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Social Isolation, Anxiety, and Stress Among VRS/VRI Sign Language Interpreters During the COVID-19 Pandemic

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**Social Isolation, Anxiety, and Stress Among VRS/VRI Sign Language Interpreters During
the COVID-19 Pandemic**

University Honors Program Thesis Project

University of Nebraska at Omaha

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Abstract

The coronavirus pandemic has resulted in increased Video Remote Interpreting (VRI) and increased remote working for interpreters who work in Video Relay Services (VRS) as many have received temporary permission to work from home rather than a central call center. While certain occupational health risks such as stress and burnout for sign language interpreters who work in VRS have been studied, no one has studied general mental health among VRS sign language interpreters under the current pandemic (Dean et al., 2010; Schwenke, 2015; Wessling & Shaw, 2014). This study aimed to collect data on sign language interpreters' experiences of social isolation, anxiety, and stress, and to identify measures that VRS and VRI companies have implemented to mitigate the impact of the pandemic. An online survey was sent out to sign language interpreters working in VRS/VRI through two organizations' registries of interpreters. There were 10 respondents. Results showed that many respondents experienced normal levels of stress and anxiety, experienced varying degrees of social isolation, and that their employers have made efforts such as Zoom calls and team group chats to keep respondents connected to colleagues.

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Literature Review

While certain occupational health risks such as stress and burnout for sign language interpreters who work in Video Relay Services (VRS) have been previously studied more generally, no one has specifically studied general mental health among VRS interpreters during the current pandemic (Dean et al., 2010; Schwenke, 2015; Wessling & Shaw, 2014).

Mental health has become pertinent to address during current circumstances. A study conducted early on in the current COVID-19 pandemic among Chinese citizens revealed significant numbers of respondents experiencing moderate-to-severe anxiety and depressive symptoms (Huang & Zhao, 2020). Furthermore, a recent study measuring mental health of healthcare workers in Singapore and India showed that 10.7% displayed signs of depression, 15.7% displayed signs of anxiety, and 5.2% displayed signs of stress (Chew et al., 2020). A previous study showed that people who had to isolate or quarantine during a past outbreak of Middle East Respiratory Syndrome due to exposure to the virus or infection experienced increased levels of anxiety and anger (Jeong et al., 2016).

Increased social isolation also raises the concern of loneliness, which is defined as a “distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships” (Hawkley & Cacioppo 2010). Social relationships, especially coworking relationships, have been affected by lockdowns and social distancing measures put in place by local and state governments. Studies have shown that loneliness has many negative health effects, including increased mortality, impaired cognitive performance, and diminished executive control, among others (Cacioppo, et al. 2000; Gow et al., 2007; Hawkley et al., 2009; Shiovitz & Ayalon, 2010; Wilson et al., 2007). Furthermore, loneliness in the workplace has been connected to increased absenteeism, increased social withdrawal,

increased emotional exhaustion, and decreased satisfaction (Barsade & O'Neill, 2014). On the other hand, positive coworker relationships lead to higher satisfaction and deeper commitment to an employee's organization (Chiaburu & Harrison, 2008).

The coronavirus pandemic has resulted in increased remote working for VRS interpreters as many have received temporary permission to work from home rather than the typical central call center. Workplaces transitioning to remote working and virtual formats may mean an increase in the usage of VRS by consumers. This study aimed to 1) collect data on sign language interpreters' experiences of social isolation, anxiety, and stress, (2) analyze responses for trends, (3) contribute to the research literature pertaining to sign language interpreters' working conditions, and (4) to identify effective measures that video relay services (VRS) and video remote interpreting (VRI) companies have implemented to mitigate the impact of the pandemic.

Methodology

Participants

Participants were recruited through the Nebraska Registry of Interpreters for the Deaf and the Nebraska Commission for the Deaf and Hard of Hearing. After receiving IRB approval, emails were sent out to interpreters who are licensed in the state of Nebraska through each organization's respective registries of members and interpreters. Respondents had two weeks to complete the survey.

Survey

A survey of 29 questions was drafted and utilized. The first section collected data on the respondents' current working conditions and qualifications. The second section consisted of seven questions which focused on social isolation. The third section consisted of fifteen questions

adapted from the Depression, Anxiety, and Stress Scales (DASS-21) which measured stress and anxiety. The final section consisted of two open-ended questions asking respondents about workplace challenges and measures put in place by employers to aid social connection.

Results

Participants

Ten people responded to the survey. Seven respondents had 15 or more years of overall interpreting experience. Two respondents had 10-15 years of experience. One respondent had 5-10 years of experience. In terms of overall VRS/VRI experience, one respondent had 0-5 years of experience, five respondents had 5-10 years of experience, three respondents had 10-15 years of experience, and one respondent had 15+ years of experience.

Nine respondents worked for both VRS/VRI while one only worked for VRI. Four respondents worked 0-10 hours each week for VRS, one worked 10-20 hours, three worked 20-30 hours, and two worked 30-40 hours. In terms of the total number of hours worked each week for VRI, five respondents worked 0-10 hours, three worked 10-20 hours, one worked 20-30 hours, and one worked 30-40 hours.

Of the ten respondents, six were working from home or remotely only temporarily due to COVID-19. One respondent had been working from home or remotely for 1-2 years, one for 2-5 years, and one for 5 or more years. The final respondent had not been working from home or remotely. In terms of how many hours they were working from home or remotely overall, four respondents worked between 30-40 hours/week and six worked less than 30 hours each week. In terms of how many hours they were working from a call center each week, eight respondents worked 0-10 hours, one worked 10-20 hours, and one worked 30-40 hours. When prompted about

their weekly hours since March 2020, six respondents said that their hours had increased while four respondents said that their hours had remained the same.

Social Isolation

Respondents were prompted to rate the following statements related to social isolation on a scale from Strongly Disagree to Strongly Agree. See the Figures section to see graphic representations of the responses.

“I see my colleagues more often.” Five respondents selected Strongly Disagree for the statement, four respondents selected Disagree, and one respondent selected Neither Agree nor Disagree.

“I feel more strongly part of a group of colleagues.” Seven respondents selected Disagree, and three respondents selected Neither Agree nor Disagree.

“I feel more connected to my colleagues.” Eight respondents selected Disagree, and two respondents selected Neither Agree nor Disagree.

“I feel more socially fulfilled through work.” Three respondents selected Disagree, and seven respondents selected Neither Agree nor Disagree.

“I feel less supported by my colleagues and supervisor.” One respondent selected Strongly Agree, three respondents selected Agree, two respondents selected Neither Agree nor Disagree, and four respondents selected Disagree.

“I feel more isolated from other interpreters and colleagues.” Two respondents selected Strongly Agree, four respondents selected Agree, and four respondents selected Disagree.

“I feel lonelier while working or thinking of work.” One respondent selected Strongly Agree, one respondent selected Agree, three respondents selected Neither Agree nor Disagree, and six respondents selected Disagree.

Stress and Anxiety

Based on the respondents’ responses to the Likert scale questions related to stress and anxiety, nine respondents fell within the normal range of stress and one respondent fell within the extremely severe range of stress. For anxiety, seven respondents fell within the normal range, two respondents fell within the mild range, and one respondent fell within the moderate range. The respondent who fell within the extremely severe range of stress also fell within the moderate range of anxiety.

Challenges

Three respondents mentioned VRS call volume had increased since March 2020. One participant mentioned that calls had increased in duration of time and that they worked for longer periods of time without in-person teams like they would have had at the call center. One respondent who mentioned mostly doing VRI work said that VRI work decreased drastically for them between the months of March and July.

In terms of logistics, one respondent mentioned working remotely was less stressful for them compared to working in the call center, but figuring out logistics of both their partner and themselves working from home was still a challenge. Another respondent mentioned setting up space in their home conducive to interpreting was a challenge due to having pets and children and lacking extra room to use as an office space.

Two participants mentioned technology as a challenge. One respondent mentioned part of the challenge was experiencing technological issues for both themselves and clients. One person responded that they had to purchase quality equipment for VRI work as a result of the pandemic.

Other respondents mentioned having a lack of cleaning supplies as a challenge of working VRS/VRI, missing in-person workshops, and feeling burnt out from constant exposure to information related to COVID-19 through VRS/VRI calls.

Interventions

When asked what ways their employers had tried to keep everyone connected, six participants mentioned that their workplace had tried to keep everyone connected through group emails, social media apps, or group messaging chats of a more personal nature. Four respondents mentioned their employers had hosted Zoom calls for the team to meet and catch up. Finally, two participants mentioned their employers had sent care packages or cards in the mail. One respondent mentioned that they are self-employed and had done intentional planning to keep themselves connected with colleagues via Zoom, by meeting colleagues while following social distancing measures, and by calling over the phone.

Discussion

The survey succeeded in collecting data on sign language interpreters' experiences of social isolation, anxiety, and stress, as well as identifying measures that VRS/VRI companies have implemented to mitigate the impact of the pandemic. The data suggests that sign language interpreters working in VRS/VRI are experiencing social isolation due to the pandemic to some degree and the majority of respondents are experiencing normal stress and anxiety levels.

VRS/VRI sign language interpreters are also experiencing common challenges like increased call volume, logistics, and technology. Employers have also implemented common strategies including team Zoom meetings, social media groups, group emails, group chats, and sending cards in the mail. The effectiveness of these measures is unknown. There were no trends connecting levels of anxiety, stress, social isolation, challenges in VRS/VRI, or strategies implemented by employers. Furthermore, this is the first global pandemic that participants have experienced which makes separating generalized anxiety from anxiety due to VRS/VRI or participants' work environments difficult.

Based on the survey's limited data, no conclusions can be drawn regarding whether or not the strategies of employers successfully mitigated social isolation or stress and anxiety. The responses indicate that VRS/VRI sign language interpreters are experiencing social isolation due to the pandemic, however. Responses show that the majority of VRS/VRI sign language interpreters are currently working remotely and not working from a call center. This could possibly be one of the contributing factors that respondents are seeing their colleagues less often (in addition to various lockdown restrictions and guidelines), feeling less strongly part of a group, and feeling more isolated from and less connected to other interpreters and colleagues. This could also be a contributing factor as to why four respondents said that they felt less supported by colleagues and supervisors. However, further research into why some respondents feel less supported while others do not would be beneficial.

Overall responses indicate that working remotely temporarily may not be an overall contributing factor as to feeling lonelier when thinking about work as only two respondents agreed and five respondents disagreed. VRS/VRI employers should take these results into account when

identifying challenges faced by sign language interpreters and when implementing measures as a way to maintain social connection.

Limitations

The study experienced multiple limitations. First, this study was limited by the low response rate. Second, the limited time frame for the study did not allow for much time to collect responses. Additional IRB procedures were required since this study was related to COVID-19, which significantly delayed data collection and limited the ability to send reminder emails. Future studies could be expanded nationwide to include more sign language interpreters and the timeline for collecting responses could be extended. Further research could track sign language interpreters throughout a longer duration of the pandemic to see whether levels of social isolation, stress, or anxiety changed. Future research could focus on polling sign language interpreters' for ideas for maintaining social connection throughout the pandemic. Finally, exploring potential correlations between interventions put in place by companies and individually to stay socially connected and how socially connected sign language interpreters rate themselves would be beneficial.

References

- Barsade, S. G., & O'Neill, O. A. (2014). What's love got to do with it? The influence of a culture of companionate love and employee and client outcomes in a long-term care setting. *Administrative Science Quarterly*, *59*, 551–598.
<https://doi.org/10.1177/0001839214538636>
- Cacioppo, J.T., Ernst, J.M., Burleson, M.H., McClintock, M.K., Malarkey, W.B., Hawkley, L.C., Kowalewski, R.B., Paulsen, A., Hobson, J.A., Hugdahl, K., Spiegel, D., & Berntson, G.G. (2000). Lonely traits and concomitant physiological processes: The MacArthur social neuroscience studies. *International Journal of Psychophysiology*, *35*, 143–154. [https://doi.org/10.1016/S0167-8760\(99\)00049-5](https://doi.org/10.1016/S0167-8760(99)00049-5)
- Chew, N.W.S., Lee, G.K.H., Tan, B.Y.Q., Jing, M., Goh, Y., Ngiam, N.J.H., Yeo, L.L.L., Ahmad, A., Ahmed Khan, F., Napoleon Shanmugam, G., Sharma, A.K., Komalkumar, R.N., Meenakshi, P.V., Shah, K., Patel, B., Chan, B.P.L., Sunny, S., Chandra, B., Ong, J.J.Y., & Paliwal, P.R. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior, and Immunity*, *88*, 559–565.
<https://doi.org/10.1016/j.bbi.2020.04.049>
- Chiaburu, D.S., & Harrison, D.A. (2008). Do peers make the place? Conceptual synthesis and meta-analysis of coworker effects on perceptions, attitudes, OCBs, and performance. *Journal of Applied Psychology*, *93*, 1082–1103. <https://doi.org/10.1037/0021-9010.93.5.1082>
- Dean, R.K., Pollard, R.Q., & Samar V.J. (2010). RID research grant underscores occupational health risks: VRS and K-12 settings most concerning. *VIEWS*, *27*(1), 41-43.

- Gow, A.J., Pattie, A., Whiteman, M.C., Whalley, L.J., & Deary, I.J. (2007). Social support and successful aging: Investigating the relationships between lifetime cognitive change and life satisfaction. *Journal of Individual Differences, 28*, 103–115. <https://doi.org/10.1027/1614-0001.28.3.103>
- Hawkley, L.C., Thisted, R.A., & Cacioppo, J.T. (2009). Loneliness predicts reduced physical activity: Cross-sectional and longitudinal analyses. *Health Psychology, 28*, 354–363. <https://doi.org/10.1037/a0014400>
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*, 218–227. <https://doi.org/10.1007/s12160-010-9210-8>
- Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 epidemic in China: a web-based cross-sectional survey. *Psychiatry Research*. <https://doi.org/10.1016/j.psychres.2020.112954>
- Jeong, H., Yim, H.W., Song, Y.J., Ki, M., Min, J.A., Cho, J., & Chae, J. H. (2016). Mental health status of people isolated due to Middle East respiratory syndrome. *Epidemiology & Health, 38*, e2016048. <https://doi.org/10.4178/epih.e2016048>
- Shiovitz-Ezra, S., & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality. *International Psychogeriatrics, 22*, 455–462. <https://doi.org/10.1017/S1041610209991426>
- Schwenke, T. J. (2015). Sign Language Interpreters and Burnout: Exploring Perfectionism and Coping. *Journal of the American Deafness and Rehabilitation Association, 49*(2), 121–143. <https://doi.org/10.1075/intp.16.2.04sch>

Wessling, D. M., & Shaw, S. (2014). Persistent emotional extremes and video relay service interpreters. *Journal of Interpretation*, 23(1), Article 6.

<http://digitalcommons.unf.edu/cgi/viewcontent.cgi?article=1041&context=joi>

Wilson, R.S., Krueger, K.R., Arnold, S.E., Schneider, J.A., Kelly, J.F., Barnes, L.L.,

Tang, Y., & Bennett, D.A. (2007). Loneliness and risk of Alzheimer disease. *Archives of General Psychiatry*, 64, 234–240. <https://doi.org/10.1001/archpsyc.64.2.234>

Figures

