



# Healthcare Videos Addressed to the Migrant Population: From Intercultural Mediation to Transcreation

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## ABSTRACT

Population movements result in multilingual and multicultural societies. Apart from the great amount of foreigners from different nationalities who visit Spain each year for short stays, during the last decades we have witnessed a great increase in the number of long-term students, workers and retired people who choose Spain as their destination. The need to reach and involve these groups of the population in healthcare promotion campaigns has challenged the role of public service interpreters and translators, who have been involved in the translation and elaboration of leaflets, posters, and also videos in a variety of languages. The objects of study of this piece of research are videos published in Spain addressed particularly to the migrant population. Our departure point is a reflection on the effectiveness of these videos. If they are to reach the migrant populations, who possess different ways of conceptualising and understanding health and care, may have different communication styles, and, of course, speak languages different from that of the health provider, it might be appropriate for the videos to be adapted. Just as advertising is transcreated in order to efficiently reach members of different cultures to persuade them, so health promotion campaigns should also be the object of transformation. The aim of this research is, thus, to analyse healthcare videos addressed to the migrant population in Spain to determine the kind of adaptations performed. The theoretical framework for this study is based on intercultural communication and public service translation. The methodology derives from a variety of disciplines, which include discourse analysis, publicity and advertising, ethnography, and sociology.

*Keywords: transcreation, healthcare promotion, video, intercultural communication, Spain*

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## RESUMEN

Los movimientos de la población dan lugar a sociedades multilingües y multiculturales. Además de la gran cantidad de extranjeros de diferentes nacionalidades que visitan España y permanecen en el país durante estancias breves cada año, a lo largo de las últimas décadas hemos presenciado un gran aumento en el número de estudiantes, trabajadores y jubilados que escogen España como destino en el que residir largos períodos de tiempo. La necesidad de alcanzar e involucrar a este sector de la población en campañas de promoción de la salud ha supuesto un desafío para el papel de intérpretes y traductores en los servicios públicos, que han tomado parte en la traducción y elaboración de folletos, pósteres y vídeos disponibles en una variedad de lenguas. Son objetos de estudio de la presente investigación los vídeos publicados en España dirigidos de forma específica a la población inmigrante. Nuestro punto de partida es una reflexión sobre la efectividad de dichos materiales. Si se pretende que lleguen a la población inmigrante, que posee diferentes formas de conceptualizar y entender las nociones de salud y asistencia y diversos estilos de comunicación y, por supuesto, hablan idiomas distintos a los del proveedor de atención sanitaria, puede resultar apropiado que los vídeos se sometan a un proceso de adaptación. Tal y como la publicidad se transcrea para alcanzar y persuadir a miembros pertenecientes a distintas culturas, las campañas de promoción de la salud también deberían ser objeto de tal transformación. Así, el objetivo de esta investigación es analizar vídeos sobre la promoción de hábitos de vida saludables dirigidos a la población inmigrante en España para determinar el tipo de adaptaciones llevadas a cabo. El marco teórico del estudio se basa en la comunicación intercultural y en la traducción en los servicios públicos. La metodología proviene de una variedad de disciplinas, entre las que se incluye el análisis del discurso, la publicidad, la etnografía y la sociología.

*Palabras clave: transcreación, promoción de la salud, video, comunicación intercultural, España*

### 1. Introduction

Although the promotion of healthcare habits is the key to success for the European healthcare model, reaching all kinds of populations is a challenging task, even more so in countries where people from very different backgrounds, languages and cultures live together, as is the case in Spain. Migrant communities may suffer from specific medical conditions related to their original countries, use pragmatics or communicative patterns different from native patients or understand health and illness in ways which are radically different from the European model. For these reasons, the need to design or adapt healthcare materials for the migrant population becomes obvious. Apart from this, low levels of literacy amongst individuals whose mother tongue is not Spanish also support the idea of developing materials in non-paper formats, such as video, as an attractive alternative.

The point of departure of this research is that, although health promotion materials are more successful amongst migrant populations if they are developed in video format, as Sixsmith et al. (2014) suggest, certain issues about intercultural

communication should be tackled in order to reach people from different origins and cultural backgrounds, who have other ways of understanding health and illness and their own communicative styles. This transformation is comparable to the transcription (creative translation) of advertising materials. In order to test this hypothesis, healthcare videos aimed at the migrant populations in Spain will be analysed. Aspects such as the conceptual or communicative adaptation to particular cultures, changes of register, use of terminology, structural changes or topic choice in the existing videos will be discussed to later offer a list of suggestions for the design and development of future videos.

## 2. Background for the Study

Spain has witnessed over the last decades a progressive arrival of migrant populations. The immigration phenomenon is relatively recent in Spain, starting in approximately 1986, when Spain became part of the European Union. According to the most recent data from the European Commission (Eurostat), Spain received the 5th largest number of immigrants in the European Union in 2012 (p. 304).

According to the Spanish Institute of Statistics (Instituto Nacional de Estadística, 2015), in 2014, the highest number of migrants came from Romania, Morocco and the United Kingdom. They bring to Spain their own beliefs, cultural system, languages and customs, thus enriching our society. Nevertheless, some of these issues may also constitute communicative barriers, as they may provoke either linguistic or cultural breakdowns in communication. These data give us a clue about how necessary it is to translate and adapt public health campaigns to people from so many different backgrounds.

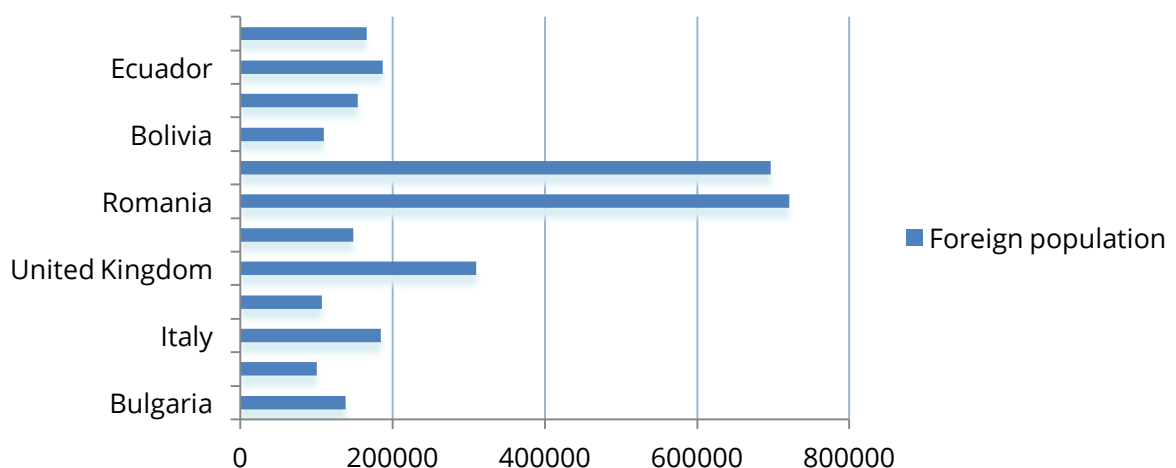


Figure 1. Immigration to Spain according to nationality in 2014. Spanish Institute of Statistics (2015)

### 3. Theoretical Framework

#### 3.1. Intercultural Communication and Public Service Interpreting and Translation in the Medical Setting

Communicative interactions in the medical setting have been a recurrent object of study for researchers within the field of public service interpreting. Interpreter-mediated encounters have been thoroughly analysed from a number of viewpoints, but it seems that public service translation has traditionally been relegated to a second position. Most of the studies in the field of public service interpreting<sup>2</sup> have pointed out the difficulties posed by the different backgrounds of the participants in the conversation, both institutional (specialist-layperson communication) and cultural (host and visiting culture). The first studies on interpreter-mediated healthcare encounters appear in the 1990s but it was not until around ten years later that an explicit concern about quality and about the different roles of interpreters appears. The quality of interpreter-mediated interactions in medical settings and the roles of the interpreters have been explored by Angelelli (2004), Cambridge (2007, 2008), Bolden (2000), Flores (2003), Grbic & Pöllabauer (2006), Hsieh (2007, 2009), Meyer (2004), amongst others.

In Southern European countries, due to socio-demographics, the mediation model is preferred over the interpretation one (Gavioli & Baraldi, 2011). The roles that intercultural mediators play are diverse and sometimes confusing. They transcend the interpreter role and deal with other tasks such as translation and elaboration and transcreation of materials. Authors dealing with intercultural mediation include Merlini & Favaron (2007), Gavioli & Baraldi (2011), Valero Garcés (2002) and Burdeus Domingo & Arumí Ribas (2011). However, leaving static theoretical role conceptions aside, nowadays it is acknowledged that translation and the elaboration of multilingual and multicultural materials is a common (if not fully accepted) task for both interpreters and mediators working in healthcare settings (Lázaro Gutiérrez, 2016), but very little attention has been paid to this area of their work.

Apart from the studies focusing on intercultural medical interaction from a linguistic point of view, it is worth mentioning the research carried out by the members of Grupo CRIT, who focus their attention on intercultural communication. This team analyses medical encounters searching for miscommunication caused by differences in the understanding of health and illness, the expectations on the development and outcomes of medical consultations, the roles played by the participants in the interaction and their communicative models (Raga Gimeno, 2005,

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<sup>2</sup> See for example Angelelli (2014), Bolden (2000), Cambridge (2008), Meyer (2004) or Valero Garcés (2005).

2006; Sales Salvador, 2005a, b, 2006). Other recent studies about intercultural mediation and public service interpreting and translation carried out in Spain are those by Pena Díaz, Echaury Galván & Olivares Leyva (2014), Qureshi et al. (2009), Navaza & Serrano (2009), García-Beyaert & Serrano-Pons (2009), Fernández-Rufete & Rigaudy (2009) and Antonin (2010).

### 3.2. Transcreation and the Medical Setting. Public Health Campaigns

It is not only from the linguistics and translation studies fields that awareness about efficient communication in healthcare settings has become the focus of research. Valverde Jiménez (2013) offers an interesting insight from the nursing point of view. She emphasises the role of intercultural mediators (as defined by Guerrero, 2012) who work at hospitals and healthcare centres. They make communication possible between healthcare staff and patients by bridging not only linguistic, but also cultural and even institutional gaps. Other studies from the field of nursing deal with migrant population and the design of campaigns for the promotion of healthcare habits. Gómez Requena and Márquez Aragonés (2004) explain in their article that before the design of an efficient informative campaign for the promotion of healthcare habits, it is essential to first carry out an analysis of the necessities of the population addressed, so that the final product (the campaign) can effectively reach its recipients.

Most of the abovementioned studies tackle the migrant population's different perceptions about health and illness and their expectations regarding the Spanish healthcare system. These cultural issues should be taken into account when it comes to the design of materials and campaigns. Their lack of adaptation may result in their not reaching the target population, as Maksin (2014) points out in her interesting analysis of public health campaigns in the United States. Yet, as Maksin herself stresses, educational information about health has usually been translated literally to reach migrants. Only in the last few years have some countries with a long history of immigration, such as the United States (Maksin, 2014), started using methods of transcreation in order to culturally adapt their educational materials to the target audience. Transcreation in the 1960s referred principally to the creative translation of commercial advertisements. In order to fulfil their aim, the language and other communicative issues (images, sound, etc.) had to be adapted to the target audience instead of simply being translated. So, commercial brochures, TV and radio advertisements, posters, flyers and websites have traditionally been the subject of transcreation. Health promotion campaigns share the persuasive objective of advertisements, as they also aim to elicit an emotional response from their audience, thus, they could also be subject to transcreation.

#### 4. Aims and Focus

The need for and benefits of promoting healthy habits amongst the general population in an effective way is undeniable. This implies the design and elaboration of effective information materials able to reach the inhabitants of a particular area. For the materials to be effective, it is also necessary to consider diversity, that is, the existence of diverse and distinct groups. Berndhardt (2004) laments the scarce importance given to public health communication, describing it as “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues” (from US Department of Health 2010, 2000, n.p.).

It is argued here that effective public health communication should take account of target audiences’ health literacy, culture and diversity so that “messages are accessed and understood, communities are involved and invested, and programs are modified as needed” (Berndhardt 2004, n.p.). Sixsmith et al. (2014) also signal language and culture as two of the main barriers to communicating health promotion messages.

Particular medical conditions (endemic diseases), different approaches to and understanding of health and illness (healthcare habits) and diverse literacy levels may influence the design of information materials for migrant population and justify the use of multimodal formats (image, sound or video) as Sixsmith et al. (2014) suggest. According to language, the principles regarding the readability and accessibility of texts for the general public recommend developing attractive and user-friendly documents (DuBay, 2004).

Reinforcing this view, the Madrilenian Public Health Institute (Instituto Madrileño de Salud Pública) recommends television as the most suitable means for informative campaigns addressed to the migrant population. In their 2014 report about migration, health and healthcare services we can read:

The intrinsic power of television is undeniable. Furthermore, this mass medium is particularly important for our purposes because migrants think of it as the main means by which topics related to health and illness prevention are broadcast (according to data obtained from focus groups and interviews). We should not forget that the surveyed population in our study generally believes that most of the illnesses in this country are different from the ones in their respective original countries. For these reasons, at the moment it would appear that they can only obtain information about illnesses in this country through the television. (Instituto de Salud Pública, 2004: 60. My translation)

The main aim of this study is to analyse the adequacy and efficacy of audiovisual

materials which have been specially developed for the migrant populations in Spain. This general aim can be broken into several specific objectives:

## 5. Methodology

The departing point for this study follows the conclusions of Sixsmith et al. (2014) and builds on the hypothesis that health promotion materials with an audiovisual format reach the migrant population more efficiently than other formats. In order to prove or refute this hypothesis, an investigation will be carried out according to the following steps:

- (1) Survey of existing materials
- (2) Descriptive and critical analysis of findings
- (3) Opinion gathering through focus groups
- (4) Elaboration of improvement proposals and advice for the creation of new materials.

The first necessary step is to find Spanish healthcare websites with videos oriented to the migrant populations. Informative healthcare videos are usually elaborated with public funds (sometimes together with contributions from medical or pharmaceutical or non-profit associations), and are publicly made available, usually online, so that people who assist migrant populations can use them (for example, a doctor might want to play a video in Arabic to one of his/her patients during consultation).

Unlike audiovisual products such as films or documentaries, the healthcare informative videos object of this study are created to be broadcast in languages other than Spanish. Consequently, it is not common that a version of the videos in Spanish is voiced over or dubbed in other languages. Rather, this Spanish version does not exist as an audiovisual product, but as a script, which is translated into other languages. It is not unusual that interlingual mediators or healthcare interpreters carry out these translations or even voice the script. Although these mediators might appear as actors in the video while they are giving voice to the script, it is more common that images are recorded with actors who do not speak at all and then the soundtracks are added as a voiceover. Another characteristic of these videos is the presence of subtitles, either in Spanish or in the language the audio has been voiced. These subtitles also follow the script. That is, everything that is said also appears on subtitles, which, consequently, tend to be longer than usual.

The videos found will be classified and a sample will be selected for analysis to find

out whether these materials have been adapted in order to reach the target population. Amongst other aspects, we will consider whether the following mechanisms have been performed: cultural adaptation to particular groups (both conceptual and communicative), register or terminology adaptation, structural adaptation or topic selection. They will be described in the following sub-sections.

### 5.1. Topic Selection

The Madrilean Public Health Institute (2004) gives the following thematic recommendations for informative and training actions oriented towards migrants in Spain:

- Hygiene and food.
- Family planning.
- Health at work.
- Pre-scientific practices (traditional medicine) and home-made natural remedies.
- Reasonable use of medicines.

They remark that tackling these topics, as well as cultural differences and gender, is essential because they are intrinsically linked to specific behaviours of the migrant population that could have an impact on their health (Instituto de Salud Pública, 2004, p.65).

### 5.2. Communicative Styles and Structural Adaptations

Raga Gimeno (2003, 2004) groups cultural characteristics affecting communication into formal features and meaningful features. Formal features include use of verbal forms, expression of politeness, use of paralinguistic elements and non-verbal language. Meaningful features, on the other hand, are psychological, emotional, individual and social values, which are determined by factors such as age, gender or social class.

Possible cultural adaptations could, thus, either tackle conceptual issues or deal with the content and form of the messages. This way, the audience can be represented by showing elements related to the way they look, their environment and habits, the way they behave towards others (this could include proxemics and non-verbal language), and their understanding of concepts related with health and illness. On the other hand, communicative cultural adaptations deal with the content of messages (taking into account, for instance, taboos or the inclusion of personal or social information) and the form of messages (the pace of discourse, pauses



between strings of discourse, the structure of the message and the use of repetitions, the use of politeness, and possible differences of discourse according to age, gender or social class).

### 5.3. Terminology or Register Simplifications

Scientific texts addressed to the general public often undergo a process of popularisation which includes changes such as modifications of register or determinologisation, which is a reduction in the use of terminology in target texts when compared to source texts (Campos Andrés, 2013).

## 6. Analysis and Results

It can be said with a high degree of certainty that the entirety of videos available up to January 2015 which have been developed by Spanish institutions are the following:

<b>Publisher</b>	<b>Description</b>	<b>Languages</b>
1. Spanish Ministry of Health	21 videos: Three are related to the use of drugs, four deal with AIDS, ten with gender-based violence, one is about the consumption of alcohol by minors, two are about the	Recorded (voiceover) and subtitled in French and English
2. Spanish Ministry of Health, Social Welfare and Equality	One video on the consumption of alcohol by pregnant women and two about AIDS.	Recorded (voiceover) and subtitled in French.
3. Fundació Biblioteca Josep Laporte	A collection of four videos that explain how patients should prepare for the medical consultation, what they should do in the waiting room, during the consultation and once the medical encounter has finished.	Recorded (voiceover) and subtitled in English, Arabic, Russian and Chinese.
4. Department of Health of Generalitat de Catalunya	Video about TB.	Recorded (voiceover) in English, French, Russian, Romanian, Arabic,

			Chinese and Urdu.
5.	Department of Health of Generalitat de Catalunya	A collection of 7 videos about how healthcare services work: The health card and healthcare services in Catalonia, what to do when one gets sick, hospitals, primary care services and staff, prescriptions, sexual and reproductive health, and pregnancy.	Recorded (voiceover) in English, French, Russian, Romanian, classical Arabic, Moroccan Arabic, Chinese and Urdu.
6.	Médicos del Mundo Spain	Three videos about the use of condoms.	Recorded (actors) in Arabic, Portuguese and Romanian and subtitled in Spanish.
7.	ABD (Asociación Bienestar y Desarrollo – Association Welfare and Development)	People from different nationalities residing in Spain speak about AIDS using their mother tongue.	Subtitled into Spanish.
8.	CESIDA, the Spanish Co-ordinator of HIV-AIDS	One video about AIDS.	Recorded (voiceover) in Spanish and subtitled into English.
9.	Andalusian Health Service	Two videos describing the Andalusian Health Service.	Recorded (voiceover) and subtitled in English and French.
10.	Department of Health of Generalitat de Catalunya	One video about the Catalonian Health Service.	Recorded (voiceover) in French.
11.	Department of Health of Generalitat de Catalunya	Ten videos about the Catalonian Health Service.	Recorded (voiceover) in English.

Table 1. Healthcare videos addressed to migrant population in Spain

We have selected a sample of videos for the analysis phase. The selection criteria were the following: 1) Videos had to be published by Spanish institutions, 2) they had to be publicly accessible, 3) they had to be particularly addressed to the migrant

populations. The videos published by the Spanish Ministry of Health, Social Welfare and Equality (registers 1 and 2 in our chart) and the Andalusian Health Service (9), as well as the 11 videos by the Department of Health of Generalitat de Catalunya (10 and 11) were discarded as it was considered that they did not address the migrant population residing in Spain, but rather were translated into other languages in order to advertise services and disseminate best practice internationally. The video developed by CESIDA (8) was also discarded as it was a summary of a training course on AIDS. Although its informative value was very high, the people who spoke in the video were students who had followed the course and were summarising what they had learnt. Consequently, collections 3, 5 and 6 (a total sum of 75 videos) were selected for analysis.

## 6. Analysis of Videos

Analysing the videos, it was apparent that a series of strategies had been used to adapt them to the migrant populations. The first is topic adaptation. The videos deal with issues that particularly affect migrant populations (according to the Madrilean Public Health Institute), such as: how the healthcare system works, TB and the use of condoms. Another important and visible adaptation made is the translation of the materials, though different translation techniques were used. In all cases the videos were recorded in a language other than Spanish. As it is displayed in the chart from the previous section, three of the videos included subtitles in Spanish (number 6 in the chart). In the videos from collection number 5 the subtitles were in the same language as the sound track, and the videos from collection number three had no subtitles at all. Apart from subtitles, the videos from collections 3 and 5 (a total number of 72) display written text in the foreign language (captions) such as key words, questions or short sentences in the middle of the screen to reinforce and fix the message given in an oral mode. It is noteworthy that both the audio and the subtitles in collections 3 and 5 kept certain words untranslated so that the recipients of the videos could better identify places or institutions (eg. "centro de salud" for healthcare centre).

Cultural adaptations were very scarce. For example, the messages in the videos about condom use (collection number 6) are given in a very direct way and no euphemisms are used. Certain cultures may feel embarrassed and prefer circumlocutions and metaphors to refer to parts of the body (such as genitals) or to sexual intercourse.

On the positive aspect is the fact that the actors in every video by *Médicos del Mundo Spain* (collection number 6) belonged to the target cultures (namely Arab, Portuguese and Romanian). Another adaptation effort can be seen in the 56 videos

by the Generalitat de Catalunya Health Department (collection number 5), where the actors are people of different ethnic backgrounds, although their ethnicity does not necessarily coincide with that of the target population for which the videos have been voiced over. For example, in the videos recorded in Chinese a number of Indian, East-European and African actors participate, though none of them are Chinese. Something similar happens with the characters' clothes and the decoration of the houses that appear in these 56 videos. Taking the videos recorded in Chinese as an example again, we see how actors wear typical African or Indian clothes while they are in houses decorated in typical African or Indian styles, although none of the actors is wearing typical Chinese clothes or is staying in houses with a Chinese décor. The least culturally adapted videos are those of Fundació Biblioteca Josep Laporte (register number 3), where the actors belong to the source culture (Spanish).

Both of these videos from register number 3 and those produced by the Generalitat de Catalunya Health Department (register number 5) have simply reproduced the proxemics and semiotics of the source language (Spanish). We can thus see how the actors (both the foreign actors from collection number 3 and the Spanish actors from the collection number 5) show gestures belonging to the Spanish culture when they indicate that a part of their body hurts, for example, or when they greet each other or maintain physical proximity and contact in a way similar to how the local Spanish population would do.

### 6.1. Focus Groups

Sixsmith et al. (2014, p.3) stated that:

The importance of partnerships with community groups reflects the new paradigm of citizen-centred health communication with the identification of the inclusion of citizen stakeholders as active partners in health communication endeavours aimed at the prevention and control of communicable diseases. (Sixsmith et al., 2014, p.3)

Following them, we believe that it is necessary for healthcare institutions to join efforts with experts in intercultural communication and the migrant population to create citizen-centred health communication. Blázquez, Castillo & Mazarrasa (2003) also suggest that the use of methodologies in the health promotion areas starting with strategies based on community participation and health education can contribute to the elimination of barriers when accessing healthcare resources.

Following this line of thought, the selected videos were evaluated by three focus groups: a group of experts in intercultural communication, a group of experts in the assistance of migrant population, and a group of members of the target cultures of

the videos. This evaluation followed the responsive evaluation model (Stake, 1976; Abma, 2005). It is based on qualitative (non-quantifiable) comments and team participation, and seeks to capture the singularity of particular situations, allowing for the understanding and evaluation of both processes and results of the health promotion programmes (Gámez Requena & Márquez Aragonés, 2004).

The members of the focus groups were selected and invited according to their knowledge of the topic and their sociological characteristics. The first focus group was composed of four experts in intercultural communication. One of the experts was Spanish but had lived many years of her youth in the United Kingdom within African communities; another expert came from Algeria; another one from Romania and the fourth one was Chinese. Due to time constraints, they were shown the videos 3 and 6 and asked a number of open-ended questions which can be found as an appendix.

The collection of videos number 6 was strongly criticised. The videos were described as plain, long and dull. The experts determined that the target audience would lose interest and stop watching, especially taking into account the very brisk way in which the information was presented. Too many details were included and the videos contained explicit images about how to put on a condom, which, in the experts' opinion, would appear very offensive for people belonging to Eastern-European and African cultures, particularly rural communities. Apart from this, the flow of discourse (in Arabic, Portuguese and Romanian) was not smooth, as the actresses produced false starts, self-corrections and repetitions, which gave an image of unpreparedness. The language contained medical jargon, including, for instance, terms such as 'immune system' and 'secretions'. Some spelling mistakes were also found in the subtitles (in Spanish).

The experts suggested that videos should be shorter (the videos were from five to nine minutes long) and more focused. Apart from this, they should not only be informative, but also persuasive, addressing the audience directly, using the first person or including rhetorical questions, for example. The identification of the target population with the actors is considered of utmost importance, and experts suggested enhancing it by including actors belonging to the ethnicities of target groups and producing different videos for men and women.

The group of experts showed an immediate preference for the collection of videos number 3 (see chart at the beginning of this section for a brief descriptive summary). They found it very positive that videos had been recorded and subtitled in eight languages, including two different varieties of Arabic, making it possible for people from both the Maghreb and the Middle East to understand them. They also found it useful that the videos included a summary with a list of important pieces of

information at the end.

Although they thought the videos were very useful and appropriate for people from different cultures, several suggestions for improvement were made. They reported the need for the target population to identify themselves with the actors in the video and suggested including images of women from different origins (countries) and backgrounds (rural, urban...) going to the doctor's with their children, or, in the case of the Arabic population, women accompanying female patients, and men going on their own (instead of the couple shown in the videos). The experts signalled that differences in healthcare systems could lead to misunderstanding, and suggested the inclusion of information about the roles of doctors and patients, and the different services patients can use.

The second focus group was made up of a doctor, a social worker and an interpreter, all of whom had experience in assisting migrants in the healthcare setting. Due to time constraints and to the results of the first focus group meeting, which indicated a clear preference for the collection number 3, this group was only shown this set of videos and was also offered the comments from the first focus group.

Although they did not think that the identification of the audience with the actors was so important, they made several remarks about the contents and the accessibility of the videos. First of all, they suggested producing more videos about pregnancy and special healthcare services for migrants. Additionally, they pointed out the importance of having the videos translated (recorded, dubbed or subtitled) into other languages in order to cater to current linguistic needs amongst migrant populations. For instance, French was suggested taking into account the increasing amount of French-speaking migrants in Spain. A very interesting remark about accessibility was made, as the experts thought that videos should be easier to find by patients who navigate the webpages of healthcare institutions. As it was previously mentioned, these videos are usually made available online for health and care professionals who assist migrants. If they were put in a more visible space in healthcare institutions webpages, they could also be made more noticeable for patients.

The third of the focus groups gathered the opinions of members of the target communities. This group was particularly difficult to form, requiring people from a number of cultures, origins, backgrounds, educational levels, ages, and time of residence in Spain. The participants in this third focus group had the following characteristics:

Sex	Age	Origin	Occupation	Time in Spain
Male	48	Morocco	Temporary unqualified jobs	Around 5 years
Female	31	Ukraine	Unemployed	Less than 3 years
Female	34	Romania	Waitress	Less than 3 years
Female	42	Morocco	Unemployed	More than 10 years
Female	34	Guinea	Unemployed	Around 5 years

Table 2. Demographic information of participants in focus group 3

This group was shown both the videos 3 and 6 and asked the same questions as the members of the first focus group. The comments about the collection number 3 were very positive. The videos raised almost no criticism apart from a comment by one of the participants who noticed some mistakes in the translation of the captions into Russian.

Once again, the collection number 6 elicited the greatest number of comments. This group also signalled that the videos were too long and unfocused. The members of this group thought that some images (for example, an actress putting a condom on a rubber penis) were too explicit and suggested other kinds of visual support, such as diagrams and computer-generated images. They also noticed that the explanations were dull, the discourse was very unnatural, full of repetitions and, in general, too didactic. False starts also suggested a very amateurish and unconvincing production. Specifically, the group suggested a faster pace and a fragmentation of the video into scenes, so that information could be grouped and presented around key concepts, accompanied by diagrams and images related to each of them.

The participants in the third focus group missed the fact that there were no actors from their communities (from North and sub-Saharan Africa, Ukraine or Romania) in videos from collection number 3 (all the actors were Spanish-looking). The group also suggested that videos about topics related to sexuality and hygiene should have two separate versions for men and women and that different dialects of the same languages should be taken into account when selecting actors, narrators or subtitling videos. They had a negative feeling about being taught by members of the host country and considered it better to have members of their community involved in the creation of the videos.

They also suggested other topics for new videos, such as vaccines, communicable diseases such as AIDS, the variety of services that the Spanish healthcare system

offers, the way healthcare is accessed (what has to be paid for and what is free, and what they need to do to obtain a health card), the difference between primary care and hospital care, and how doctors relate to patients (for instance, the fact that they ask questions that must be answered and cannot predict a diagnosis without the help of the patient, or that they make suggestions to patients instead of giving orders).

They also mentioned that videos should include characteristics of persuasive language, such as a direct appeal to the audience, and should consequently push viewers to make use of the public healthcare system in order to improve public health. This would involve the application of advertising techniques to reach recipients, which brings us back to the concept of transcreation.

## **7. Discussion**

The translation of scripts, voiceover and subtitling in all cases closely followed the original text. Although the language barrier may seem to have been broken, the absence of phonological, lexical or morpho-syntactical problems does not guarantee effective and satisfactory communication (Raga Gimeno, 2013, p. 37).

Effort has been made to translate (subtitle and voice over) the contents of the videos to reach the migrant populations. However, further adaptations could be implemented to improve their quality and effectiveness. This supports the statement by Sixsmith et al. (2014, p. 2), who signal that in EU countries it is “evident that there is a lack of knowledge on how to use health communication to effectively engage and improve health outcomes for hard-to-reach groups”.

Although some of the analysed videos approach the culture of the target populations through mother-tongue actors (collection number 6), wearing traditional clothes and apparently living in traditionally furnished houses, there is a tendency to generalise. All the migrants are considered to belong to the same group. Cultural adaptation of the videos may require more money than usually available, but, following recommendations by the Spanish Public Health Institute (2004), this procedure would be worth performing.

## **8. Conclusions, limitations and further research**

If videos must undergo a process of transcreation in order to reach migrant population effectively, the following question should be: who should do this job? As previously stated, some transcreation and elaboration of materials –including script writing for healthcare videos– is currently being carried out, at least partly, by



intercultural mediators or interpreters in Spain, but this has serious implications for their professional roles and their ethical boundaries, not to mention their actual and desired training. These professionals usually adopt the role of transcreators using their privileged knowledge about cultures and intercultural communication and working in multidisciplinary teams together with doctors, nurses, social workers and the like. The performance of these tasks should also be acknowledged and taken into account when it comes to hiring or training interpreters and intercultural mediators in the healthcare setting.

Transcreation is quite an unexplored area which has received little attention from academia. Those authors who have dealt with transcreation and transcreated products have not studied healthcare promotion videos. This is, thus, one of the main strengths of this piece of research. However, limitations exist. The number of healthcare promotion videos increases little by little and it will be desirable to take into account new productions for analysis. Apart from this, some changes in the methodology for the focus groups should be introduced. The main results obtained from the focus groups meetings should be offered in a second round to the components of the focus groups, either in individual interviews or in the shape of a questionnaire. In this way, their answers could be confirmed and expanded.

At present, the text of an agreement between the University of Alcalá, the Healthcare Service of Castilla-La Mancha Region and an important pharmaceutical company is being elaborated to work further on the transcreation of healthcare campaigns. In the near future, some healthcare promotion materials (in video and text format) will be designed taking into account the results of this study and further research which will be carried out in the coming months.

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## **Appendix 1. Questions for the focus groups**

- What is your general opinion about the videos? Do you think that people from your / other cultures would understand them? Would people from other cultures receive them appropriately (that is, would the videos be offensive to them, will they understand the information the way it is provided or do you think more information is needed?)
- Are there translation mistakes?
- Is the variety or dialect used understandable by people from the target culture?
- Can you find mistakes in the subtitles?
- Do you think that other cultures are represented in the videos? Do you identify with the actors?
- Do you think that actors behave in a similar way as people from the target cultures?
- Do you think the information is clear, or would you prefer something to be repeated or explained in a different way?
- Is there anything that could be offensive to people from other cultures?
- Do you think further explanations are needed?
- Is the language clear enough?
- Do you think information is presented too briskly or directly?
- If you could choose a new topic for a video, what would it be?