Translated medical texts aimed at health professionals: translation process, expectations and misperceptions

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It was my work as a reviser and linguistic quality assurance specialist that led me to research translated medical texts. I was particularly interested in exploring the types of texts that I worked with – texts aimed at health professionals. Little had been researched about this type of expert-to-expert communication, which was particularly surprising to me since this was what my colleagues and I translated and revised every day. How these texts are translated and how revisers and health professionals evaluate particular translation options became my PhD topic.

To tackle this, I carried out the study in three stages, adopting a multifaceted approach using process-, product- and participant-oriented methods. In the first stage, data were collected from translators (novice and experienced), including keylogging, screen-recording and questionnaire data, to describe the types of solutions employed by the translators in response to problematic translation units. The study aimed to test the hypothesis that, during the self-revision process, novice and experienced translators tend to move from more literal versions to less literal ones (the Literal translation hypothesis, see Chesterman 2011: 26). However, the analysis revealed the opposite: translators tended to move from less literal versions to more literal ones and this was more pronounced in novice translators (Valdez 2021a). The questionnaire data pointed to a complex picture of beliefs, attitudes and expectations towards themselves, other translators, revisers and readers (Valdez & Vandepitte 2020; Valdez 2021b).

In the second and third stages, a group of experienced revisers and a group of health professionals were asked to evaluate translated excerpts of the same instructional text and answer questions regarding their beliefs and expectations about how translators should translate. The findings, taken together, reveal that the majority of revisers and health professionals opted for the most target-oriented translations and expressed the view that translators should produce target-oriented translations considering criteria like readability (see Valdez 2023).

The findings are interesting mainly because they suggest that translators misperceive how revisers and health professionals evaluate particular translation options and their expectations. It suggests not only that translators literalize when self-revising, moving from less to more literal versions, but also that they believe that they should produce and are expected to produce mostly literal translations. However, revisers' and health professionals' evaluations of translation options and beliefs suggest they favor target-oriented translated texts.

This misperception of revisers' and health professionals' preferred translation options and expectations has clear consequences for translators' work and training. These findings are of value to inform translators and revisers of what health professionals expect from their work. Translations that are not able to fulfill clients' expectations are considered poor quality with consequences for the reputation of the translator. Translators should therefore be trained to develop self-awareness to monitor and assess, in their translation and revision decision-making processes, how their own expectations about translation and their perceived expectations about revisers and readers influence their work.

Given that communication between professional translators and revisers can be a factor for the (mis)perceptions identified regarding expectations, best practices for peer feedback are also proposed. In addition, researchers and universities are called upon to promote communication among professional translators, revisers and readers in specialized domains, as has been done in other areas.

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