of the health professionals to take my hand and hold me – but that never happened” [ID 7].

Some participants reflected that they had never experienced any healthcare professionals taking care of them, or discontinuing a consultation to ask how they felt. Even in situations where the young broker had burst into tears and cried, no healthcare professionals seemed to pay attention. It was experienced that the healthcare professionals were only interested in the patients: “You need to be a robot to be able to interpret word by word, with no feelings” [ID 3]. This was closely echoed by another participant: “When I was younger I tried just to be a kind of an interpreter machine” [ID5]. Only one participant had experienced a general practitioner intervening: “Only one doctor refused to let me interpret – he said ‘I refuse to let her interpret, she doesn’t understand what is going on’ – that was such a relief” [ID 3].

Speaking from a position as healthcare professionals
All participants agreed during the interviews that their children should never experience being a
translator for any family members. They also emphasized that in their own working lives as health professionals, they were working to make the healthcare sector cease using relatives as interpreters. Only extremely acute situations would make them use relatives as interpreters.

One participant explained how her experiences had impacted her methods of handling patients with language barriers. In many ways she could see some positive outcomes of her many years of experience as an interpreter:

I think that I am more understanding and flexible in my approach to migrant patients – of course we have to follow the rules… but if the care gets better if we are larger in empathy and flexible – I want to be like that. [ID 8]

Almost half of the participants had stopped interpreting for their family members, mainly due to the large burden and the many conflicts that occurred in the family: “You need to be there as a relative – I would never be able to interpret to my mother that she had cancer – never!” [ID 10]

Another concern that arose during the interviews was the new interpretation fee. Most participants feared that in the future even more family members and maybe even children would be used as interpreters in the healthcare sector. They all worried about this outcome and therefore emphasized the need to spread knowledge about the consequences for young people when interpreting for family members.

**Discussion**

The main findings in our study revealed three conditions important to the participants’ personal abilities to engage actively in society and with other people. First, being a language broker negatively impacted the participants’ relationship to close relatives, participants’ health conditions and participants’ sense of self. Second, translating for family members and friends impacted the participants’ level of stress and engendered feelings of guilt, insecurity and insufficiency. Lastly, we revealed that participants felt abandoned and let down by health professionals, who left children and young relatives with too much responsibility, sorrow and worries.
The translating role became an impactful condition in the participants’ everyday lives and entailed a burden on relationships with close relatives; it especially complicated relationships with mothers through exposing traumas that had previously been secret, and requiring the young interpreters to be responsible for helping during chronic diseases and treatment. It had destructive consequences for the relationship between the young translator and the parent. Values and norms within the family were an important social condition impacting how participants experienced being translators. The obligations connected to being part of a collectivistic family pattern also impacted participants’ abilities to act, and in some cases made it difficult to negotiate between relatives and healthcare professionals. In several situations, participants reported language brokering as a huge burden, creating feelings of being ‘caught between a rock and a hard place.’ Nielsen (2018) has showed that too much responsibility in burdened families can transmit vulnerability from one family member to another (6). Similarly, the findings in the current study show that parental vulnerability acted as a constraining condition for the young translators’ conduct in everyday life and entailed limited action potency (19), with limited ability to change their own life conditions.

The current study also emphasizes how brokering positions young interpreters in a complex dilemma: on one side, they wished to adhere to the collectivistic cultural norms of being the good daughter, not saying no, and translating when asked. On the other side, they were immersed in the Danish individualistic culture at school and became frustrated about the way they were raised, unable to refuse to help family even when they wished.

These findings reveal that acting as a broker was not only perceived as an obligation to the parents, but it also became a kind of cultural and social concern among the parents’ friends; in the worst cases, this was described as paralysing participants’ agency and action potency (18) in the form of being labelled as a “bad daughter”. This can be viewed through the lens of a collectivistic society, where social control can act as a way of protecting ethnic identity, values and norms (7, 23). Living under social control, e.g. threats of being sent back to Somalia, was a condition impacting the young person’s sense of self and confidence. Weisskirch (2006) has described similar results, finding that vulnerability and lack of parental support predicted experiencing language brokering as a burden, and the greater the burden experienced, the more resultant negative self-esteem and decreased self-efficacy (24).
Fear of making mistakes also impacted the participants’ abilities to handle the brokering situation. The more difficult the situation seemed, the harder it was to decline to interpret. Similar results were seen in a qualitative study analysing children’s narratives of their experiences as language brokers, revealing that brokering created fear and anxiety primarily because of awareness of the consequences of mistranslating (10). The responsibility and pressure of translating for family members had emotional importance to most of the participants in our study, revealing that some participants lost their childhood to too much responsibility. At the same time, brokering could entail feelings of guilt and shame and leave participants with chronically low self-esteem. Orellana et. al (12) showed similarly how these experiences from early childhood continue into adulthood and impacted conduct and quality of everyday life, giving individuals an identity of being needed, but with too much responsibility. Rainey (2014) showed in a large survey that children who had been brokers during childhood and adolescence had increased risk of depression in adult life compared to non-brokers (16).

Participants in our study were health professionals, an aspect that caused them to reflect critically on children brokering within the healthcare sector. They all agreed that they would never let their own children interpret for relatives and argued that their own experiences caused them to become far more reflective on the use of family members and interpreters in their working life.

The current study revealed sparse evidence of positive experiences translating as a young person. Morales (2005) showed in a review of the literature that parents select the child language broker based on certain qualities and skills that help them interact in two different worlds (25), which can have a positive impact on the child/young person’s everyday life, resulting in higher status and authority within the family (14, 26).

The strength of this study was the snowball method of sampling, resulting in diversity of the included participants’ backgrounds. We chose this method to ensure contact with potential participants; all participants contacted were extremely willing to share their stories and experiences, and no one declined to participate. We showed that brokering happens in multiple cultures and is not necessarily related to ethnicity or country of origin. By interviewing health professionals, it was possible to gain in-depth and broad knowledge about translating in a healthcare context. All participants could relate their experiences as a translator to their position as health professionals and their conduct of everyday life.

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However, the snowball method used also meant no men were contacted as potential participants, which is considered a limitation to this study. It should therefore be discussed if data saturation was achieved; data saturation is reached when there is enough information to replicate the study and when no additional new information can be attained (27, 28). Including men in the current study may have provided us with new themes and findings; nevertheless data saturation among women health professionals was achieved. A relevant topic for future research would be focusing on gender and men’s experiences with brokering.

**Conclusion**

When family members interpret in a healthcare setting, the family interpreter is at risk of being excluded by the family or being exposed to and involved in highly sensitive dilemmas that may forever impair family relations.

Our results argue that all health professionals should consider when and how they use relatives as interpreters in the healthcare sector. With the new interpreter law in Denmark, children will be at increased risk of needing to act as language brokers, which we have showed is damaging for them psychologically, harmful for their relationships, and detrimental to their sense of self in everyday life.

The need for access to professional interpreters cannot be emphasized enough, both to prevent mistakes and errors in patient care, but also to prevent psychological damage and other negative health outcomes for the brokering relative. More awareness, critical thinking, and ethical reflections are necessary among health professionals in order to better assume professional responsibility in language brokering situations.
References


Table 1. Overview of participants included in the study – only continents are mentioned to keep participants unrecognisable

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Table 2. An overview of the conditions, meanings and reasoning analysis, illustrating the four main themes

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<td>- Gender and cultural values, norms, and conditions</td>
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<tbody>
<tr>
<td></td>
<td>- How does the individual experience the conditions of interpreting for relatives in their everyday life? Focus on their possibilities and limitations for a personal perspective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasoning</th>
<th>What kind of conduct of everyday life and term of actions are revealed in consequence of the conditions and the personalized experiences?</th>
</tr>
</thead>
</table>

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<tr>
<th>Action Potency</th>
<th>The participants’ personalized ways of handling the conditions in their everyday life</th>
</tr>
</thead>
</table>