

## The Role of Interpretive Translation in Healthcare: Insights from Dentist–Patient Communication in the City of Tlemcen, Algeria

Nadia Boulakdem\*

Université Abou Bekr Belkaid- Tlemce ;Algeria.  
nadiaboulakdem943@gmail.com

DOI:10.33705/1111-018-002-013

Received: 05/09/2025

Accepted: 25/11/2025

Published: 28/12/2025

\*Corresponding Author

Citation :

Boulakdem, N. (2025).

The Role of Interpretive Translation in  
Healthcare: Insights from Dentist–  
Patient Communication in the City of  
Tlemcen, Algeria

Maalim

I(2), 127-136

### Abstract:

Effective communication is a central determinant of healthcare quality, particularly in multilingual and diglossic contexts. In Algeria, where Arabic, Tamazight, French, and various dialects coexist, the risks of misunderstanding are significantly heightened, especially among illiterate patients. Resulting linguistic and cognitive barriers may lead to diagnostic errors, hinder therapeutic adherence, and undermine clinical outcomes. This article explores the role of interpretive translation as an essential mediating tool between dental practitioners and patients, enhancing clarity in exchanges and ensuring the proper transmission of medical information. Based on a field survey conducted in Tlemcen, the study highlights the communicative challenges faced by healthcare professionals and suggests practical directions for improving doctor–patient interaction in the Algerian context.

**Keywords :** interpretive translation; medical communication; illiteracy; Algeria; doctor–patient interaction.

Maalim

© 2025 The Author(s).

Published by the High council of the Arabic  
language.

This is an open access article  
under the [CC BY license](#)



## Résumé :

La communication efficace représente un déterminant central de la qualité des soins de santé, en particulier dans les contextes multilingues et diglossiques. En Algérie, où coexistent l'arabe, le tamazight, le français ainsi qu'une diversité de dialectes, les risques de malentendus se trouvent considérablement accrus, notamment chez les patients analphabètes. Les obstacles linguistiques et cognitifs qui en découlent peuvent engendrer des erreurs diagnostiques, compromettre l'adhésion thérapeutique et altérer la qualité des résultats cliniques. Cet article examine le rôle de la traduction interprétative en tant que dispositif de médiation essentielle entre les praticiens dentaires et les patients, en favorisant la clarté des échanges et la transmission adéquate de l'information médicale. À partir d'une enquête de terrain menée à Tlemcen, l'étude met en évidence les défis communicationnels rencontrés par les professionnels de santé et propose des orientations pratiques pour améliorer l'interaction médecin–patient dans le contexte algérien.

**Mots-clés :** traduction interprétative ; communication médicale ; analphabétisme ; Algérie ; interaction médecin–patient.

## دور الترجمة التفسيرية في الرعاية الصحية: رؤى من تواصل طبيب الأسنان مع المرضى في مدينة تلمسان، الجزائر

الملخص:

تعدّ القدرة على التواصل الفعال عاملاً محورياً في ضمان جودة الرعاية الصحية، لا سيما في المجتمعات متعددة اللغات وحالات ازدواجية اللغوية. ففي الجزائر، حيث تتعايش العربية والأمازيغية والفرنسية إلى جانب لهجات محلية متعددة، تتضاعف مخاطر سوء الفهم، خصوصاً لدى المرضى الأميين. ويمكن أن تؤدي هذه الحواجز اللغوية والمعرفية إلى أخطاء في التشخيص، وضعف في الالتزام العلاجي، وانعكاسات سلبية على النتائج السريرية. يتناول هذا المقال دور الترجمة الشفوية التفسيرية كوسيلة جوهرية للوساطة بين أطباء الأسنان والمرضى، من خلال تعزيز وضوح التبادل وتحقيق نقل أفضل للمعلومة الطبية. وبالاستناد إلى دراسة ميدانية أُجريت بمدينة تلمسان، تسلط الدراسة الضوء على التحديات التواصلية التي يواجهها المهنيون في قطاع الصحة، وتقدّم مسارات عملية لتحسين التفاعل بين الطبيب والمريض في السياق الجزائري.

**الكلمات المفتاحية:** الترجمة الشفوية التفسيرية؛ التواصل الطبي؛ الأمية؛ الجزائر؛ التفاعل بين الطبيب والمريض.

**1.Introduction:** Effective communication in medical practice is globally acknowledged as a

cornerstone of quality healthcare and patient satisfaction. Research in the field of patient–doctor communication consistently demonstrates that effective interaction directly contributes to accurate diagnosis, appropriate treatment adherence, genuine informed consent, and ultimately better health outcomes (Street, Makoul, Arora, & Epstein, 2009, p. 303). Communication in medicine is therefore not a secondary aspect of care, but rather a determining factor in the entire healing process.

In multilingual societies such as Algeria, communication is further complicated by diglossia and the coexistence of several languages. Many patients navigate daily life in Algerian Arabic (Darija) or Tamazight, while medical education and practice often take place in French or Modern Standard Arabic. This linguistic gap becomes particularly problematic for individuals with limited literacy, as they are less able to decode medical information or express their symptoms clearly.

Illiteracy, which disproportionately affects rural and marginalized communities, creates significant obstacles in healthcare. Patients with low literacy may fail to understand prescriptions, struggle to follow written instructions, or remain unable to articulate their health concerns (UNESCO, 2017, p. 5). Many of them depend on non-verbal communication, dialectal expressions, or assistance from family members. These practices highlight the urgent necessity for professional mediation to ensure equality in healthcare delivery.

Interpretive translation, defined as the oral rendering of meaning from one language or dialect to another, offers a practical and ethical solution to this challenge (Pöchhacker, 2016, p. 144). Unlike written translation, which is static, interpretive translation unfolds in real time and adapts dynamically to the patient’s needs. In dentistry, where communication involves detailed explanations of pain, procedures, and hygiene, interpretive translation becomes not a luxury but a vital necessity (Angelelli, 2004, p. 56).

This article combines theoretical insights with empirical findings from a field study conducted in Tlemcen, Algeria. Its aim is to analyze how dentists manage communication barriers with illiterate patients and to situate Algerian realities within global discussions on the role of interpreters in healthcare (Hale, 2007, p. 91).

## **2. Interpretive Translation : Concept and Scope :**

### **2.1 Origins and Theoretical Underpinnings:** Interpretive translation, also called interpretive

mediation or consecutive interpreting, is a specialized form of oral translation. Its purpose is not to produce a literal equivalent of words but rather to ensure that meaning is fully understood. According to the Interpretive Theory of Translation (ITT), developed by Danica Seleskovitch and Marianne Lederer in the 1970s, translation involves three interconnected stages : comprehension, deverbalization, and reformulation (Gile, 2009, p. 45).

This approach was particularly influential in sensitive contexts such as law, education, and medicine, where clarity is more important than literalness. A strictly literal translation may distort meaning or exacerbate patient anxiety. Instead, interpreters must grasp the underlying sense and reformulate it in a way that is accessible to the patient’s cultural and linguistic background (Pöchhacker, 2016, p. 147).

**2.2 Application in Medical Contexts :** Healthcare communication is complex because it combines biomedical terminology with patients’ personal and cultural expressions of illness. For example, a patient may describe migraine as “fire in the head,” which requires the interpreter to bridge between metaphorical expression and biomedical terminology (Angelelli, 2004, p. 92).

In Algeria, many patients, especially older women and those in rural communities, lack proficiency in French or Modern Standard Arabic. Instead, they rely primarily on Darija or Tamazight. In these cases, interpretive translation ensures inclusivity, enabling patients to understand diagnoses and treatment options (Bouamrane & Mair, 2014, p. 112).

**2.3 Formal vs. Informal Practices :** Interpretive translation in healthcare can be formal, performed by trained interpreters, or informal, carried out by family members, nurses, or receptionists. While informal mediation is common in Algeria due to shortages of professional interpreters, it raises ethical concerns. Such practices may compromise confidentiality, distort information, or introduce bias (Hale, 2007, p. 91). These risks underline the need for institutionalized frameworks that professionalize interpretive mediation.

### **3. Medical Communication and the Challenge of Illiteracy :**

**3.1 Defining Illiteracy in Medical Contexts :** Illiteracy in healthcare goes beyond the inability to read or write ; it also encompasses limited health literacy, the capacity to access, process, and understand medical information (Nutbeam, 2000, p. 263). Illiterate patients often struggle with

medical forms, misinterpret dosage instructions, or avoid asking questions due to embarrassment. Many depend on relatives, leading to breaches of privacy and autonomy.

**3.2 The Algerian Reality :** Algeria has made remarkable progress in the fight against illiteracy, with national estimates indicating a decline from 22.3% in 2008 to approximately 7.9% in 2021 and 7.4% in 2022 (ONAEA, 2022). Despite this progress, significant disparities persist, particularly among rural populations and women. Illiteracy continues to hinder access to healthcare, where effective communication requires patients to describe symptoms, follow hygiene routines, and consent to treatment.

Beyond illiteracy, another major challenge lies in the linguistic gap between patients and medical staff. Algerian doctors and dentists are largely trained in French, and they frequently use specialized French medical terms and expressions during consultations. For illiterate patients, many of whom are not proficient in French, this creates a double barrier: they struggle both with reading and writing, and with understanding the technical vocabulary of a foreign language.

Field observations in Tlemcen confirm that many patients confronted with this dual challenge often remain silent or nod in apparent agreement without real comprehension (Field Study, 2024). Such behavior masks misunderstanding, increasing the risk of misdiagnosis, poor adherence to treatment, or complications during dental procedures.

**3.3 Illiteracy and Power Dynamics :** Illiteracy creates power imbalances between doctor and patient. Patients often feel inferior, while doctors inadvertently dominate the interaction. Without mediation, this imbalance fosters mistrust, non-adherence, and avoidance of medical care (Street et al., 2009, p. 307). Interpretive translation helps restore balance by empowering patients to communicate in their own linguistic repertoire.

**3.4 Reframing Illiteracy as a Communication Barrier :** Rather than viewing illiteracy as an individual deficiency, healthcare systems should recognize it as a systemic communication barrier. This shift in perspective encourages the use of simplified language, visual aids, oral explanations, and cultural sensitivity training for healthcare providers (WHO, 2018, p. 28). Through this lens, interpretive mediation becomes a bridge not only between languages but also between inequality and fairness in healthcare delivery.

**4. The Importance of Interpretive Translation in Healthcare :** Interpretive translation is not an optional service but rather a central element of equitable healthcare delivery. Its importance can be analyzed through several dimensions : comprehension, safety, trust, and ethics.

**4.1 Enhancing Comprehension and Informed Consent :** Informed consent is a fundamental principle of medical ethics. However, it only has value if patients genuinely understand the risks and procedures involved. For illiterate patients, consent often risks becoming a mere formality rather than genuine understanding (*Angelelli, 2004, p. 103*). Professional interpreters play a crucial role in bridging this gap by reformulating technical concepts in culturally and linguistically accessible terms.

**4.2 Improving Adherence and Safety :** Clear communication has direct consequences for patient safety. (*Flores 2006, p. 230*) showed that the use of trained interpreters reduces hospital readmissions and improves medication adherence. In dentistry, instructions such as “rinse twice daily” or “avoid hard foods” can easily be misunderstood if not explained properly. Interpreters help clarify such instructions by using analogies and examples drawn from patients’ daily lives.

**4.3 Reducing Stress and Building Trust :** Healthcare environments can be intimidating, especially for patients excluded by language and literacy. The presence of interpreters reduces fear, facilitates openness, and promotes cooperation (*Pöchhacker, 2016, p. 155*). In dentistry, where fear of pain is widespread, the interpreter’s role goes beyond communication : it provides psychological reassurance.

**4.4 Protecting Ethical Standards :** Interpretive translation safeguards the ethical dimensions of care. It ensures equity by granting equal access to patients regardless of literacy, protects confidentiality by replacing family mediation with professional services, and reinforces autonomy by allowing patients to make informed decisions (*Hale, 2007, p. 115*).

**4.5 Relevance in Multilingual and Diglossic Societies :** The Algerian context, characterized by diglossia and multilingualism, makes interpretive mediation particularly crucial. Miscommunication not only increases the risk of medical errors but also alienates patients from the healthcare system (*Bouamrane & Mair, 2014, p. 113*). Professional interpreters can therefore be seen as essential actors in reducing systemic inequalities.

## 5. Methodology of the Study :

**5.1 Research Objectives :** The study aimed to explore communication barriers between dentists and illiterate patients, to identify the interpretive strategies employed during consultations, and to assess both the effectiveness and the limitations of these practices. It also sought to generate recommendations for integrating interpretive mediation within Algerian healthcare.

**5.2 Research Design :** The study adopted a qualitative exploratory approach to capture detailed insights into dentist–patient interactions. This approach made it possible to analyze not only verbal communication but also contextual nuances, non-verbal signs, and spontaneous interpreting practices (Creswell, 2018, p. 67).

**5.3 Participants :** The study included 15 dentists (9 women and 6 men) practicing in the city of Tlemcen. Participants were selected based on having at least two years of experience, regular interaction with illiterate patients, and willingness to share professional experiences. The sample included both public and private practitioners, which ensured diversity of perspectives.

### 5.4 Data Collection Tools :

Data were collected using a structured questionnaire containing both open- and closed-ended questions. These questions covered professional background, frequency of communication problems, specific cases with illiterate patients, and strategies used (such as dialect switching, visual aids, or reliance on informal interpreters). Dentists were also invited to share anecdotes to illustrate challenges and solutions.

**5.5 Data Analysis :** Responses were analyzed through content analysis, identifying recurring patterns and themes (Krippendorff, 2018, p. 47). Special attention was given to linguistic adaptation strategies, the emotional impact of illiteracy, and the contrast between formal and informal interpreting practices.

**5.6 Ethical Considerations :** The study respected research ethics by ensuring anonymity, voluntary participation, and the right to withdraw at any stage. No patient data were collected, in line with WHO guidelines on biomedical research ethics (WHO, 2000, p. 13).

## 6. Field Findings and Data Analysis :

**6.1 Prevalence of Communication Difficulties :** All participating dentists reported frequent

communication barriers with illiterate patients. Problems were most common during diagnosis, when patients used vague or metaphorical language; during treatment explanations, where technical terms such as “root canal” (Traitement endodontique) were misunderstood; and in post-treatment care, where instructions were forgotten or misapplied. Dentists described using gestures or analogies like “cement” (ciment) or “wall plaster” (plâtre) to explain dental fillings.

**6.2 Interpreting Strategies Used :** Dentists used various adaptive strategies such as dialect switching, simplification of terminology, use of drawings or dental models, and reliance on third-party mediators. However, informal mediation raised ethical concerns, including the risk of bias and confidentiality breaches (Hale, 2007, p. 91).

**6.3 Emotional Impact of Illiteracy :** Illiterate patients often displayed hesitation, anxiety, or mistrust. In some cases, women remained silent while male relatives answered on their behalf, undermining their autonomy. This confirmed that illiteracy was not only a linguistic issue but also a social one (Angelelli, 2004, p. 104).

**6.4 Attitudes Toward Interpretive Mediation :** The majority of dentists supported institutionalizing interpreters. Around 93% believed professional interpreters would improve trust and reduce anxiety, while 67% believed it would help prevent medical errors. However, concerns were raised regarding the availability of trained interpreters, particularly in rural areas.

## **7. Discussion : Interpretive Mediation as a Practical Solution :**

**7.1 Interpretive Translation as a Bridge, Not a Crutch :** The findings from the city of Tlemcen confirm that dentists already employ improvised interpretive practices. However, these remain inconsistent and ethically fragile without formal recognition (Pöchhacker, 2016, p. 147). Professionalization would standardize practices, ensure confidentiality, and promote equity across healthcare systems.

**7.2 Reinforcing Trust and Cultural Sensitivity :** Illiterate patients often feel invisible within clinical settings. The presence of a trained interpreter restores their dignity and creates an atmosphere of trust. In Algeria, where colonial history has shaped linguistic hierarchies, interpreters also play a cultural role by bridging social and historical divides (Benrabah, 2013, p. 81).

**7.3 Education and Policy Reform:** To institutionalize interpretive mediation, several reforms are

necessary. These include integrating interpretive training into medical curricula, hiring bilingual staff in rural clinics, establishing ethical guidelines, and raising awareness among professionals about the risks of using relatives as interpreters (Flores, 2006, p. 231).

#### 7.4 Recognizing Translation as a Health Equity Tool :

Language and literacy should not determine the quality of care a patient receives. Interpreters must be recognized as agents of equity in healthcare, ensuring that every patient, regardless of educational background, can access safe and dignified treatment (Angelelli, 2004, p. 112).

**8. Conclusion :** Interpretive translation in the medical field has become a crucial mechanism for ensuring effective doctor–patient communication, particularly in multilingual and diglossic contexts. International experiences reveal that language mediation significantly improves patients' adherence to treatment, reduces medical errors, and enhances overall healthcare outcomes. For instance, hospitals in the United States and Europe have institutionalized medical interpreters to bridge the gap between migrant patients and healthcare providers, as these countries are also faced with the problem of immigrants who do not understand the local language. Similarly, in several Arab countries, such as the Gulf region, professional interpreters are systematically employed in hospitals to assist expatriate patients facing linguistic barriers. These cases demonstrate that the absence of proper interpretive support can lead to serious consequences, including misdiagnosis, treatment refusal, or ineffective medical follow-up.

Algeria presents a particularly pressing example of this issue. Despite significant progress in literacy, with UNESCO reporting that illiteracy rates fell to 7.5% in 2021 (UNESCO *Institute for Statistics, 2022*), challenges persist in the medical domain, especially in dentistry. A considerable number of Algerian patients, particularly in rural areas, struggle not only with reading and writing but also with the specialized medical terminology predominantly expressed in French, the language in which most doctors and medical staff are trained. Terms such as “*dévitisation*” (root canal) or “*ciment*” (dental cement) are often incomprehensible to patients with limited French proficiency. Dentists in Tlemcen, for example, reported that illiterate patients or those unfamiliar with French often remain silent or nod in agreement without understanding the diagnosis or treatment plan, which masks real misunderstanding and increases the risk of failed treatments or complications

(Field Study, 2024). This reality underscores that interpretive translation is not a peripheral tool but an essential component of equitable healthcare, and its institutionalization in Algeria could greatly contribute to reducing disparities in medical communication and improving treatment outcomes. Equally important is the need to introduce training programs for both healthcare providers and translators : doctors and medical staff should be equipped with communication strategies and basic interpretive skills, while translators should receive specialized training in medical interpretation. Including interpretive translation as a formal module in medical and translation curricula would ensure the development of competent professionals able to bridge the linguistic gap in Algerian healthcare.

### References :

1. Bowen, S. (2001). *Language barriers in access to health care*. Health Canada.
2. Flores, G. (2005). The impact of medical interpreter services on the quality of health care: A systematic review. *Medical Care Research and Review*, 62(3), 255–299. <https://doi.org/10.1177/1077558705275416>
3. Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Services Research*, 42(2), 727–754. <https://doi.org/10.1111/j.1475-6773.2006.00629.x>
4. Petersen, P. E., & Kwan, S. (2010). Evaluation of community-based oral health promotion and oral disease prevention—WHO recommendations for improved evidence in public health practice. *Community Dental Health*, 27(1), 4–12.
5. Silverman, J., Kurtz, S., & Draper, J. (2013). *Skills for communicating with patients* (3rd ed.). CRC Press.
6. UNESCO Institute for Statistics. (2022). *Algeria literacy rate, 2021*. UNESCO. Retrieved from <http://uis.unesco.org>
7. World Health Organization. (2016). *Framework on integrated, people-centred health services*. WHO.