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INTRODUCTION TO HEALTHCARE INTERPRETING IN SLOVAKIA

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Abstract

Healthcare interpreting represents a specialised domain of public service interpreting that has long remained on the periphery of academic and institutional discourse in Slovakia. This article analyses the current state of healthcare interpreting services in the country, identifying key challenges related to their institutionalization, professionalization, and legislative framework.

The study focuses on the absence of systematic mechanisms for ensuring healthcare interpreting, the lack of quality regulation in interpreting practice, and limited educational opportunities in this field. Through an analysis of relevant legal frameworks, it highlights the discrepancy between patients' right to receive information in a comprehensible language and the actual conditions in healthcare institutions, where communication with patients facing language barriers is often managed through improvised solutions, such as reliance on family members or ad-hoc interpreters.

The article also examines the critical role of non-governmental organizations in providing linguistic support during periods of heightened migration pressure, using the Ukrainian refugee crisis as a case study to illustrate the growing demand for systematic solutions in this field. The concluding section formulates research objectives that are partially integrated into an ongoing doctoral research project while also aiming to stimulate interdisciplinary academic interest in healthcare interpreting, as this issue intersects with linguistics, sociology, medicine, law, and public policy.

Keywords

healthcare interpreting, public service interpreting, patient with a language barrier, professionalization, language accessibility, integration

Introduction

Healthcare interpreting (HCI) has gained growing relevance in Slovakia in recent years, as the need for a more systematic approach to addressing language barriers in healthcare has become increasingly apparent. A distinct field within interpreting studies, its focus is to facilitate effective interactions between healthcare providers (HCPs) and patients who do not speak the same language, while encompassing the unique demands of the medical communication. This type of interpreting falls under the broader category that scholarship has referred to as *public service interpreting,* also known as *community interpreting.*

Public service interpreting (PSI) plays a crucial role in multicultural societies, as it allows individuals with language barriers to communicate effectively within public sector institutions[1], using an interpreter as a mediator of such communication events. Compared to other forms of interpreting (e.g. conference, or business interpreting), it has historically remained on the periphery of interest within translation studies (Opalková 2010), and its definition remains, to a certain extent, ambiguous. Pöchhacker (1999, 127) states that "It is this great diversity of institutional settings and cultural backgrounds which makes for the tremendous complexity of community interpreting as a concept and renders it very difficult to describe". Nearly two decades later, Štefková (2018) reaffirms this view, also highlighting the persistent lack of coherence in national policies as one of the obstacles to the scientific delineation of translation and interpreting services in the public interest.

Despite the lack of methodological clarity, certain common features distinguish PSI from the other types of interpreting, most notably in contrast to the conference interpreting. PSI primarily takes place in public institutions, where interpreting services are utilised by linguistically or culturally disadvantaged individuals. A defining characteristic is the power imbalance between the interacting parties. On one side, institutional representatives

[1] Such as courts, police departments, government offices, schools, healthcare facilities and other institutional settings

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possess fluency in the official language and decision-making authority, while on the other, clients often find themselves in a vulnerable position, with limited communicative abilities.

In this interaction, the interpreter assumes the role of a third participant, transforming the communicative dynamic into a triadic exchange. Unlike conference interpreters, who operate in controlled environments and within teams, PSI demands a high degree of independence and resilience in the face of both psychological and physical strain. As Opalková (2010) emphasises, the interpreter in this setting serves as an intercultural communication mediator, requiring a high level of professionalism, impartiality, and personal composure.

1 Healthcare Interpreting and the Need for its Professionalization

Within the distinct contexts of PSI, variations exist in terms of social status, institutional recognition, and legal frameworks. As noted by Štefková (2018), there have been efforts to separate legal translation and interpreting from the broader category of community interpreting, defining it as a distinct subdiscipline. Such trend highlights the higher degree of professionalization, institutionalization, and legal regulation that characterises legal interpreting in most countries. In contrast, HCI often lacks institutional and legislative standardisation (Pöchhacker, 1999).

With increasing globalization and a rising number of patients who do not speak the majority language, healthcare facilities (HCFs) are encountering a growing need for effective linguistic support. This group includes, for instance, migrants, refugees, asylum seekers, international students, tourists, linguistic minorities, as well as individuals with hearing impairments.

Examples of best practices can be found in countries with a long history of immigration, such as Canada, the United States, Australia, the United Kingdom, Spain, and the Nordic countries, where HCI is recognised as a specialised language service. In these regions, professional medical interpreters facilitate communication between HCPs and patients (or their accompanying persons) across various healthcare settings, including clinics, hospitals, psychiatric institutions, and emergency departments.

The healthcare environment can be particularly stressful for many patients, a situation even more exacerbated by language barriers, existing health concerns, and a lack of familiarity with the healthcare system and administrative procedures. Additionally, cultural differences may influence patients' perceptions of medical care, as some health topics, procedures, and examinations may be considered taboo, further complicating open communication between patients and HCPs.

Access to healthcare services is a fundamental human right, enshrined in international conventions and national legislation. Nevertheless, in many countries, communication with linguistically disadvantaged patients is still frequently entrusted to bilingual family members or ad-hoc interpreters, which can lead to violations of core ethical principles such as impartiality, confidentiality, and accuracy (Hale, 2007).

As patients' rights and healthcare quality gain prominence, an increasing number of countries are implementing professional HCI services. This trend is supported by various national and international initiatives and projects[2], which reflect findings from interdisciplinary research focused on the phenomenon of HCI and its associated challenges. These academic studies emphasise the crucial role of professional interpreters in overcoming linguistic and cultural barriers and improving patient access to healthcare (Angelelli, 2004; 2019; Flores, 2005; Flores, Abreu, Barone, Bachur, Lin 2012; Pöchhacker, 2000).

2 Healthcare Interpreting in Slovakia

2.1 Migration Trends as a Catalyst for Language Services in the Public Sphere

Historically, due to its geographical location and political development, Slovakia has been a multilingual country, where many inhabitants communicated in multiple languages. This linguistic diversity persists today, as evidenced by the coexistence of thirteen national minorities[3], collectively representing more than 10% of the population[4].

[2] Such as the development of the ISO 21998:2020 standard, as well as projects such as Migrant-Friendly Hospitals, Mental Health for All, and others.
[3] Including the Czech, Moravian, and Jewish minorities, where, unlike other communities, a significant language barrier is not expected.
[4] See https://www.narodnostnemensiny.vlada.gov.sk/narodnostne-mensiny/historia-a-sucasnost-nm/?csrt=2500390024713180022

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However, migration as a component of global mobility is a relatively new phenomenon in Slovakia. As a part of the Eastern Bloc under a socialist regime, the country remained a relatively closed entity for a long time. Population movement was strictly controlled, and legal migration was restricted to socialist countries or permitted only under stringent state regulations. Migration patterns during this period were largely characterised by political emigration from Slovakia to Western countries, while the influx of foreigners remained minimal. Most of the foreign nationals residing in Slovakia at that time came from allied socialist states, particularly Vietnam and China. However, as Štefková and Tužinská (2021) point out, there is still an insufficient number of interpreters available to support these communities.

It was not until the opening of borders in 1989, followed by Slovakia's accession to the European Union and the Schengen Area, that the country experienced a significant increase in immigration and became a destination for a new wave of economic migrants and refugees. Since then, the number of foreign nationals has steadily increased, reaching 5.13% of the total population in 2022. However, in comparison with other EU countries, this remains a relatively low percentage[5].

Graphical representations illustrating the number of migrants and their countries of origin (see below) reflect a continuous increase in the presence of foreign nationals in Slovakia. The most significant factor shaping recent migration trends has been the Ukrainian crisis, which began in 2022. Statistical data on immigration in Slovakia are derived from annual reports on legal and illegal migration published by the Ministry of the Interior of the Slovak Republic[6].

The first graph (Figure 1) presents the growth in the number of valid residence permits in Slovakia over the past two decades, with the most recent available data covering the first half of 2024. The second graph (Figure 2) illustrates the percentage distribution and absolute numbers of different nationalities for the same period. Finally, the third graph (Figure 3) provides an overview of the regional distribution of third-country nationals by administrative regions. While data on EU nationals were not available, these visualizations offer a comprehensive perspective on overall migration trends.

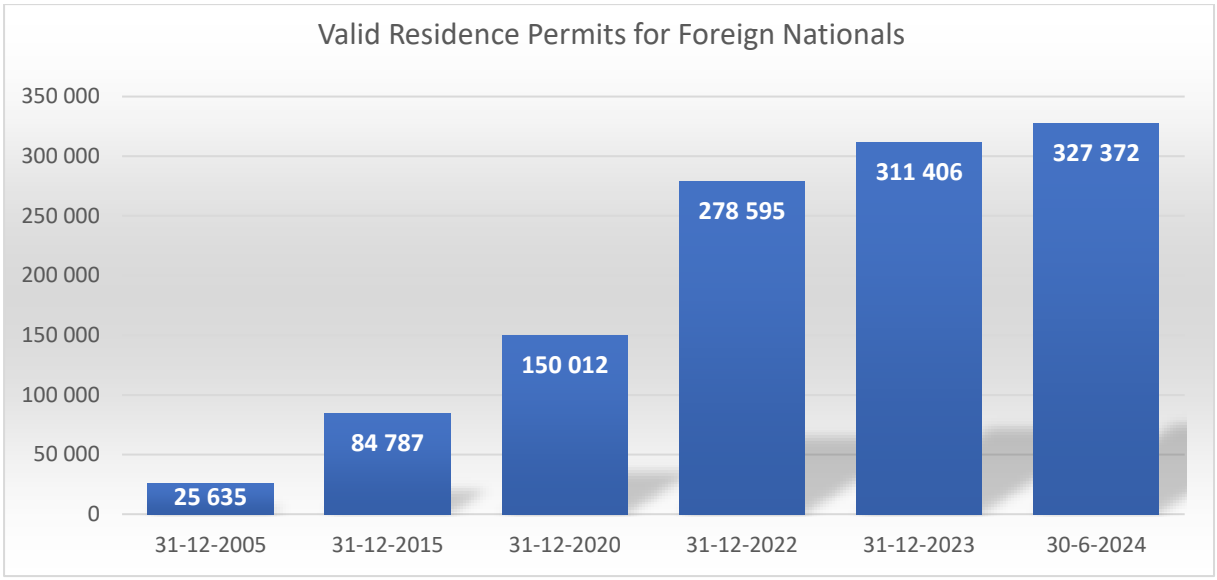

Figure 1: Valid Residencies for Foreign Nationals During the Period from 2005 to 2024 (https://www.minv.sk/?rocenky)

[5] For further details see https://iom.sk/en/migration/migration-in-slovakia.html

[6] Available only in the Slovak language: https://www.minv.sk/?rocenky

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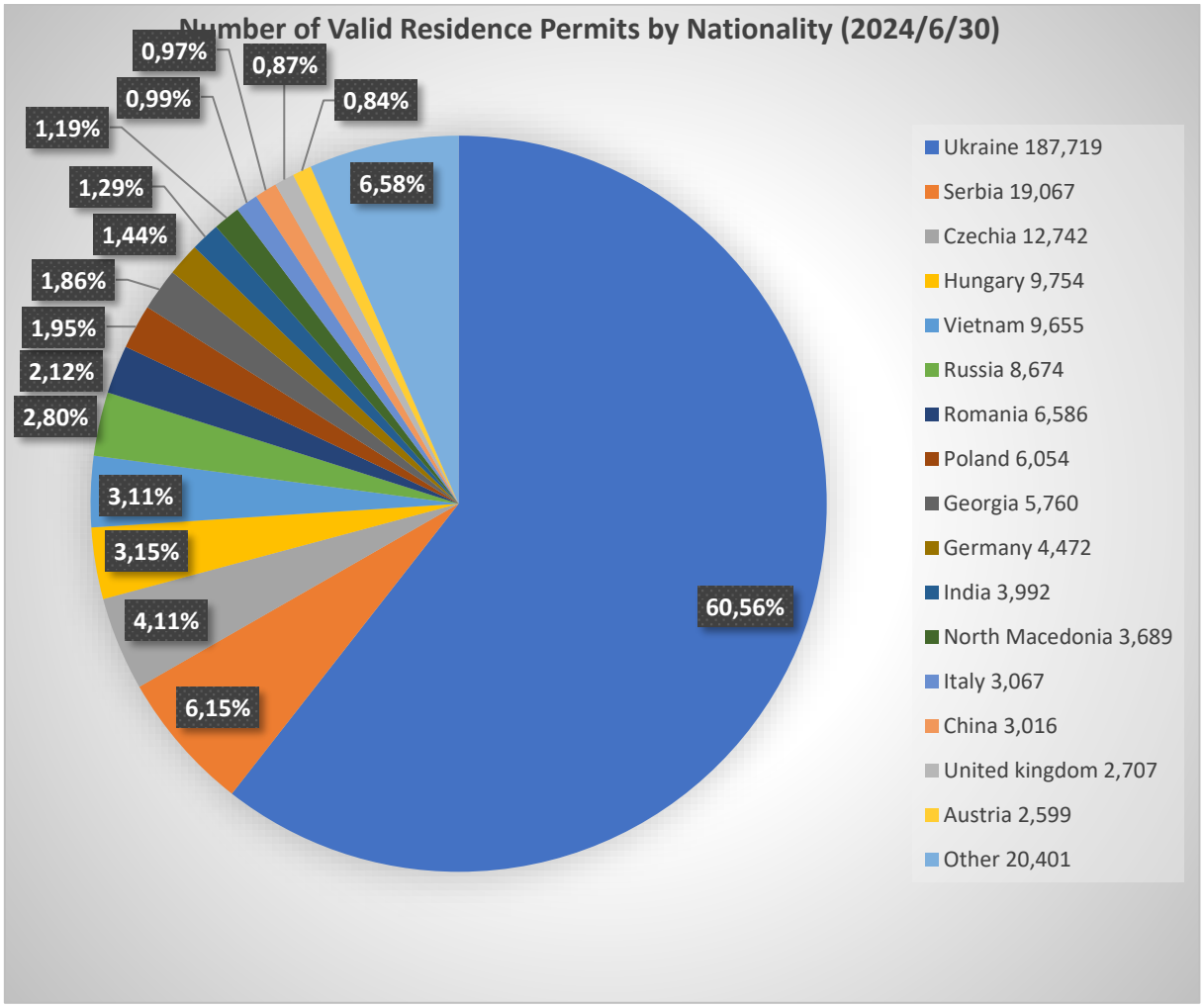

Figure 2: Number of Valid Residencies in Slovakia by Nationality as of the First Half of 2024 (https://www.minv.sk/?rocenky)

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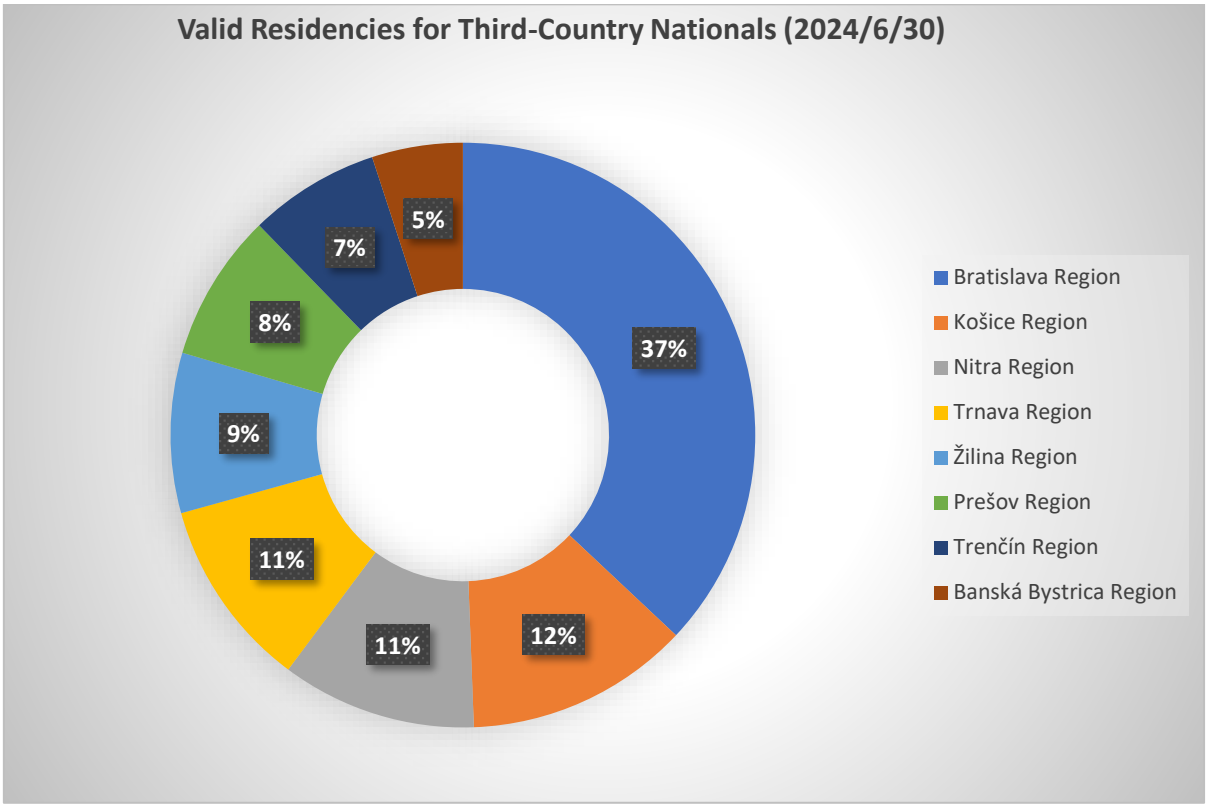

Figure 3: Percentage Share of Valid Residencies of Third-Country Nationals as of the First Half of 2024 (https://www.minv.sk/?rocenky)

2.2 Perceptions of Migrants in Slovakia

The gradual increase in migration to Slovakia has introduced new challenges that the country has not previously had to address. A key issue in this context is Slovakia's integration policy toward migrants. According to Vašečka (2009), Slovakia remains in the early stages of developing migration policies and integrating foreigners, especially when compared to Western European countries. One crucial aspect of this process is the provision of interpreting services in public institutions.

The Migrant Integration Policy Index (MIPEX), which evaluates the level of migrant integration in EU member states based on various criteria, including labour market access, education, political participation, anti-discrimination measures, and pathways to citizenship, ranks Slovakia among the lowest-performing countries, specifically 4th to 5th from the bottom (ibid., 22). An analysis of Slovak public attitudes toward foreigners, as presented in Vašečka's study, reveals that Slovak society tends to be reserved or even hostile toward migrants. Migration is perceived more as a potential threat than an opportunity, reflected in low levels of acceptance of different migrant groups and persistent prejudices. The most significant factors influencing these attitudes include historical experience, limited direct contact with foreigners, and media discourse, which often portrays migrants in a negative light. The Slovak public's concerns are primarily focused on economic competition, cultural differences, and security issues (ibid.).

These prevailing beliefs not only shape the public discourse but also influence institutional priorities and policy-making. A general lack of empathy and openness toward migrants may partly explain the insufficient systemic efforts to ensure equal access to public services, including healthcare. Based on these findings, Vašečka argues that compared to its neighbouring countries, Slovakia currently lacks the essential prerequisites for an effective integration process, especially in social services, which include the right to use one's native language (ibid.).

Language Policy and Communication Barriers in Slovak Healthcare

Language policy and relevant legislative measures represent a fundamental element of migrant integration plans. In the context of healthcare communication in Slovakia, several relevant legal frameworks currently regulate this area. The use of language in public spaces is primarily governed by Act No. 270/1995 Coll. on the State Language

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of the Slovak Republic[7], which establishes Slovak as the sole official language, granting it priority over other languages used within the country. It stipulates that "if a patient or client does not have a command of the state language, the communication can be in a language in which the patient or client can be comprehended. The staff is not obliged to have a command the language of the national minority."[8]

This provision carries several practical implications. Firstly, the law explicitly establishes Slovak as the primary language of healthcare communication, meaning that all medical documentation, administrative procedures, and official communication must be conducted in the state language. If a patient does not speak Slovak, communication may occur in another mutually understandable language, implying a degree of flexibility when HCPs are proficient in another language or when the patient speaks a national minority language. However, the law also clearly states that HCPs are not legally required to speak a foreign or minority language, effectively removing any legal obligation for them to offer care in any language other than Slovak. This exempts medical professionals from liability in cases where a patient does not speak Slovak and the staff cannot communicate effectively with them.

Although the law does not prohibit the use of interpreting services in healthcare, it also does not impose any obligation on HCFs or the state to provide such services. This means that no legally guaranteed mechanism exists for ensuring interpretation services for individuals with language barriers, which can result in disadvantages for non-Slovak-speaking patients and potential issues in understanding medical information.

2.2.1 National Minority Language Rights in Healthcare

Certain linguistic rights are addressed in Act No. 184/1999 Coll. on the Use of Minority Languages[9], which permits the use of national minority and foreign languages in healthcare settings in regions where at least 15% of the population belongs to a minority community. Section 5, paragraph 3 of this act states that citizens of Slovakia who belong to a national minority have the right to communicate with healthcare, social services, and child protection institutions in their minority language. Healthcare and social institutions are required to enable the use of a minority language where their capacity and personnel conditions allow, in accordance with this law and other specific regulations.

The interpretation of this law once again highlights its relative nature regarding the provision of language services in HCFs. The wording *where conditions permit* clearly suggests that while institutions should strive to facilitate such communication within their capacities, if a hospital does not have personnel proficient in a minority language, it cannot be legally required to provide such services. Simply put, there is no absolute obligation for institutions to employ minority language-speaking personnel or to offer any language services to facilitate communication.

Furthermore, the territorial limitations of this law mean that patients from minority communities living in regions with less than 15% of their population are not granted the same linguistic rights when communicating with HCPs. As a result, this legislation fails to establish a universal, systemically guaranteed approach to linguistic accessibility in healthcare, potentially leading to unequal access to medical services for various linguistic minorities.

Based on these legal provisions, it can be concluded that language accessibility in healthcare for patients with language barriers remains inconsistent and unregulated. There is no legislative obligation to provide interpreting services or alternative communication tools. In practice, this means that patients with language barriers are largely dependent on the individual language skills of HCPs or informal solutions. This conclusion is supported by Homola's research (2021), which finds that patients in Slovakia cannot rely on any legislation to demand linguistic support from healthcare institutions.

2.2.2 Broader Legal and Human Rights Frameworks

Nevertheless, it is essential to consider other relevant legal frameworks concerning the right to comprehensible communication in healthcare, which may, in certain aspects, contradict existing national legislation.

The primary legal framework in Slovakia is the Constitution of the Slovak Republic, which guarantees the right to health protection[10] as a fundamental human right. The constitution also ensures equality of rights and freedoms

[7] See the English mutation: https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL(2010)076-e

[8] Specifically Section 8, Paragraph 4 of the Act.

[9] Only available in Slovak: https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/1999/184/

[10] See https://www.prezident.sk/upload-files/46422.pdf - Constitution of the Slovak Republic, Title Two, Section Five, Article 40

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for all individuals[11] (not only citizens) regardless of gender, race, skin colour, language, religion, or other characteristics. Furthermore, the constitution grants all national minority citizens the right to receive information in their native language[12], which extends to healthcare communication across the entire country.

Additionally, Slovakia is not an isolated state but part of the broader European legal and political framework. Although the European Union currently lacks a unified legal regulation explicitly governing the right to language services in healthcare, the European Charter of Patients' Rights[13] includes provisions that implicitly refer to the need for linguistic accessibility in healthcare. These provisions include the right to information, which ensures that every patient has access to all relevant data regarding their health condition and treatment, as well as the right to informed consent, which assumes that a patient must receive information in a language they understand to give consent to medical procedures. These principles implicitly require that patients receive healthcare information in a comprehensible form, which may include interpreting or translation services in healthcare settings.

As a member state of the United Nations (UN), Slovakia has also committed to promoting and protecting human rights and fundamental freedoms regardless of race, gender, language, or religion. The right to healthcare is one of the core areas of this commitment, forming a legal and moral basis for ensuring effective communication between HCPs and patients with language barriers.

3 Scientific Research on Healthcare Interpreting in Slovakia

Research on HCI has been a subject of academic interest at the international level for approximately six decades and, as noted by Homola (2021), is considered one of the fields with intensive research activity. However, the situation in Slovakia differs significantly, as the country has only begun to recognise and systematically address the needs of multicultural and multilingual diversity in the past 15 – 20 years. The academic community was the first to respond to these social changes, increasing its interest in PSI. Initially, however, the primary focus was on refugee-related issues, particularly in the context of legal proceedings, asylum processes, and police interrogations (Tužinská, 2011; 2015a; 2015b; 2019; 2020; 2023), while HCI remained on the periphery of academic discourse.

3.1 Terminological Variability in Slovak Translation Studies

The emergent nature of this research field is still reflected in the persistent terminological inconsistencies at both the global and national levels. Pöchhacker (2021, 151) attributes this issue to the dominance of empirical studies over theoretical and conceptual analysis, resulting in insufficiently defined key concepts, such as *professional interpreting, training, accuracy*, and *translation quality.*

In English-language academic literature, two primary terms are commonly used: *community interpreting (CI)* and *public service interpreting (PSI).* This terminological inconsistency is also reflected in Slovak institutional and academic discourse, where two widely used terms – *komunitné tlmočenie* (community interpreting) and *tlmočenie vo verejných službách* (public service interpreting) – exist simultaneously. Homola (2021) examined terminological inconsistencies in the Slovak context, highlighting the divergence not only among institutions and non-governmental organizations (NGOs) but also within different academic institutions. He identifies this inconsistency as a factor that weakens the status of professional PSI. In his doctoral dissertation, he analysed the historical development of the field under the term *komunitné tlmočenie*, but in a synchronic perspective, he advocates for the term *tlmočenie vo verejných službách*, arguing that it more accurately reflects its connection to the institutional environment.

The evolution of terminology within Slovak translation studies can also be observed in the work of Štefková, a respected Slovak translation scholar. In 2018, she used the term *preklad a tlmočenie vo verejnom záujme* (translation and interpreting in the public interest), which differs from the established labels by emphasising broader societal benefits and principles of equality, suggesting the potential regulation of state-guaranteed interpreting services. She also noted a shift in Slovak academia, where the term *komunitné tlmočenie* was already perceived as outdated at the time (Štefková, 2018). In her later publications, she gradually transitioned to using the term *tlmočenie vo verejných službách (TVS)*, aligning with the terminology that has become increasingly dominant in Slovak academic discourse (Štefková, Zárecká, 2023).

[11] See the Constitution, Title Two, Section One, Article 12

[12] See the Constitution, Title Two, Section Four, Article 34 (1)

[13] See https://www.health.gov.sk/Clanok?europska-charta-prav-pacientov

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The term *healthcare interpreting* or *medical interpreting* is also not officially established within the Slovak terminological structure. Scholars such as Homola (2021), Štefková (2018), and Zárecká (2023), who study this field in Slovakia, frequently use descriptive terms such as *tlmočenie v kontexte zdravotnej starostlivosti* (interpreting in the context of healthcare), *tlmočenie v oblasti zdravotnej starostlivosti* (interpreting in the healthcare sector), or simply, *tlmočenie v zdravotnej starostlivosti* (healthcare interpreting).

3.2 Healthcare Interpreting as an Underresearched Area in Slovakia

To date, HCI has not been the subject of systematic research in Slovakia. Studies specifically focused on language accessibility in HCFs are almost entirely absent and are usually incorporated into broader analyses that examine the general state of PSI. Current research is typically conducted as part of comprehensive studies or doctoral dissertations (Homola 2021; Štefková, Tužinská, 2021), focused on the Ukrainian crisis (Šveda, Štefková, 2022; 2023; Štefková, Zárecká, 2023), or used to assess the state of interpreter training in PSI and identify educational needs for future training programmes (Bossaert, 2018; Šveda 2021; Šveda, Štefková, 2023).

The anthropologist Tužinská analyses communication between state institutions and migrants, also addressing HCI in the context of mandatory medical examinations in asylum procedures and healthcare provision for asylum seekers. She highlights the importance of accurate and culturally sensitive interpreting, as medical examination results can significantly impact the legal status of foreigners, particularly in cases of infectious disease diagnoses or signs of violence. Although this is a specific setting different from standard healthcare for patients with language barriers, she emphasises the necessity of high-quality interpreting, including specialised medical terminology, impartiality, confidentiality, and interpreter professionalism. Her research significantly reinforces the need for the professionalization of HCI and its integration into systemic solutions for migrant healthcare (Tužinská 2011; 2015a).

One of the few research initiatives on HCI is Homola's doctoral dissertation, whose findings are presented in the next section. Homola reflects on the increased challenges in collecting research data due to high confidentiality requirements and personal data protection standards, which are an integral part of healthcare (Homola, 2021).

Since the outbreak of the war in Ukraine, several studies (Šveda, Štefková, 2022; 2023; Štefková, Zárecká, 2023) have examined Slovakia's response to the urgent need for language services in various public sectors, including healthcare. Most researchers agree that the country was unprepared for the sudden increase in patients with language barriers. Essential constraints include institutional passivity, a lack of trained interpreters, inconsistent interpreting quality, and low intercultural competence in interpreted communication. Another critical issue is the limited awareness among service providers about the importance of professional interpreting, coupled with a lack of financial resources to secure it.

Conversely, the academic community praised the prompt response of NGOs, which, in collaboration with experts, developed a specialised HCI training programme for various groups of non-professional and ad-hoc interpreters (community members, volunteers, students, etc.) (Šveda, Štefková, 2022; Štefková, Zárecká, 2023). A similar situation occurred in the Czech Republic, where Molchan and Čeňková highlighted the key role of non-professional interpreters in crisis situations and the need for their specialised training as a complement to professional services (Molchan, Čeňková, 2023).

Despite the challenges and obstacles posed by this situation, researchers are working to transform newly acquired knowledge and experiences from the Ukrainian crisis into the development of a strategic framework for a sustainable model of PSI in Slovakia. The authors of these studies propose drawing inspiration from existing systems in Belgium, Austria, and Spain, emphasising the need for the professionalization of PSI, its integration into the social services system, and the transfer of responsibility from the private and non-profit sectors to state institutions (Šveda, Štefková, 2023).

3.3 Slovakia's Participation in International Initiatives

Among Slovakia's international engagements, a notable example is the participation of Constantine the Philosopher University in Nitra in the *Mental Health for All* project, which ran until 2024 and involved collaboration among nine European countries. The project responded to alarming findings, revealing that only 20% of EU member states have established standards for linguistically and culturally adapted mental healthcare (Schouten et al., 2022). This lack of standardised policies is particularly critical for refugees and migrants, who experience a higher prevalence of mental health disorders, such as post-traumatic stress disorder (PTSD). As confirmed by the research study, despite the increased vulnerability of this group, their access to professional mental healthcare remains significantly limited (ibid.).

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One of the key outputs of the project was the development of a multilingual and culturally sensitive platform, which includes a database of services and educational materials for both patients and HCPs. This initiative, which has also been implemented in Slovakia, represents a significant step forward in addressing linguistic, social, and cultural barriers in healthcare provision.

4 Current State of Healthcare Interpreting in Slovakia

Previous analyses and research highlight a significant deficit in the provision of interpreting services in HCFs in Slovakia. This sector lacks a centralised system for management and monitoring of interpreter deployment and service quality, unlike the legal sector, where professional interpreters are officially registered in the list of court interpreters. However, court interpreters primarily focus on formalised legal processes, criminal and asylum proceedings, and are not readily available in other areas of PSI. According to experts, this state of affairs is primarily due to the absence of HCI and its gradual introduction only in recent years (Štefková, 2018; Homola, 2021; Štefková, Tužinská, 2021; Štefková, Zárecká, 2023).

The lack of systematic HCI provision became particularly evident due to the sharp increase in demand for interpreting services following the influx of Ukrainian refugees. However, even before the Ukrainian crisis, Homola's pivotal study had already drawn attention to this issue. Within the broader context of PSI, the study also included an exploratory investigation into communication with patients with language barriers in four university hospitals in Slovakia (Banská Bystrica, Martin, Bratislava, and Košice).

This study was unique in its scope, as it provided the first in-depth look at the HCI in Slovakia. The findings clearly demonstrated that none of the surveyed hospitals used professional interpreting services, nor did they have official guidelines or standardised procedures in place to ensure a systematic approach to addressing language barriers between HCPs and foreign patients. The author describes various ad-hoc solutions, including the use of HCPs' language skills (e.g., English, German, Hungarian), remote interpreting for less common languages, and the involvement of family members or community members as informal interpreters. However, the organization and financing of these services remain entirely the patient's responsibility.

A less common but highly time-consuming approach involves arranging interpreting services through embassies. Even so, this cannot be effectively implemented in urgent healthcare situations due to time constraints. The main arguments hospitals provided for the absence of a structured interpreting system included the low frequency of cases requiring professional interpreting and trust in the sufficient language skills of healthcare personnel.

The study also revealed a critical lack of awareness regarding interpreting quality standards. HCPs and the management of HCFs do not require specific qualitative standards for interpreting services, and the responsibility for selecting and assessing the interpreter is left entirely to the patient. Hospital representatives fail to recognise the ethical and professional risks associated with the use of ad-hoc interpreters, such as family members and acquaintances, a practice widely criticised in global scientific literature for its negative impact on medical decision-making and patient safety (e.g. Fredericks, 1998; Meyer, 1998; Jacobs et al., 2001; Flores, 2005; Flores et al., 2012; Cambridge 2014; Angelelli 2016)

One positive aspect of the survey results is the fact that in Bratislava and Košice, selected informational materials have been translated into multiple languages to better inform patients. These documents include informed consent forms, patient instructions on medical procedures, invoices, and records of medical services provided. In his conclusions, Homola (2021) emphasises the necessity of implementing a comprehensive approach that would encompass the legislative recognition of interpreting services, systematic training of interpreters, and their integration into the public service system, thereby ensuring higher-quality communication in HCFs.

5 Specialised Training for Healthcare Interpreters in Slovakia

The design of educational needs, standards, and the process of professionalizing HCI is closely tied to legislative requirements and the official recognition of this profession by the state. Given that HCI lacks both legal regulation and official status in Slovakia, specialised training in this field at universities remains underdeveloped, particularly when compared to the education available for more prestigious forms of interpreting, such as conference interpreting. On the other hand, Slovakia serves as an example of a country where parts of PSI training are covered through various short-term or longer-term projects, often with limited funding, designed for diverse groups of participants. These initiatives partially address the demand for interpreting services, particularly during periods of increased necessity.

As mentioned above, the Slovak healthcare system does not establish any formal requirements or expectations regarding the professional qualifications, language competence, or intercultural knowledge of healthcare

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interpreters. Consequently, universities do not offer systematic educational programmes specifically dedicated to HCI or other areas of PSI, with the exception of legal interpreting (Homola, 2021). This situation reflects the relationship between supply and demand – if the state has not required specialised interpreters so far, universities have had no incentive to develop such programmes.

In addition, Štefková and Tužinská highlight that there are no structured educational programmes for individuals from other professional fields who possess adequate language skills but have not undergone formal training in translation or interpreting. Similarly, there is a lack of lifelong learning opportunities, professional supervision, and an official registry for interpreters outside the Ministry of the Interior's records (Štefková, Tužinská, 2021).

Despite these systemic shortcomings, some isolated initiatives focusing on PSI, including HCI, have emerged within Slovak academic institutions. Homola (2021) highlights the efforts at Constantine the Philosopher University in Nitra, where the Department of Translation and Interpreting studies offers students the opportunity to gain practical experience in HCFs, an initiative driven by an input from NGOs.

A similar initiative is represented by the PACI (Professional and Accessible Community Interpreting) project[14], implemented at the Faculty of Arts of Comenius University in Bratislava. This project focuses on training PSI interpreters, including in healthcare contexts and basic medical terminology. The course is also open to the public, and one of its greatest strengths is the intensive hands-on practice in real-life settings, allowing participants to gain practical experience while working with HCPs and patients.

5.1 The Impact of the Ukrainian Crisis on Healthcare Interpreting Training

The Ukrainian crisis significantly contributed to the expansion of HCI training, primarily through emergency education programmes developed in response to the rapid efforts of NGOs, such as the Human Rights League, Mareena, and the Slovak Humanitarian Council. These organizations accented the growing demand for interpreting services, which in turn prompted an effective response from academic institutions, particularly the Faculty of Arts at Comenius University in Bratislava, which provided educational expertise and professional support. The training programmes included students, volunteers, and community members, who then worked as interpreters in healthcare settings, focusing on providing linguistic support to Ukrainian immigrants.

The training programme was designed to address the specific needs of HFCs, combining theoretical and practical components of HCI. The course content covered intercultural competence, ethical principles, knowledge of healthcare procedures and medical examinations, and practical role-playing exercises with feedback from experts in interpreting pedagogy. The most significant contribution of this course was its role in raising awareness about the need for specialised training and the professionalization of HCI. However, experts caution that the main challenge remains ensuring the long-term sustainability of these training programmes and their subsequent integration into formal education systems (Šveda, Štefková 2022; Štefková, Zárecká, 2023).

An analysis of further training needs identified general medical terminology (e.g. general medicine, paediatrics) and specialised medical terminology (e.g. hospitalization, specialised examinations) as priority areas for continued professional development. Participants themselves emphasised the need for longer-term training in interpreting techniques and a deeper understanding of the field-specific vocabulary (Šveda, Štefková, 2023).

6 Societal and Non-Governmental Support

In Slovakia, NGOs and civic initiatives play a crucial role in providing linguistic support to individuals facing language barriers, thereby compensating for institutional shortcomings in this area. A significant player in this field is the Human Rights League, which has been actively involved in the integration of refugees and asylum seekers for many years. Its activities are well-documented in scholarly publications and research reports. As part of the project *Dajme šancu utečencom*[15] *(Let's Give Refugees a Chance)* in 2019, the organization contributed to the training of interpreters for the public service sector, particularly targeting members of linguistic communities without formal language or interpreting education. Based on these experiences, it developed the guide *Zistenia a odporúčania vo vzťahu k tlmočníkom*[16] *(Findings and Recommendations for Interpreters)*, primarily intended for those working in asylum and immigration proceedings, but also extending to other areas of PSI, including HCI.

[14] For more information, visit https://fphil.uniba.sk/katedry-a-odborne-pracoviska/katedra-germanistiky-nederlandistiky-a-skandinavistiky/veda-a-vyskum-wissenschaft-und-forschung/paci/about-paci/
[15] See https://www.hrl.sk/en
[16] Available only in Slovak: https://www.hrl.sk/userfiles/files/Odporucania%20tlmocnici_FINAL(1).pdf

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The document provides recommendations for relevant institutions regarding the regulation of ad-hoc interpreters, the necessity of specialised training, and the importance of preparation before interpreting assignments. The primary goal of these measures is to improve the quality of interpreting services in legal and administrative settings, support interpreter education, and establish monitoring mechanisms.

For public institutions that frequently interact with clients facing language barriers, the KapaCITY website[17] was created to offer accessible information on PSI and its ethical principles. This platform includes the handbook named *Desatoro komunikácie s cudzincom*[18] *(Ten rules for communicating with foreigners)*, which provides guidelines for institutional staff and the public on interacting with non-native speakers. In addition to offering basic language recommendations, the handbook points out intercultural differences and the importance of cultural sensitivity in communication, recommending trained interpreters as the most effective solution.

Another initiative supporting the integration of foreigners is the civic association Equita[19], which has been providing voluntary and professional healthcare services for vulnerable populations, including homeless individuals, refugees, and marginalised communities, since 2017. The organization advocates for a healthcare system that is adapted to the needs of these groups and considers their specific barriers in accessing medical services. In the area of language support, Equita collaborates with the non-profit organization Mareena, which facilitates interpreting services. However, in practice, interpreting is often carried out by HCPs from the same community (e.g., Ukrainian HCPs) or by medical students from countries such as Afghanistan and Iran. As a response, Equita seeks to provide these volunteers with basic training in culturally sensitive communication with vulnerable groups.

Beyond these initiatives, several other organizations in Slovakia support the integration of foreigners across various public sectors, including language and social services. Notable examples include the Centre for the Research on Ethnicity and Culture (CVEK), the International Organization for Migration (IOM), and the Slovak Humanitarian Council (SHR) , all of which play a significant role in linguistic assistance and migrant integration.

7 On the Ethical Code for Healthcare Interpreting

Major international initiatives[20] bring into attention the relevance of ethical codes in PSI. These professional guidelines provide standards of conduct for interpreters, promoting consistent quality of interpreting professionalism in this field. In Slovakia, several interpreter ethical codes exist, yet none fully addresses the specific requirements of HCI or the broader scope of PSI as a whole.

One such code is *Code of Ethics for Interpreters in Asylum Proceedings*[21], developed by the Migration Office of the Ministry of the Interior of the Slovak Republic in collaboration with the United Nations High Commissioner for Refugees (UNHCR). This document establishes standards for interpreters operating in asylum procedures and highlights the challenges associated with interpreting in this context. However, Tužinská (2020) points out that the non-binding nature of this document presents a significant obstacle to enforcing mandatory and uniform quality in interpreting services. Her research also revealed multiple deficiencies in adherence to the code within asylum proceedings.

Another example is the *Code of Conduct*[22] of the Association of Translation Companies of Slovakia (ATCSK), which focuses on ethical principles and fair business practices in translation and interpreting services. This code emphasises competence, responsibility, and professionalization among its members. Similarly, the *Code of Professional Ethic*[23] adopted by the Slovak Association of Translators and Interpreters (SAPT) sets out standards of conduct for its members and highlights ethical norms and professional integrity.

Although these codes define fundamental ethical principles of interpreting practice and represent a step toward quality regulation in interpreting, they don't address the specificities of the healthcare environment, such as power asymmetry between communication participants, protection of personal data and sensitive information, or the

[17] Available only in Slovak: https://www.kapacity.sk/informacia/komunitne-tlmocenie/

[18] Available only in Slovak: https://www.kapacity.sk/wp-content/uploads/2021/03/Desatoro-komunikacie-s-cudzincom.pdf

[19] See https://www.equita.sk/en/o-nas

[20] Such as IMIA, AUSIT, META and other organizations advocating for the development of PSI ethical codes.

[21] See https://www.minv.sk/?osobitosti-tlmocenia-v-azylovom-konani

[22] See https://www.atcsk.sk/en/

[23] See https://www.sapt.sk/en/documents-advice/documents-for-download/

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necessity of intercultural mediation. Furthermore, these documents do not function as legally binding norms on a national level that would guarantee a minimum standard of quality in PSI. Compliance with these ethical guidelines remains voluntary for individual interpreters. The codes issued by professional associations apply solely to their members and do not carry legal consequences for non-compliance.

The absence of a standardised ethical framework in Slovakia, for PSI in general and for HCI specifically, creates a situation in which interpreters, whether professionals, volunteers, or ad-hoc interpreters, must rely on foreign models and guidelines when needed. One example of an attempt to compensate for this gap is the recommendation of the Czech Code of Ethics developed by the META organization[24], which is available on the Slovak information platform KapaCITY.sk. This document reflects the specificities of PSI and provides interpreters with guidelines on professional ethics and service provision in public sector contexts. Nevertheless, like Slovak ethical codes, it remains purely advisory in nature.

The importance of establishing a nationwide ethical code for PSI in Slovakia is also emphasised in Kubinová's bachelor's thesis, which explores the deontology of PSI. The author argues that, according to Martinez-Gomez's (2011) classification, Slovakia belongs to the group of countries that have yet to acknowledge the need for PSI professionalization and do not apply universally binding ethical codes in this field (Kubinová 2023) Based on a comparative analysis of ethical codes from five countries (Australia, Sweden, Spain, the Czech Republic, and Slovakia), she proposes a set of recommendations for developing an ethical code tailored to the Slovak context and applicable across all PSI sectors. However, she also warns that without legal enforcement, its applicability and the ability to sanction violations would remain problematic, ultimately weakening its normative function and effectiveness (ibid.).

In conclusion, the ethical code specifically designed for HCI remains, under current conditions in Slovakia, merely a vision for the future. This situation appears to be the result of multiple interrelated factors, including the lack of professionalization of language services in healthcare, limited institutional awareness of the importance of quality and standardisation in interpreting, passive engagement from state authorities, and insufficient funding for development in this field.

8 Identifying Key Research Directions in Healthcare Interpreting

The outlined summary of research activities and the societal reality in HCI in Slovakia provides a foundational framework for the upcoming praxeological research, regarded as one of the vital factors in mapping the communication situation in Slovak HCFs.

Based on the findings and insights gathered so far, the following research tasks are formulated to initiate a more in-depth field analysis of interpreting practices in healthcare settings. These tasks are partly inspired by the thematic areas specified in the work of Štefková (2018), who suggests examining the situation from multiple relevant perspectives, ranging from the negative societal consequences of the absence of language services, to ethical, organizational, and competency-related aspects, as well as the role of the third sector in the professionalization of PSI.

Task No. 1: Conduct an exploratory analysis of bilingual communication in various forms of healthcare provision (ambulatory and inpatient care, emergency services) and interactions among key participants (HCP, patient, interpreter), with a focus on:

- The course of communication situations involving patients with language barriers;
- Quantitative data on bilingual and interpreted interactions in HCFs;
- Existing strategies and mechanisms for mediating bilingual communication;
- Challenges and obstacles in communication with patients who do not speak the dominant language;
- Internal HCFs' guidelines and policies including the awareness of their existence and application among HCPs;
- HCPs' knowledge of the interpreting process, interpreter competencies, and the roles of other stakeholders;
- Actual needs and demand for interpreting services within healthcare;

[24] This internet link is currently not working

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- Preferred forms of interpreting (HCP, relative, acquaintance, volunteer, professional interpreter);
- Technological options and infrastructure for different interpreting modalities (on-site, remote).

Task No. 2: Assess the current prerequisites for the legal, institutional, and financial establishment of the healthcare interpreter profession in terms of:

- Potential for employment and labour-law regulation of the interpreting profession within the healthcare and social care sector;
- The formulation and implementation of binding professional standards, an ethical code, and disciplinary mechanisms in HCI;
- Funding models for interpreting services in healthcare (e.g. coverage through health insurance, state subsidies, employer obligations, etc.);
- Structural support in the form of a central interpreter registry, a digital platform for service booking, etc.;
- Guidelines for HCPs regarding the organization of interpreting services and the competencies of involved participants;
- Possibilities for systematic cooperation between state institutions, educational organizations, professional associations, and NGOs.

Task No. 3: Analyse the requirements for specialised training and certification of healthcare interpreters, with an emphasis on:

- Minimum qualification requirements and the development of relevant training programmes (specialised courses vs. higher education programmes);
- Accreditation possibilities for educational institutions and programmes, including certification exams;
- Certification and recertification models for healthcare interpreters in alignment with healthcare sector requirements;
- A framework for continuous education and professional development in HCI.

Task No. 4: Define and examine various evaluation parameters for improving and optimizing the HCI system, focusing on:

- Assessing the efficiency of the system as a whole, financial costs, and stakeholder satisfaction;
- Implementing quality control mechanisms for
- interpreting services, addressing professional and ethical misconduct, and establishing sanctioning procedures in compliance with legislation;
- The impact of different interpreting modalities on clinical outcomes (diagnosis, treatment, medical results of patients);
- Ongoing monitoring of linguistic needs in healthcare (statistical data on minority communities, migrants, asylum seekers, etc.);
- Incorporating collected data into defining requirements for language combinations and the number of interpreters needed;
- Evaluating interpreters' emotional burden, psychological support, and burnout prevention measures in high-stress work environments.

Task No. 5: Examine various forms of social, institutional, and academic support for the healthcare interpreting profession in terms of:

- Recognition of the social and professional status of healthcare interpreters at the level of other forms of interpreting and comparison with countries where HCI is an established system;
- Increasing the attractiveness of the HCI profession and motivating potential practitioners (students, translators/interpreters, bilingual individuals) to enter this sector;

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- Changing attitudes among stakeholders (HCPs, public institutions, patients) toward the importance and role of interpreters in ensuring quality healthcare services;
- International comparisons of the Slovak system with existing models in countries where HCI has been professionalised;
- Involvement of international organizations (IMIA, ENPSIT, WHO) in discussions on legislative, institutional, and structural solutions in the Slovak context.

9 Conclusion

The ambitious scope of this research is acknowledged. The praxeological doctoral project, which will be conducted in Slovak HCFs over the coming years, will primarily focus on a thorough and comprehensive investigation of the current situation and needs in this sector. The data collected will serve as a foundation for objective study and further analysis. However, the research also pursues a broader goal – to stimulate interdisciplinary academic interest in HCI, which has so far remained one of the least explored areas within PSI research in Slovakia, despite the rapid and dynamic societal changes.

The research findings are expected to contribute to professional discussions on the necessity of professionalizing HCI while also providing practical recommendations for ensuring equal access to healthcare services for all patients, regardless of their linguistic or cultural background. Moreover, the research aims to support the formulation of a long-term strategy for integration of interpreting services into the Slovak healthcare system and to enhance the understanding of the critical role of interpreting in this specific context.

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