Are ergonomic interventions necessary in the sign language interpreting community?

Introducing Ergonomics:

Methods

Figure 4 illustrates the high prevalence of both discomfort and prior medically diagnosed injuries. However, due to high prevalence rates across the population, no single factor emerged to be highly correlated with discomfort or injury. Comparisons were also examined between salaried interpreters (longing position within a company) and self-employed (freelance) interpreters (Figure 5, 6). Most interpreters tended to work in both salaried and self-employed situations, therefore respondents were classified according to the majority of their interpreting time. Based on this criterion, 12 interpretors were considered salaried and 92 were considered freelance. The remaining respondents did not report hours worked.

Discussion

Sign language interpreting is a demanding task. The results shown here compare well with published findings. The prevalence of medically treated carpal tunnel syndrome (13% Stedt, 1992) and 29–31% reporting pain in their neck and shoulder regions (Schweizer et al. 2005). These responses clearly reflect a large perceived pain and discomfort as highlighted by the SSA’s scores of 5 on a 10–0 scale. However, it is interesting to note that interpreters perceive a similar physical discomfort when interpreting solo for an hour as they do when interpreting with a team. Although interpreting is a team sport, it may suggest that team interpreting should be used for shorter bouts than the current 1.5–2 hour norm, to reduce the perceived pain and discomfort.

Salaried interpreters are offered appointments in all available hours. However, salaried interpreters also interpret solo more hours in long solo bouts (Figure 5). It has been suggested that the risk of injury for sign language interpreters is directly related to the number of hours with hands in the air (INGOSH, 1994). This would therefore suggest that the cumulative demand of interpreting is a salaried position is a risk factor for the development of pain, and should be a focus for intervention. Figure 8 highlights a direct area for interven- tion, suggestion that the contractual demands of a salaried interpreter pre-dispose them, as a long and longer bouts of solo interpreting. A probable solution pathway may therefore focus on the changing the way that salaried interpreters are contracted and the way that they are paid for work. The future may be to include base pay for freelance participants who sign regularly but do not work as an interpreter on a day to day basis. This may help to increase the data on those with little or no discom- fort.

Salaried interpreters share a much different work environment than their freelance counterparts. A salaried interpreter may be employed within a specific company, community or an educational institution. Figure 5 provides a good example of the distribution of hours worked for the salaried interpreters. Salaried interpreters are placed in more situations where they feel contractually obligated to work. The contractual demands of salaried interpreters may therefore lead to longer bouts of solo interpreting. A probable solution pathway may therefore focus on the changing the way that salaried interpreters are contracted and the way that they are paid.

Injury and Discomfort Findings

Salaried and Freelance Comparisons

References

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Interpreting Ergonomics:

S ign language interpreting is an essential service to ensure the participation of Deaf people in work and other facets of society. Interpretation is both physically and mentally demanding. The daily demands of the job often depend on the type of interpretation, and can vary from day to day conversations to business meetings, and legal or medical proceedings. Interpreters may work solo, or in a team with one or occasionally two other interpreters to alternate work and rest. An interpreter’s income security depends on the stability of her appointment schedule, ranging from a salaried employment to contracts of varying lengths. Based on varying amounts of time in advance. Seeking security, interpreters may negotiate terms of employment based on financial need or the interpretation needs of the deaf consumer without regard for the physical and mental demands of the interpreting activity. Policies for managing injury risk primarily derive from labor-management agreement and benefit salaried interpreters, but the population lacks evidence-based recommendations suited to the self-employed interpreter or workplace exposure policies. The purpose of this research was to document injury prevalence amongst sign language interpreters registered with the Association of Visual Language Interpreters of Canada (AVLIC), with a goal of providing evidence-based recommendations to reduce/autorminimize injury risks.

Results

Methods

Members of the Association of Visual Language Interpreters of Canada (AVLIC) were asked to fill out an online questionnaire related to their personal job demands, lifetime, physical and mental trauma, and their need for an interpreter in Canada. Potential respondents were asked to participate via the AVLIC quarterly newsletter. Approximately 5.7% of the 3500 members of AVLIC responded. The questionnaire was developed using modified versions of the pain and discomfort survey used by Fischer at al. (2007), the Work Role Function (Lerner et al. 1997) and the 2005 Canadian Communities Health Survey (CCHS). The AVLIC ad hoc committee was instrumental in encouraging responses to the questionnaire online, administered via the online Statistics Canada parametric surveys used by Fischer et al. (2007). The AVLIC ad hoc committee approved the questionnaire and research protocol was approved by the Ryerson University Research Ethics Board.

Introduction

Salaried and Freelance Comparisons