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ABSTRACT: This article looks at the impact of the pandemic on the work environment of public service interpreters in Finland from a listening-oriented perspective. The rapid switch to remote interpreting in all public service interpreting settings, i.e., the use of virtual meeting tools such as Teams alongside traditional telephone interpreting, affected the listening conditions of public service interpreters dramatically during the spring and summer of 2020. Later that year, interpreters were able to return to face-to-face interpreting, but encountered yet a new interaction and listening reality: interpreting wearing face masks. The theoretical framework of this case study consisted of the stages of the relational listening process (Halone & Pecchioni, 2001), and the concept of external listening filters in dialogue interpreting (Viljanmaa, 2020, pp. 481-488).
focus was on the interpreters’ experience of working in three different interactional settings that involved external listening filters: Over-the-Phone Interpreting, Video Remote Interpreting, and On-Site Interpreting wearing a face mask. The research data consisted of 357 individual answers from 41 practising interpreters to an electronic survey on the topic carried out in November 2021. The results of the qualitative content analysis show that interpreters have mixed feelings about the technical solutions used during the pandemic in 2020 and 2021.

**KEY WORDS:** Public service interpreters; listening process; face masks; listening filters.

**RESUMEN:** Este artículo se centra en el impacto de la pandemia en el entorno laboral de los intérpretes para los servicios públicos de Finlandia desde la perspectiva de la escucha (listening-oriented approach). El rápido cambio a la interpretación a distancia en ambos ámbitos de la interpretación en los servicios públicos, esto es, el uso de herramientas de comunicación virtual como Teams en la interpretación telefónica tradicional, afectó dramáticamente las condiciones de trabajo de los intérpretes para los servicios públicos durante la primavera y el verano de 2020. Más tarde, en ese mismo año, los intérpretes pudieron regresar a la interpretación presencial, pero se encontraron con un nuevo modelo de interacción y escucha: la interpretación con mascarillas. Los fundamentos teóricos de este estudio se basan en las etapas del proceso de escucha relacional (relational listening) (Halone & Pecchioni, 2001) y en el concepto de filtros de escucha externa (external listening filters) en la interpretación de diálogos (Viljanmaa, 2020, pp. 481–488). Este estudio se centra en la experiencia de los intérpretes que trabajan en tres espacios interactivos diferentes, los cuales contienen filtros de escucha externa. Estos tres escenarios interactivos son la interpretación por teléfono, la interpretación por videoconferencia y la interpretación presencial con mascarilla. La investigación consta de 357 respuestas de 41 intérpretes, recopiladas mediante una encuesta electrónica que se ha realizado en noviembre del año 2021. Los resultados del análisis cualitativo del contenido muestran que los intérpretes tienen sentimientos encontrados relativos a las soluciones técnicas utilizadas durante la pandemia en los años 2020 y 2021.

**PALABRAS CLAVE:** Intérpretes para los servicios públicos; proceso de escucha; mascarillas; filtros de escucha.

1. **Introduction**

This article offers a listening-oriented perspective to public service interpreting (PSI) in Finland in the first two years of the COVID–19 pandemic. It focuses on the interpreter’s experience in the new interaction reality that began in 2020 and continued throughout 2021. After an initial complete stop, PSI assignments were carried out as Over-the-Phone Interpreting (OPI) or Video Remote Interpreting (VRI). Not all authorities had prior experience in using remote interpreting (RI). Later, interpreters were able to return to On-Site Interpreting (OSI), but this time wearing face masks. From a listening-theoretical perspective, all the above interaction conditions contain factors that are likely to negatively affect the interpreter’s listening process, because visual information plays an important role in it. In telephone interpreting, no visual information is available; in VRI, visual information is restricted to what is visible on screen. During OSI, the interpreter generally has access to visual information but is deprived of the speakers’ expressions and lip movements because of their face masks. In addition, in all three interaction conditions, audibility and sound quality can be compromised due to poor connections or face masks.

This article investigates how public service interpreters in Finland experienced working in the above-mentioned three interaction conditions that put a strain on the interpreter’s listening process. The interpreter’s experiences on OPI, VRI and OSI wearing face masks will be investigated. Research data consist of the answers of 41 public service interpreters and legal
interpreters to an electronic survey on the topic. The analysis is content based and the chosen approach listening oriented. Section 2 presents a listening-theoretical approach to PSI and introduces the concepts relevant to this study. Section 3 presents the methodology of the study and Section 4 presents the results. Finally, Section 5 discusses the results.

2. A listening-oriented approach to PSI

2.1. Professional listening in interpersonal communication

Listening is the “process of receiving, constructing meaning from, and responding to spoken and/or nonverbal messages” (ILA 1996, p. 4). It is not only about how we sense and perceive information signals and process their meaning, but also about how we respond to the processed information, i.e., how we show that we have listened. Listening is a multi-dimensional process (Halone et al. 1998, p. 64; Halone & Pecchioni, 2001) that plays a crucial role in all interpersonal communication. It is a dynamic process that is flexibly adapted to changing communication environments and needs. We listen differently in different settings (at school vs at the doctors, small talk vs a lecture). In certain professions, a very specific way of listening is needed for the professional to be able to perform their work successfully (Ala-Kortesmaa, 2015). One such field is interpreting.

Interpreters listen in a profession-specific way throughout the listening process and flexibly adapt their ways of invisible and visible listening behaviour according to the specific listening environment (Viljanmaa, 2020, pp. 507–511). One core element in the interpreter’s listening process is that in order to be able to interpret, interpreters first need to hear and understand everything that is said as accurately and comprehensively as possible (this equals the sensing, perceiving and processing stages in the interpreter’s listening process). Only then can the interpretation proceed (which equals the response stage II in the interpreter’s listening process, see 2.2).

2.2. The interpreter’s listening process

The listening process consists of both an invisible part (hearing, processing, understanding) and a visible part (responding). In their theoretical model of relational listening, Halone and Pecchioni (2001, p. 66) conceptualize listening as consisting of macro- and micro-level processes. At the macro-level, listening consists of pre-interaction, during interaction and post-interaction processes. The during interaction stage can be further divided into three micro-level processes, each representing a specific listening dimension: the cognitive, affective, and behavioural dimension (Halone & Pecchioni, 2001, p. 66).

The interpreter’s listening process can also be divided into the macro-level processes of pre-interaction, during interaction and post-interaction. Adopting the three stages of active empathic listening by Comer and Drollinger (1999), Viljanmaa (2020) further divided the dialogue
interpreters’ actual listening process (during interaction/interpreting) into three sub-stages. These are the sensing stage, the processing stage and responding stages I and II. According to Viljanmaa (2020, pp. 303–306), in the sensing stage, the interpreter collects verbal and nonverbal information from various sources. Viljanmaa’s study (pp. 346–352) concluded that in the processing stage, the interpreter processes information signals from various sources in various ways by, for example, drawing on prior knowledge and questioning their own first interpretation. Response stage I of the interpreter’s listening process entails the initial reaction of the interpreter to the perceived message, it is followed by response stage II that consists of the delivery of the interpretation into the target language (actual interpretation) (Viljanmaa, 2020, pp. 406–414).

2.3. Factors shaping the listening process (listening filters)

The listening process is shaped by several factors that can make the process easier or more difficult for the listener (Wolvin & Coakley, 1993, p. 21). The constellation of variables pertaining to the listener, the speaker, the message, the communicative situation, and the participants’ interaction all influence the listening process and its outcome (Imhof, 2010, p. 109). In listening research, the term listening filter is used to refer to any kind of internal or external factors that filter the incoming message for the listener (Brownell, 2006, p. 16; Brownell, 2010, p. 151; Thompson et al., 2010, pp. 272–273). Listening filters are environmental, physical, psychological, cognitive or emotional barriers or obstacles that affect the listener’s ability to listen effectively. Listening filters can be divided into internal listening filters and external listening filters. Internal listening filters are related to the listeners themselves (tiredness, feeling sick, lack of interest in the topic). External listening filters refer to various external and environmental factors such as the listening situation (room temperature, echo) or the speaker (mumbling, speaking quickly). All these internal and external factors can influence the listening situation, and they can affect all stages of the listening process either negatively or positively.

Viljanmaa (2020) defined a first set of internal listening filters and external listening filters for the dialogue interpreter’s listening process in face-to-face interpretation settings (OSI). Viljanmaa (2020, p. 483) established that the dialogue interpreter’s external listening filters consist of speaker-related listening filters (unknown dialect, difficult idiolect, non-communicative way of speaking, monotonous speech, unclear or low articulation) and of environment-related listening filters (background noise, e.g., open window, TV, babies crying, overlapping speech). Viljanmaa (2020, p. 485) further discovered that the dialogue interpreter’s internal listening filters include physical exhaustion and tiredness, situation-related emotions, the interpreter’s wandering thoughts and internal comments, and the reawakening of personal experiences from the past. All these factors can influence the interpreter’s listening process negatively or positively.

2.4. The interpreter listening in three different COVID-19 interaction settings

From a listening-oriented perspective, the three interpreting solutions used during the COVID-19 pandemic can contain external listening filters that affect the interpreter’s listening process. In OPI
or VRI interpreting (e.g., *Teams*), poor audibility and lack of comprehensive visual information can create an external listening filter for the interpreter. A growing body of research on RI confirms that poor audio quality and technical problems, the lack of visual and contextual information as well as difficulties in participation coordination make the interpreter’s work more difficult and/or stressful (Lee, 2007; Rosenberg, 2007; Braun & Davitti, 2015; Fernández Pérez & Toledano Buendía, 2018; Lázaro Gutiérrez & Cabrera Méndez, 2018; Wang, 2018). The results point to the existence of external listening filters in these interpreting settings. At the same time, research also shows positive aspects linked to RI. This modality can allow for the interpreter to search glossaries during interpreting, and it can be easier for the interpreter to maintain a safe distance from the topic discussed (Lee, 2007; Koller & Pöchhacker, 2018; Wang, 2018). The latter aspect could also mean that the possibility for certain internal, situation-related listening filters (emotions) to emerge is considerably smaller (Viljanmaa, 2020, pp. 485).

From a theoretical point of view, wearing face masks affects the interpreter’s listening process too: it is more difficult for the interpreter to read participants’ non-verbal information cues because of their face masks. In addition, interpreters themselves can experience difficulties articulating, and it is more difficult for the interpreter to send communicative non-verbal information cues to the primary participants (e.g., signalling turn-taking, comprehension, or non-comprehension) (Viljanmaa, 2020, pp. 357–381). It can be assumed that interpreting with these external filters and additional interactional constraints is also cognitively more exhausting for the interpreter. Research on this new interpreting reality is needed.

This case study set out to investigate how public service interpreters in Finland experienced three specific forms of interaction used during the pandemic years of 2020 and 2021, namely OPI, VRI, and OSI wearing face masks. The study attempts to answer the following three research questions (RQs): How do interpreters generally feel about the two first years of interpreting during the COVID-19 pandemic (RQ1)? What are the most central experiences of interpreters in the three specified interaction settings (RQ2)? Does working in these interaction settings affect the interpreter’s post interaction stage (RQ3)? The hypothesis is that the external listening filters inherent in these three interaction settings will also be visible in the interpreter’s narrated experience of the interpreting situations.

3. **Methods**

This section first presents the data collection and then the data analysis of the current study.

3.1. **Data collection**

Data were collected via an electronic questionnaire (e-questionnaire) created specifically for the purposes of this study. The e-questionnaire was created and disseminated with Microsoft Forms.
3.1.1. Structure of e-questionnaire

The e-questionnaire mainly consisted of open-ended questions, chosen deliberately so that the information from the practitioners would be as thick as possible for the purposes of a qualitative content analysis. The electronic questionnaire began with brief information about the study and its purpose and presented the researcher’s contact details. The actual questionnaire began with three background questions: first, an open question about the participants’ work experience in years (Question 1, Q1) followed by a multiple-choice question about the participant’s field(s) of interpreting (Q2). Q3 then asked the participants what kind of interpretation solutions they had used during the pandemic years of 2020–2021.

After the above three background questions, the participants were first asked to describe interpreting during the pandemic from the interpreter’s perspective using only one word (Q4), and then to write about their first and foremost thoughts or feelings when they thought about the interpreting assignments they had done during COVID-19 and the (technical) interpreting solutions used (Q5).

Q6 to Q15 asked the participants to elaborate on their personal experience of using each technical interpreting solution during the pandemic. The approach chosen here was dichotomic and provocative: for each possible technical interpreting solution, the participants were given two simple statements to complete, one focusing on easy aspects, the other on difficult aspects related to interpreting in that specific interaction setting. Q6, for example, asked the participants to complete the statement: “Telephone interpreting is difficult for the interpreter because…”, followed by Q7 which asked the participants to finish the statement “Telephone interpreting is easy for the interpreter because…”. The same incomplete statements were presented to the participants on the topic of VRI, on interpreting via a mobile interpreting application, on RSI, and finally on OSI wearing masks.

Other open questions followed the above interaction-setting specific questions. The participants were asked about the effects of RI or OSI wearing a face mask and on other elements of the interpreting process, whether they had developed any means to cope better in these interaction settings, and if they had any other comments on the topic or the questionnaire (Q16 to Q23).

3.1.2. Collected data

The invitation to participate in the study was sent to practising interpreters in Finland via two closed Facebook groups for interpreters. The “Tulkit” (Interpreters) group had 137 members at the time of data collection, and the other group, “Asioimistulkit” (Community interpreters), had 664 members. The questionnaire was open for 14 days (2.11.2021–15.11.2021). The author posted two reminders about the study in each of the two groups during the response period.
A total of 48 interpreters participated in the survey in the given time period. Seven of the participants stated they only did conference interpreting. As this first study focused on the experience of public service interpreters, the conference interpreters’ answers were excluded from further analysis. The remaining 41 interpreters reported doing either PSI and/or legal interpreting. Most of the respondents had experience in both interpreting fields. Some of the interpreters reported only doing legal interpreting, others conference interpreting and legal interpreting. Legal interpreting in Finland also covers interpreting for the police and the migration office next to court interpreting, and both fields have experienced similar changes as a result of the COVID-19 pandemic in terms of technical interpreting settings. Therefore, the author decided to also include the answers of these legal interpreters in the analysis. Thus, the answers of 41 interpreters formed the research data for the study presented in this article.

All 41 participants had worked for several years as interpreters. A total of 29 out of 41 interpreters had worked more than 10 years as interpreters (see Table 1).

<table>
<thead>
<tr>
<th>Interpreting experience</th>
<th>Number of participants (total 41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 to 43 years</td>
<td>7</td>
</tr>
<tr>
<td>20 to 29 years</td>
<td>10</td>
</tr>
<tr>
<td>10 to 19 years</td>
<td>12</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>7</td>
</tr>
<tr>
<td>1 to 4 years</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1. Participants’ working years.

At this point, it must be noted that 41 respondents are far from representative of the total amount of members in the two Facebook groups, representing only approximately 5–6% of their members. However, the primary objective of this study was to provide the first case study on how public service interpreters in Finland have experienced interpreting in different interaction settings during COVID-19, and for this purpose, even a smaller number of respondents can generate interesting results and provide useful information for further investigations on the topic.

3.2 Data analysis

For data analysis, all answers were first imported from Microsoft Forms to Excel. The replies of the participants who stated they only did conference interpreting were excluded, leaving the other 41 participants’ answers for analysis. From the 23 content questions, 10 were chosen for further analysis based on the question content in view of the three RQs of the current study. The questions analysed qualitatively in the current study were Q4 (one-word description of interpreting in 2020 and 2021) and Q5 (interpreters’ general feelings or thoughts about interpreting during the pandemic) for RQ1. For RQ2, the answers to Q6, Q7, Q10, Q11, Q14 and Q15 (completed statements about experience of the different kinds of interaction solutions used in
interpreting), and Q21 (interpreter’s preference of RI or OSI wearing a face mask) were analysed. Finally, for RQ3, mainly the answers to Q18 (interpreters’ experience of post-interaction effect of RI and/or OSI wearing a face mask) were analysed. All in all, 357 individual answers were investigated.

A content–based analysis was carried out. Each set of answers (the answers to a specific question) was first looked at separately. Categories were created and updated as the work progressed. Recurring items between individual sets of answers were compared. The results of the analysis are presented in the next section.

4. Results

4.1. Overall experience: Negative, positive, and mixed feelings

In Q4, the participants had to describe interpreting during the pandemic in one word. Q5 then asked the participants about their main thoughts or feelings about interpreting during the pandemic and the technical interpreting solutions that were used. All forty-one interpreters (100%) answered Q4, and a total of 39 interpreters (95.1% of all respondents) answered Q5.

The interpreters’ answers to Q4 were classified based on their valence into mainly positive, mainly negative and mainly neutral statements. Twenty-five answers (60.1%) were classified as negative, 12 answers (29.3%) as positive and 4 answers (9.7%) as being mainly neutral statements. The mainly negatively loaded terms in the 25 answers were “more demanding”, “difficult”, “lonely”, “insecure”, “less”, “tough”, and “annoying”. Nine of these one-word answers portrayed the Finnish word “haastava” or “haasteellinen”, which mainly translates into English as challenging. Because “haastava” is often used as a euphemism for “difficult” in Finnish, these answers were also interpreted as being negatively loaded, even though they could also be interpreted as positive. In contrast, 12 interpreters (29.3%) clearly described the pandemic period positively. Their answers included “an opportunity to learn” (“opettavaista”), “good”, “success”, “easy”, “opportunity”, “nice to be at home”, “practical/safe to be at home”, and “interpreter-friendly”. Two participants (4.9%) felt nothing had changed, one participant (2.4%) felt that it varied (“vaihtelevaa”), and another that it was a question of getting used to the situation (“tottumuskysymys”). These last four answers (9.8%) were placed into the neutral category.

Q5 asked the participants about their main thoughts or feelings about interpreting during the pandemic and the technical interpreting solutions that were used. A total of 39 interpreters (95.1% of all respondents) answered this question. Their answers were classified based on their valence into mainly positive, mainly negative and mainly neutral statements. In addition, a content analysis of the answers was carried out. As expected, this question resulted in more detailed answers that also gave further depth and explanations to some of the answers given to Q4. In Q5, the interpreters' experiences varied more, and there were also more mixed feelings in

1 All the original quotes in Finnish were translated by the author into English for this article.
the answers. Whereas in Q4 25 answers (60.1%) were negative, in Q5 only 18 answers (46.2%) had a generally negative tone, 10 answers (25.6%) had a generally positive tone, and 11 answers (28.2%) contained both negative and positive elements.

Several categories emerged from the content analysis of the answers to Q5. Table 2 summarizes these results. It shows example quotes from the original answers given in Finnish for each category, followed by an English translation. The Finnish answers are given in their original form, that is, exactly as they were initially written by the respondents in their answers. The first column on the left shows the total amount of instances or answers in the data for each category and their percentage when compared to the total amount of answers to that particular Question.

Negative emotions with 11 answers (28.2%) were featured in the majority of responses to Q5, followed by poor audibility and the (forced) learning of new skills with eight answers (20.5%) each (see Table 2). Negative feelings featured stressful emotions about the situation and the interactive settings used. Some answers linked negativity to poor audibility, and other linkages between categories also existed. The learning of new skills had both negative and positive connotations. The interpreters also had different experiences in terms of lack of control versus having control. Some interpreters felt that they had not been able to control the situation during the pandemic, and that they had just had to take what came (7 answers; 17.9%), whereas others felt they now had had control in that they could choose which interpreting assignments to take and which not to take (6 answers; 15.4%). Other positive elements seen were the option of being able to work from home (No traveling), and of having work at all (Better than nothing), both being mentioned in three answers (7.7%).

All in all, the interpreters’ answers to Q4 and Q5 show that interpreters seem to have experienced the two years of pandemic interpreting in different ways and that their reported overall experience can range from being mainly negative to being mainly positive or contain mixed feelings.

<table>
<thead>
<tr>
<th>Category</th>
<th>Example (in Finnish)</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative emotions (11/39 answers; 28.2%)</td>
<td>Surullinen ahdistaa Tulkkaaminen maskin kanssa oli hyvin raskas.</td>
<td>Sad. It makes me anxious. Interpreting wearing a face mask was really hard.</td>
</tr>
<tr>
<td>Poor audibility (8/39 answers; 20.5%)</td>
<td>Etätulkkausten kuuluvuusongelmiin ei ole kiinnitetty huomiota.</td>
<td>Audibility issues in remote interpreting haven’t received attention.</td>
</tr>
<tr>
<td>Learning new skills (8/39 answers; 20.5%)</td>
<td>Yhteistä opettelua monella tavalla, kaikille osallistujille.</td>
<td>Mutual learning in many ways, for all participants.</td>
</tr>
<tr>
<td>Lack of control (7/39 answers; 17.9%)</td>
<td>Koskaan ei tiedä, minkälainen on puhujien äänenlaatu.</td>
<td>You never know what the speaker’s sound quality will be like.</td>
</tr>
<tr>
<td>Having control (6/39 answers; 15.4%)</td>
<td>Enemmän voin valita mitä otan tai en otta.</td>
<td>I have more choice in what to take and what not to take.</td>
</tr>
<tr>
<td>Better than nothing (3/39 answers; 7.7%)</td>
<td>Tilanteeseen nähdään hoidettu parhaalla mahdollisella tavalla.</td>
<td>Taken care of in the best way possible, considering the situation.</td>
</tr>
<tr>
<td>No travelling (3/39 answers; 7.7%)</td>
<td>Toisaalta aika vaivatonta ja nopeaa tulkata kotoa käsin verrattuna matka-ajat.</td>
<td>On the other hand, interpreting at home is quite effortless and quick compared to travelling times.</td>
</tr>
</tbody>
</table>

Table 2. Main categories Q5.

4.1. Interpreters’ experiences of interpreting in three different interaction settings

This section presents the results of the content analysis of questions about the interpreters’ experiences of interpreting in the three different interaction settings. As described in 2.1, for all three interaction settings, the data were collected by asking the participant to complete two statements about the interaction solution in question, from the interpreter’s perspective. The participants were instructed to answer these questions only if they had personal experience in this form of interpreting and were specifically instructed to answer the questions based on this experience. The results of each specific interaction setting are presented next in the following order: OPI (4.2.1), VRI (4.2.2), and OSI wearing a face mask (4.2.3). Finally, the results regarding Q21 on the preference of RI versus OSI wearing a face mask will be presented in 4.2.4.
4.2.1 OPI

OPI was addressed in Q6 and Q7. A total of 36 of 41 interpreters (87.8%) answered Q6, and 35 of 41 interpreters (85.4%) answered Q7. For the difficulties connected to OPI, four categories emerged, the most prominent of which were “lack of visual information”, with 24 answers (66.7%); and “poor audibility”, with 20 answers (55.6%) (see Table 3).

The category “lack of visual information” concerned elements such as not being able to see the participants, not seeing who was speaking, missing important signals relevant to the correct interpretation of the utterance, and not seeing the participants’ reactions. “Poor audibility” concerned bad acoustics or bad connections, disturbing background noises, and overlapping speech. In addition to these two main categories, the interpreters mentioned that it was difficult to concentrate during OPI from home (3 answers; 8.6%). They also answered that it was difficult to coordinate the interaction when unable to use nonverbal language and/or body language (3 answers; 8.6%).

<table>
<thead>
<tr>
<th>Category</th>
<th>Example (in Finnish)</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult: Lack of visual information (24/36 answers; 66.7%)</td>
<td>Ihmeet/eleet jäävät näkemättä.</td>
<td>You cannot see expressions/gestures.</td>
</tr>
<tr>
<td></td>
<td>Ei näe keitä istunnossa on läsnä.</td>
<td>You cannot see who is present in the meeting.</td>
</tr>
<tr>
<td>Difficult: Poor audibility (20/36 answers; 55.6%)</td>
<td>On huono kuuluvuus. Joskus linjat ovat huonot ja ääni puuroutua.</td>
<td>Audibility is poor. Sometimes the lines are bad and the voice is slurred.</td>
</tr>
<tr>
<td>Easy: No need to travel (19/35 answers; 54.3%)</td>
<td>Ei tarvitse matkustaa. Ei mene työaikaa hukkaan matkoihin, voi tehdä kotoa käsin</td>
<td>You don’t need to travel. Working hours are not wasted on travelling, you can work from home.</td>
</tr>
<tr>
<td>Easy: Keeping distance (7/35 answers; 20%)</td>
<td>Helppotaa omaa henkistä kuormaa kun ei näe ihmisiä</td>
<td>Not seeing the people eases your mental burden.</td>
</tr>
<tr>
<td>Easy: Use of online tools (7/35 answers; 20%)</td>
<td>Tarkittaessa tulkki voi tarkistaa jonkin termin nopeasti, sillä tietokone on edessä koko ajan</td>
<td>If needed, the interpreter can check a term quickly, because they have the computer in front of them all the time.</td>
</tr>
</tbody>
</table>

Table 3. Main categories of OPI.
On the other hand, in the answers to Q7, OPI was experienced as easy from the interpreter’s perspective because they did not need to travel and this saved them time and money (19 out of 33 answers; 54.3%); it was also easier for the interpreter to keep a distance from the topic, the situation or the people involved (7 answers; 20%); and they were able to look up terminology online or use glossaries or other useful tools while interpreting (7 answers; 20%).

4.2.2 VRI

VRI was investigated in Q10 and Q11. A total of 29 of 41 (70.7%) interpreters answered Q10 and a total of 27 of 41 interpreters (65.9%) answered Q11. The answers describing the difficulty or easiness of VRI from the interpreter’s perspective were classed into six categories (see Table 4).

Most of the mentioned difficulty aspects are closely linked to external listening filters. Fifteen answers (51.7%) described poor technology and/or poor connections as the main reason for difficulty, 10 answers (34.5%) explicitly mentioned poor audibility. These two categories are linked, and they both constitute external listening filters. A total of eleven participants (37.9%) mentioned visual problems causing difficulties: eight (29.6%) complained about restricted/incomprehensive visual information during VRI, whereas three interpreters (10.3%) described it as difficult because they had to pay attention to the fact that they were also visible on screen. This required extra effort to remember to act accordingly (equals a change in the responding stage in the interpreter’s listening process) and to ensure a suitable background in the home office.

<table>
<thead>
<tr>
<th>Category (Answers in category/ Answers to question in total; percentage)</th>
<th>Example (in Finnish)</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Difficult:</strong> Poor technology/poor connections (15/29; 51.7%)</td>
<td>varsinkin korona-ajan alussa järjestelmät eivät olleet riittävän kehittyneet ja olivat paljon haparointia puolin ja toisinaan</td>
<td>Especially at the beginning of the pandemic, the systems were not sophisticated enough and there was a lot of fumbling on both sides.</td>
</tr>
<tr>
<td></td>
<td>linkit eivät välttämättä toimi ja ne katkelevat niin, että joku putoaa</td>
<td>Links do not always work and they crash so that one of the participants is lost.</td>
</tr>
<tr>
<td><strong>Difficult:</strong> (Lack of) visual information (11/29; 37.9%)</td>
<td>kuva saattaa jäätyä tai päätyä, vaikka ääni kuuluukin</td>
<td>The picture might freeze or keep cutting off although the sound still works.</td>
</tr>
<tr>
<td></td>
<td>joku puhuukin yhtäkkiä kameran ulkopuolelta</td>
<td>Somebody suddenly speaks from beyond the camera view.</td>
</tr>
</tbody>
</table>
| Difficult: Poor audibility (10/29; 34.5%) | ääni saattaa pätäää  
kuuluvuus voi olla huono | Sound might start cutting up.  
Audibility may be poor. |
| Easy: Access to visual information (16/27; 59.3%) | Näkee kuka puhuu  
näkee ihmisen ja ymmärtää kontekstin | You can see who is talking.  
You see the person and understand the context. |
| Easy: No need to travel (8/27; 29.6%) | Säästyy matka-aikaa | You save on travelling time. |
| Easy: Better audibility (5/27; 18.5%) | ääni kuuluu yleensä hyvin  
Silloin kun kamerat toimivat  
äänenlaatu on hyvä, tulkkaus on  
melkeinpä helpompa kuin  
läsnäolotulkkuksessa, kun äänen  
saa suoraan korvaan ja kasvot  
näkyvät läheltä | Sound is usually properly audible.  
When the cameras work and sound quality is good, this kind of interpreting is almost easier than on-site interpreting because the sound comes directly into your ear and you can see faces close up. |

Table 4. Main categories of VRI.

As for easy features in VRI (Q11), three main categories emerged. Sixteen participants (59.3%) felt that interpreting was easy because of the visual information provided by video link interaction (as compared to OPI). In addition, eight interpreters (29.6%) felt that this form of interpreting was easy for them because they did not need to travel, which saved time. Five interpreters (18.5%) felt that audibility was sometimes better in videoconferences (in comparison to OSI wearing a face mask). In addition, two respondents (7.4%) wrote that being able to use glossaries and other useful tools during VRI made the work easier (cf. answers on OPI).

4.2.3 OSI wearing a face mask

OSI wearing a face mask was investigated in Q14 and Q15. A total of 36 of 41 (87.8%) interpreters answered Q14 and a total of 30 of 41 interpreters (73.2%) answered Q15. Twenty-two participants (61.1%) felt that poor articulation of the face-mask-wearing speaker was a source of difficulty (see Table 5). The participants’ answers contained adjectives and verbs relating to changes in the speakers’ voice when wearing a face mask, the recurring ones being “vaimea” (muffled voice) and “ääni puuroutuu” (voice is slurred/articulation cannot be distinguished).
Table 5. Main categories of OSI wearing a face mask.

<table>
<thead>
<tr>
<th>Category (Answers in category/Answers to question in total: percentage)</th>
<th>Example (in Finnish)</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Difficult:</strong> Poor audibility (speaker) (22/36; 61.1%)</td>
<td>Ääni voi mennä epäselväksi. Puhe voi olla sameaa</td>
<td>The voice can become unclear. Speech can be unclear.</td>
</tr>
<tr>
<td><strong>Difficult:</strong> Lack of visual information (14/36; 38.9%)</td>
<td>Maski estää kasvojen ilmeiden lukemisen. Ei näe suun liikkeitä eikä ilmeitä.</td>
<td>Face mask prevents reading facial expressions. You cannot see lip movements or expressions.</td>
</tr>
<tr>
<td><strong>Difficult:</strong> Lack of oxygen (13/36; 36.1%)</td>
<td>Vaikea hengittää ei saa happea. Joskus alkaa pyöryttää, jos tulkkaus kestää monta tuntia.</td>
<td>Difficult to breathe. I cannot get enough oxygen. Sometimes I feel dizzy if interpreting lasts for several hours.</td>
</tr>
<tr>
<td><strong>Difficult:</strong> Other physical symptoms (10/36; 27.8%)</td>
<td>Maski kuivattaa kurkkua ja saattaa aiheuttaa kutinaa. Alkaa herkästi yskittää maski käyttö rasittaa kasvojen lihaksia.</td>
<td>Face mask makes your throat dry and can cause tickling in your throat. It makes you cough easily. Wearing a face mask strains facial muscles.</td>
</tr>
<tr>
<td><strong>Difficult:</strong> Speaking wearing face masks (9/36; 25%)</td>
<td>Vaikea puhua maski päällä. Oma tuotos raskasta maskin kanssa. Itse pitää puhua kovemmin ja selkeämmin.</td>
<td>It is difficult to talk wearing a face mask on. My own (speech) production is tough when I wear a face mask. You must speak louder and more clearly.</td>
</tr>
<tr>
<td><strong>Easy:</strong> Access to interaction (8/30; 26.7%)</td>
<td>Silloin ollaan kaikesta huolimatta läsnä. Puheen prosodisista keinoista suurin osa on käytössä ja näkyvillä.</td>
<td>You are still present, despite everything. Most of the prosodic features of speech are in use and are visible.</td>
</tr>
</tbody>
</table>

Not being able to see the speaker’s expressions and lip movements behind the face mask (i.e., lack of communicative visual cues) was described by 14 of 36 participants (38.9%). Two further categories dealt with the interpreter’s own difficulties resulting from wearing a face mask. Thirteen interpreters (36.1%) described feeling their oxygen levels decrease or feeling out of oxygen when interpreting wearing a face mask. Nine respondents (25%) mentioned the
difficulty of having to shout or speak up when interpreting wearing a face mask, which strained their voices. An additional 10 participants (27.8%) reported other physical symptoms that they felt resulted from OSI wearing a face mask: fatigue, headaches, a sore throat, or a hoarse voice.

As regards the easy side of OSI wearing a face mask, eight participants of 30 (26.7%) explicitly answered this question by stating that OSI wearing a face mask is not easy from the interpreter’s perspective. On the opposite, one participant (3.4%) stated that interpreting while wearing a face mask was not a problem at all. Eight participants (26.7%), however, felt that interaction was easier during OSI even if they had to wear a face mask while interpreting. Finally, four interpreters (13.3%) felt that wearing a face mask was easy in the sense that it helped prevent spreading COVID-19.

4.2.4 RI without face masks vs OSI with face masks

Q21 asked whether the participants preferred RI or OSI wearing a face mask. This question showed the most variation in the answers. A total of 36 of 41 interpreters answered this question. Eleven respondents (30.6%) stated that they preferred RI and nine (25%) that they preferred OSI wearing a face mask. Twelve participants (33.3%) felt that the options were equally good, four participants (11.1%) that they were equally poor.

Q22 asked about the interpreters’ reasons for their preference. A total of 31 of 41 interpreters (75.6%) answered this question. The reasons given support the findings of previous answers in this study. Participants preferring RI stressed the time-saving factor of not having to travel and the related opportunity to be able to take on more assignments, the freedom linked to working remotely, the opportunity to use glossaries and to check terminology online while interpreting, and finally the option of being able to interpret without a face mask. Some participants preferred VRI, for the sake of better audibility, when all internet connections were good. Some interpreters expressed how they had become accustomed to RI and planned to do only this in the future or that they hoped there would be even more RI in the future.

At the same time, others clearly preferred OSI, even if required to wear a face mask. One participant expressed how VRI is the worst option of all, because it is the most stressful. Another claimed that VRI is not even real interpreting. The participants who preferred OSI despite having to wear a face mask mostly justified their opinion with better audibility or with being present. They underlined how OSI has no poor audibility issues such as RI with poor connections, and that even if OSI requires face masks, the interpreter still has full access to the communicative situation and can establish direct contact with the participants. This was also considered important.

Whereas some interpreters mainly justified their opinions from the interpreter’s perspective, others looked at the phenomenon from a broader perspective. Many reported both forms of interaction to be equally good, i.e., both had strengths and weaknesses. Some
respondents stressed the importance of the context and the topic in question when choosing the interaction setting. As respondent #28 put it:

*Riippuu aiheesta sekä myös asiakkaista, kumpi on parempi ratkaisu. Joskus on tärkeämpää saada työskennellä ilman maskia, joskus taas tulkki on tärkeämpää että tulkki on samassa tilassa vaikka sitten maski naamalla.*

[The best solution depends on the topic and on the clients. Sometimes it is more important to be able to work without a face mask, sometimes it is more important that the interpreter is in the same room, even if this means that you must wear a face mask.]

Respondent #30 considered similarly that there is no clear answer to this question, and then continued by wishing that in the future, interpreters could be more involved in the decision-making process about which interpreting solution is the most appropriate in a given situation.

### 4.3 Effects on post-interaction stage

Q18 investigated the interpreter’s experience of the post-interaction stage. It asked about the interpreter’s needs to recover after having interpreted in one of the three interaction settings. A total of 36 participants (87.8%) replied to the question “What is your experience: Does RI and/or OSI wearing a face mask affect your need to recover from interpreting in any way? If yes, then how?”

Six interpreters (16.7%) replied that RI or OSI wearing a face mask did not affect their recovery time or recovery needs after interpreting assignments. In contrast, 22 interpreters (61.1%) stated explicitly that these interpreting methods did affect their recovery needs. Eighteen interpreters (50%) reported being more tired or exhausted, or experiencing other physical symptoms, such as headaches, after RI or especially after OSI wearing a face mask. Seven interpreters (19.4%) stated that they felt they needed more time to recover in general. Interestingly, two interpreters (5.6%) felt that they recovered much faster after remote interpreting. This was explained by the interpreting topics not coming too close to them (psychological and/or emotional distance) and that they did not need to travel from one assignment to another all day but could stay at home (less physical stress).

Four interpreters (11.1%) described a specific need for recovery from RI assignments. They reported that they needed to go outdoors after RI assignment and felt that physical exercise outdoors helped them recover. Participant #9 explained this additional need as follows:


[I do a lot of so-called therapy interpretations. They are really brutal, tough cases. These issues haunt me at home when I work remotely. Recovering takes much longer.]
At the same time, other interpreters felt the opposite, i.e. that working from home actually helps recovery as it is easier for the interpreter to maintain emotional distance.

All in all, although the recovery needs of the interpreters varied, most respondents felt they needed more time to recover from assignments during the pandemic. Interpreting wearing a face mask was linked to concrete physical symptoms such as headaches and fatigue. One respondent (2.8%) described that with time it had become easier to interpret wearing a face mask, whereas another stated that they still needed two days to recover after each long day of interpreting wearing a face mask.

5. Discussion and conclusions

This study set out to investigate the experiences of public service interpreters in Finland on interpreting during the COVID-19 pandemic from a listening-oriented perspective. The three interpreting solutions used during the pandemic (OPI, VRI and OSI) include external listening filters that can affect the interpreter’s listening process negatively. The study attempted to answer three research questions: How do interpreters generally feel about the first two years of interpreting during the COVID-19 pandemic (RQ1)? What are the most central experiences of interpreters in the three specified interaction settings (RQ2)? Does working in these interaction settings affect the interpreter’s post-interaction stage (RQ3)?

As regards RQ1, the interpreters’ answers to Q4 and Q5 show that interpreters have experienced the two years of pandemic interpreting in different ways. All in all, many interpreters had mixed feelings about the changes in interaction settings and about the use of new technical interpreting solutions. Concerning the one-word responses (Q4), more than half of the answers (60.1%) described mainly negative experiences and emotions. However, some interpreters seemed to have found a silver lining amidst all the changes, as 29.3% of the answers to Q4 were positive statements. In the longer responses to Q5 on the interpreter’s overall feelings, the interpreters’ experiences varied more. There were also more mixed feelings in the interpreters’ answers: 28.2% of the answers to Q5 contained both negative and positive elements. Whereas negative feelings seemed to be the most prominent overall, some answers contain thoroughly positive elements. The interpreters can even have entirely opposite experiences: one interpreter appreciates working from home, whereas another interpreter feels RI is not real interpreting at all. What is clear is that almost nobody seemed to be left emotionally untouched by the interaction settings used during the pandemic.

As for RQ2, the hypothesis was that the external listening filters inherent in the three specific interaction settings used during the pandemic would also be visible in the interpreters’ experiences of the listening situation. These external listening filters, that is, lack of visual information, restricted access to visual information, and poor audibility or sound quality, indeed emerged as the central features of the interpreters’ experience in all three interpreting solutions (OPI, VRI and OSI wearing a face mask).
For the difficulties connected to OPI, the most prominent categories were “lack of visual information” (66.7%) and “poor audibility” (55.6%). The category “lack of visual information” concerned elements such as not being able to see the participants, not seeing who was speaking, missing important signals relevant to the correct interpretation of the utterance, and not seeing the participants’ reactions. “Poor audibility” concerned bad acoustics or bad connections, disturbing background noises, and overlapping speech. For VRI, most of the mentioned difficulty aspects were also closely linked to external listening filters: More than half of the answers (51.7%) described poor technology and/or poor connections as the main reason for difficulty, whereas every third answer (34.5%) explicitly mentioned poor audibility.

In addition to these external filters, however, the interpreters’ answers to OPI and VRI also contained other aspects that could affect the interpreter’s listening process. Three interpreters (8.6%) mentioned that it was difficult for them to concentrate during OPI from home. This could point to the possible existence of an internal listening filter (distraction) that affects the processing stage of the listening process. Some interpreters (8.6%) answered that it was difficult to coordinate the interaction when unable to use nonverbal language and/or body language. This could indicate a change from nonverbal to verbal feedback signals in the responding stage of the interpreter’s listening process. Furthermore, some interpreters (10.3%) described VRI as difficult because they had to pay attention to the fact that they were also visible on screen. They stated that it required extra effort to remember to act accordingly and to remember to ensure a suitable background in the home office. This would indicate a change in the responding stage of the interpreter’s listening process, as well as a change in the preparatory work in the pre-interaction stage of the interpreter’s listening process.

For both forms of RI investigated (OPI and VRI) the results were mainly in line with previous research findings on RI: this modality allows the interpreter to search glossaries during interpreting; there is no need to travel, which saves time and allows the interpreter to complete more assignments; and it can be easier for the interpreter to maintain a safe distance from the topic discussed (Lee, 2007; Koller & Pöchhacker, 2018; Wang, 2018). On the negative side, poor audio quality and technical problems, lack of visual and contextual information as well as difficulties in participation coordination make the work more difficult and/or stressful for the interpreter (Lee, 2007; Rosenberg, 2007; Fernández Pérez & Toledano Buendía, 2018; Lázaro Gutiérrez & Cabrera Méndez, 2018; Wang, 2018). The results underline the recommendation pointed out by Braun and Davitti (2015, p. 115) that video link connection and equipment used in RI must provide high sound and video quality.

As for OSI wearing a face mask, several difficulties emerged in the interpreter’s answers. More than half (61.1%) of the participants felt that poor articulation of the face-mask-wearing speaker was a source of difficulty. Not being able to see the speaker’s expressions and lip movements behind the face mask (i.e., lack of communicative visual cues) was described as a difficulty by 38.6% respondents. Further categories concerned the interpreter’s own difficulties resulting from wearing a face mask: More than a third (36.1%) of the respondents described feeling their oxygen levels decrease or feeling out of oxygen when interpreting wearing a face
mask. Nine respondents (25%) mentioned the difficulty of having to shout or speak up when interpreting wearing a face mask, which strained their voices. More than every fourth participant (27.8%) reported other physical symptoms that they felt resulted from OSI wearing a face mask: fatigue, headaches, a sore throat, or a hoarse voice. Face masks evoked strong opinions: Every fourth participant (26.7%) of Q15 completed the prompting sentence about the easy side of OSI wearing a face mask by explicitly stating that OSI wearing a face mask is not easy from the interpreter’s perspective. There was, however, one participant, who stated that interpreting while wearing a face mask was not a problem at all, and every fourth participant (26.7%) felt that interaction was easier during OSI even if they had to wear a face mask while interpreting. All in all, face masks seem to divide opinions, but also to cause additional stress for many interpreters.

As regards the effects of wearing face masks on the interpreter’s listening process, the results of this study indicate that wearing face masks negatively affects the interpreter’s listening process in both the sensing stage and the response stage II. In the sensing stage, it is more difficult for the interpreters to understand and grasp the meaning because they do not have access to visual cues such as lip movements and because the face mask softens and muffles the speaker’s voice and articulation. This increases the cognitive burden in the processing stage of the interpreter’s listening process, which could lead to earlier fatigue of the interpreter, causing an additional internal listening filter to occur. Face masks constitute a further external listening filter in interpreting in addition to those already listed by Viljanmaa (2020, p. 483). In the response stage II, the interpreter has to make an extra effort to be heard themselves behind their face mask, which can be physically taxing. More research on this topic is urgently needed.

As for RQ3, the results show that more than half of the interpreters (61.1%) felt that RI and/or OSI wearing a face mask did affect their recovery needs. Half of the respondents reported being more tired or exhausted or experiencing other physical symptoms, such as headaches. Almost every fifth interpreter (19.4%) stated that they felt they needed more time to recover in general. Every sixth interpreter (16.7%) replied however, that RI or OSI wearing a face mask did not affect their recovery time or recovery needs after interpreting assignments. Even more interestingly, two interpreters (5.6%) felt that they recovered much faster after remote interpreting. This was explained by the interpreting topics not coming too close to them (psychological and/or emotional distance) and that they did not need to travel from one assignment to another all day but could stay at home (less stress physically). At the same time, others felt exactly the opposite. The answer from participant #9 (see 4.3) especially raises an interesting question concerning the interpreter’s actions and needs in the post-interaction stage of the listening process. Whereas on-site interpreters can leave a distressing topic and its contents in the assignment room, and physically leave them behind by closing the door after the assignment, remote interpreters working from the home office do not have this option. Interpreting distressing contents from home means that the interpreter might need to deliberately work on how to eliminate related thoughts and distressing emotions and their physical connection to the interpreter’s home after the assignment. The difference in the opposite experiences of these interpreters could be explained by different personal approaches or different interpreting contents but would clearly benefit from further investigation.
All in all, although the recovery needs of the interpreters varied, most respondents felt they needed more time to recover from assignments during the pandemic. Interpreting wearing a face mask was linked to concrete physical symptoms such as headaches and fatigue. One respondent (2.8%) described that with time it had become easier to interpret wearing a face mask, whereas another stated that they still needed two days to recover after each long day of interpreting wearing a face mask. From a listening-oriented perspective, the tiring nature of interpreting wearing a face mask is not surprising as, after all, interpreting with continuous external listening filters is cognitively more demanding for the interpreter. This results in longer recovery times. The interpreters reported various physical symptoms such as headaches, sore throats, and fatigue, especially in relation to interpreting wearing a face mask. More research on the various effects of using face masks in interpreting is needed.

The results also indicate that RI with good internet connections and good audio and video quality can also be easier for the interpreter in some ways. However, when the connection is unstable or the authorities are not acquainted with the technical audio prerequisites for RI, the interpreter’s work becomes much more stressful. Poor audio quality and unstable connections negatively affect the interpreter’s listening process. More research is needed on the short-term and long-term effects of all kinds of poor listening conditions on the interpreter’s wellbeing, but especially those in relation to working wearing face masks.
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