Using the vignette technique to research health communication in linguistically and culturally discordant settings

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QHC Qualitative Health Communication

ABSTRACT

Background: The linguistic diversity of today's societies presents challenges to ensuring that everyone, regardless of their linguistic background, can access and understand health information. The vignette technique offers an approach to exploring these challenges and collecting rich data through contextualized scenarios. **Aim**: To explore the use of the vignette technique for data collection in linguistically and culturally diverse healthcare settings involving migrants. **Methods**: To contextualize the vignette technique, the article reviews studies that have employed this method for data collection, and illustrates its application through a study that used vignette-based interviews. **Results**: In the first part of the paper, the rapid scoping review identified recurring topics, research approaches and measured constructs in vignette-based studies. In the second part, through the "Maria" vignette, the paper further illustrated key methodological considerations for applying the vignette technique in future research. **Conclusion**: While using the vignette technique is not novel in healthcare communication, its use in the context of qualitative interviews with migrants can prove helpful in eliciting individuals' stories and experiences in high-risk and sensitive contexts.

KEYWORDS

BIOGRAPHY

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Introduction

This article is based on research into the use of translation technology, specifically machine translation (MT), by migrants in healthcare settings in the Netherlands.

Some research points to migrant patients turning to MT in healthcare settings, often using it alongside other mediation strategies, to overcome language barriers, particularly when they lack access to translated health information or interpreters (e.g., Berbyuk Lindström & Rodríguez Pozo, 2020; Piccoli, 2022). However, its use also introduces risks. For example, users may mistakenly over-rely on MT output, treating it as fully accurate, causing misunderstandings or miscommunication, which in such a high-risk situation might ultimately result in negative health consequences (Guerberof-Arenas & Moorkens, 2023). Despite evidence of its use, research on MT at the intersection of healthcare and migration contexts, particularly within Translation and Interpreting Studies (TIS), remains underexplored (Pięta & Valdez, 2024).

To tackle this topic, we first conducted an exploratory questionnaire-based study to research whether and how migrants in the Netherlands use MT in healthcare and the difficulties they encounter (Valdez, Guerberof-Arenas, & Ligtenberg, 2023). This questionnaire study shed light on general patterns of the use of MT in healthcare but little insight into the context-specific and interpersonal challenges migrants face in language-discordant interactions—where a patient's primary language differs from that of the healthcare system. This raised two methodological problems. First, how to elicit people's stories and experiences in a way that reflects their situational and context-dependent nature. The complexities individuals navigate in healthcare are often shaped by their personal circumstances, beliefs, and values, and these experiences vary greatly depending on the specific situation. Second, we faced the task of eliciting perspectives on potentially delicate situations, particularly given the high-stakes nature of healthcare and migratory contexts, where individuals often feel vulnerable. The challenge we faced was how to elicit and discuss potentially sensitive topics, such as trust, risk and vulnerability, without participants becoming uncomfortable.

Faced with these challenges, we designed a follow-up study using vignette-based interviews to explore how migrants use and experience the use of MT, their perceptions of risk, vulnerability, and trust associated with MT use, and their preferences for MT literacy training. Vignettes are succinct narratives that depict hypothetical individuals in specific social contexts and are used to elicit responses from research participants (Finch, 1987). They have been described as "text, images or other forms of stimuli [to] which research participants are asked to respond" (Hughes & Huby, 2004, p. 37), offering "concrete examples of people and their behaviours on which participants can offer comment or opinion" (Hazel, 1995).

The methodological interest of this study is in a study design that encourages interviewees to engage in discussions regarding potentially sensitive topics, thereby facilitating their discussion and reflection on both abstract and personal experiences. To contextualize this approach, the article is structured into two parts. The first part discusses the results of a rapid scoping review focused on studies that use the vignette technique to collect data about health communication in linguistically and culturally discordant settings involving migrants and/or

refugees. A rapid scoping review allowed for the mapping of how the vignette technique has been employed, helping to clarify common practices in studies involving this technique, and identifying recurring topics, research approaches, and measured constructs. The second part explores the study's design outlined earlier, detailing the development of the "Maria" vignette and the relevant methodological considerations.

Rapid scoping review

A rapid scoping review was conducted to synthesize our current knowledge of the vignette technique to collect data about health communication in linguistically and culturally discordant settings involving migrants and/or refugees. A rapid review is a streamlined knowledge synthesis process that accelerates the production of information by simplifying or omitting some steps of a traditional systematic review (Cardoso et al., 2017). Scoping reviews provide an overview of existing knowledge and "can be useful tools to investigate the design and conduct of research on a particular topic" (Munn et al., 2018, p. 3). They involve a systematic process of searching, selecting, and synthesizing research to map key concepts, identify different types of evidence, and pinpoint areas where further research is needed (Arksey & O'Malley, 2005). To guide our data collection and analysis, we followed the steps outlined by Arksey and O'Malley (2005), which included defining the aim, identifying relevant studies, selecting appropriate studies, organizing and analyzing data, and synthesizing and reporting findings.

Information sources

To identify potentially relevant studies, two translation-specific academic databases – Translation Studies Bibliography (TSB) (Gambier & Van Doorslaer, 2004) and Bibliography of Interpreting and Translation (BITRA) (Franco, 2001) – and two other databases – PubMed and Google Scholar were searched. The database searches were carried out in the second half of 2024.

Eligibility criteria

Database searches were based on combinations and variations of keywords such as "vignette" AND "health communication" AND "migrant" or "migration" or "refugees" to ensure that the results included studies that have used the vignette technique to collect data about health communication in linguistically and culturally discordant settings involving migrants and/or refugees. In the case of Google Scholar, only the titles and abstracts of the first 100 sources listed in each search were screened. Eligible articles were required to be peer-reviewed, in English, and published after 2000. Studies employing vignettes in contexts not directly relevant to our review, where, for instance, video vignettes were used for training instead of data collection, were excluded.

Selection of sources of evidence

From the initial search, 1204 articles were identified. These were screened based on their titles, abstracts, and full texts, and exclusions were made if they met the following criteria: 1) were duplicates, 2) were not peer-reviewed English-language publications, 3) could not be accessed via the institutional library, 4) did not employ vignettes for data collection, or 5) did not focus on healthcare communication in linguistically and culturally discordant settings involving migrants. The 14 remaining studies were included in the review (see Figure 1).
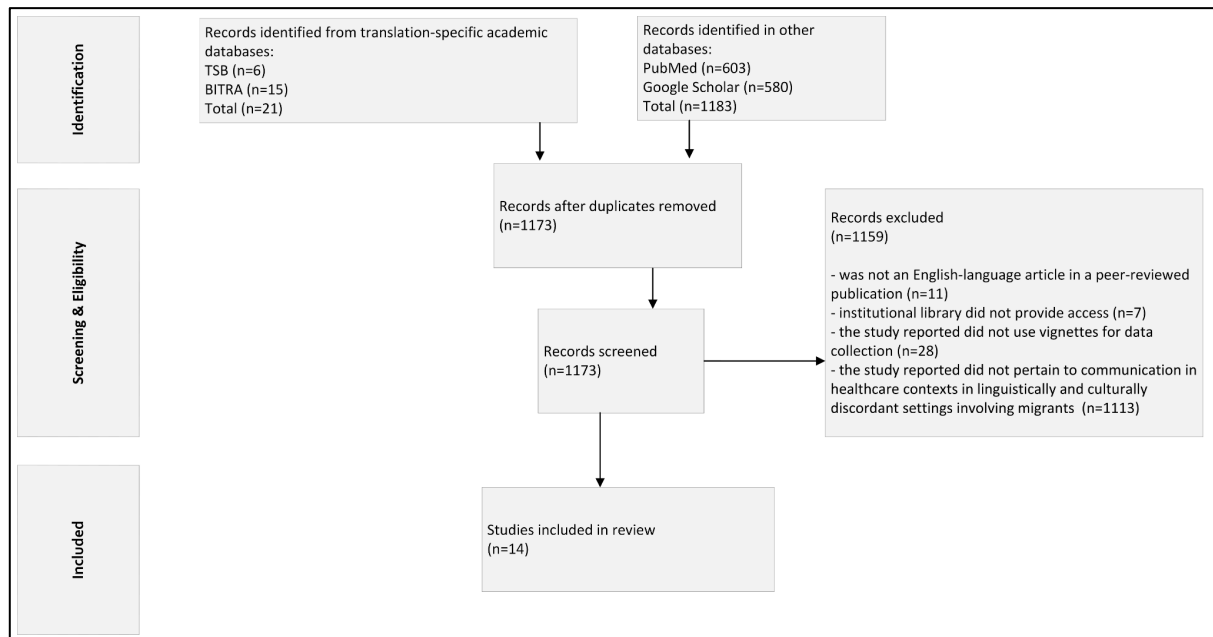

Figure 1. PRISMA Flowchart for screening of articles included in the review.

Summary of reviewed studies that used vignettes to collect data

In this section, we zoom in on the reviewed studies by looking at the researched topic and the geographical area under study, the study design, the research approach, the vignette approach, and the constructs measured by the vignette.

Despite its common use in other disciplines to elicit perceptions, beliefs, and attitudes, as well as to explore actions within contexts, the use of the vignette technique to study health communication in linguistically and culturally discordant settings remains relatively underexplored (see Table 1). Our search yielded six studies that employ vignettes for data collection within TIS. These studies focus on health interpreting, including both professional and ad-hoc language brokering by children and young people. Considering the common use of this technique in social research to examine social norms, it is surprising that it has not been applied to investigate translation norms.

The remaining eight studies used vignettes to explore various topics, with the most prevalent being access to and provision of care and healthcare information (4), followed by patient-provider communication (2) and quality of care (2). None of the studies explored the use of technology.

Author, Year, [study no]	Geographic area	Topic	Research approach	Measured constructs	Study design	Vignette approach
Cline et al. 2017 [1]	England	Interpreting	Qualitative approach	Representations	Initial questionnaire administered to a larger sample; semi-structured interviews integrating the vignette technique, open questions	Written
Cvetanovska et al. 2023 [2]	Australia	Patient-provider communication	Qualitative approach	Perspectives	Focus groups; semi-structured interviews integrating the vignette technique, open questions	Written
Dauvrin et al. 2012 [3]	16 European countries	Access/provision of care and/or information	Qualitative approach	Experiences, Behavior and Knowledge	Semi-structured interviews integrating the vignette technique, open questions	Written
Drewniak et al. 2016 [4]	Switzerland	Quality of care	Quantitative approach	Judgments	Factorial survey design integrating the vignette technique, closed questions	Written
Eisenberg et al. 2016 [5]	United States	Patient-provider communication	Mixed approach	Preferences and Comprehensibility	Survey integrating the vignette technique; focus groups	Written
Hudelson et al. 2012 [6]	Switzerland	Interpreting	Mixed approach	Knowledge	Self-administered mail questionnaire integrating the vignette technique, closed and open questions	Written
Iqbal and Crafter 2023 [7]	United Kingdom	Interpreting	Qualitative approach	Perspectives	Several participant-oriented methods; interviews integrating the vignette technique, open questions	Verbal
Jensen et al. 2013 [8]	Denmark	Access/provision of care and/or information	Qualitative approach	Experiences, Behavior and Knowledge	Semi-structured interviews integrating the vignette technique, open questions	Written
Kang et al. 2022 [9]	South Korea	Access/provision of care and/or information	Qualitative approach	Experiences	Individual in-depth interviews and focus-group interviews integrating the vignette technique, open and closed questions	Unreported
Leanza et al. 2017 [10]	Canada	Interpreting	Quantitative approach	Representations	Focus groups integrating the vignette technique, open questions	Video
Priebe et al. 2011 [11]	16 European countries	Quality of care	Qualitative approach	Experiences, Behavior and Knowledge	Structured interviews integrating the vignette technique, open questions	Written
Roels et al. 2015 [12]	Belgium	Interpreting	Qualitative approach	Decision-making	Several participant-oriented methods; in-depth interviews integrating the vignette technique	Unreported

Schenker et al. 2012 [13]	United States	Interpreting	Mixed approach	Experiences, Attitudes, and Needs	Electronically administered questionnaire integrating the vignette technique, close questions	Unreported
Young et al. 2012 [14]	United States	Access/provision of care and/or information	Quantitative approach	Behavior	Self-administered mail questionnaire integrating the vignette technique	Written

Table 1. *Summary of the reviewed studies.*

The geographical scope of the analyzed studies was relatively narrow, with the majority concentrated in Europe (8). The few studies that extended beyond Europe covered regions such as Canada, Australia, South Korea, and the United States. This lack of geographic diversity is a recurring issue in similar research and has been noted in prior analyses of the vignette technique (see Riley et al., 2021).

Qualitative methods were dominant in the reviewed studies (8), a choice that aligns closely with interpretivist principles, even when not explicitly acknowledged. Interpretivism, linked to constructivism, values the subjective interpretations of individuals as they navigate social phenomena (Saldanha & O'Brien, 2013). This approach is particularly suited to qualitative research, where the focus is on understanding participants' perspectives and the social contexts in which they operate.

The majority (8) of the reviewed studies employed the vignette technique within interviews, both structured and semi-structured. The remaining studies used vignettes in questionnaires, either mailed or administered online and in focus groups. Most participants were presented with a written vignette (9), while in one case, a video vignette was used, and in another, participants were read a vignette. Three articles did not state in which way the participants engaged with the vignette.

Typically, participants are then invited to respond to open or closed questions, sharing their views on the vignette scenario, reflecting on how the vignette character might react, or considering how they themselves or a third party would respond (see Table 2). Sometimes, a combination of these viewpoints is explored (Hughes & Huby, 2004; Hughes, 1998; Barter & Renold, 2000). The specific focus of these questions is shaped by the study's research goals, the specific topics of interest, and the participant group. Experiences, behavior, and knowledge were the most common constructs measured, followed by representations and perspectives.

Study no	Measured constructs	Description of vignette	Questions (examples)
[1]	Representations	The vignette portrays Eduardo, a 14-year-old bilingual in English and Portuguese, who frequently assists his non-English-speaking mother by translating for her, particularly during medical appointments. While Eduardo takes pride in helping his mother, he feels embarrassed in these situations and occasionally misses school to fulfill this role.	What do you think about what Eduardo is doing? What would their teacher/parent/friends think? What do you think about Eduardo's mum? What advice would you give if Eduardo were your friend?

[2]	Perspectives	The vignette describes Maria, a 67-year-old migrant to Australia, who visits her GP for shortness of breath. The doctor suspects a heart issue and recommends several tests and new medication, but Maria, feeling overwhelmed by the information, leaves the appointment unsure of the next steps.	What are some of the reasons Maria might not have completely understood in this situation? Is this something that ever happens to you? Why do you think this happens?
[6]	Knowledge	The vignette describes an orthopedic surgeon consulting a Swahili-speaking patient who was referred by a general physician. The surgeon has scheduled a professional interpreter and, after greeting both the patient and the interpreter, asks the interpreter to inquire about the patient's reason for the visit.	Please indicate everything that the doctor forgot to do or could have done better.

Table 2. *Examples of applications of vignettes, including measured constructs, description of the vignette, and follow-up question.*

For instance, in Cline et al.'s (2017) study, vignettes were read aloud to participants, and this was followed by open-ended questions to explore the participants' perceptions regarding the vignette characters, including personal characteristics, family roles, and the potential impact of their activities on how others might view them (peers and others). For example, questions included: "What do you think about what Eduardo is doing?" and "What would their teacher/parent/friends think?"

Cvetanovska et al. (2023) employed vignettes to guide interview questions in both online focus groups and semi-structured interviews. Participants were prompted to answer from the viewpoint of the vignette character, discuss their personal experiences, and consider how they might react if placed in the same circumstances as the vignette character. For example, questions included: "What are some of the reasons Maria might not have completely understood in this situation?", "Is this something that ever happens to you?" and "What sort of tips could you give to people like Maria to help them better understand and remember what a doctor tells them?".

The design of vignettes can be informed by a range of sources, including literature, observations, socially recognized narratives and stereotypes, policy documents, laws, guidance documents, and media coverage (Harrits & Møller, 2021). In the reviewed studies, vignette design primarily relied on prior literature, collaboration with field experts, and data gathered from earlier research phases, such as through questionnaires. For instance, in Leanza et al.'s (2017) study, which examined family physicians' representations of working with interpreters in Quebec at various stages of their careers, the video vignettes were designed in collaboration with experts and drawing on both prior research and literature on the topic, including the authors' previous work (namely, Leanza, 2005; Leanza, Boivin, & Rosenberg, 2010).

Table 1 provides a summary overview of the reviewed studies, and Table 2 provides key examples of the constructs measured by the vignettes, a description of the vignette, and follow-up questions.

Using vignette-based interviews in a study on MT use in healthcare settings

The study's methodology, which is analyzed in this article, elicited migrants' discourses on the use of MT in healthcare settings. Specifically, we aimed to investigate how migrants use and experience the use of MT in healthcare contexts in the Netherlands (RQ1), and how migrants perceive the potential risk, vulnerability, and trust involved in using MT for healthcare communication (RQ2). Additionally, the study sought to identify migrants' training preferences regarding MT literacy (RQ3). To address these research questions, we conducted an in-depth, participant-centered study using vignette-based interviews to elicit discourses about perspectives, experiences, and behavior.

Procedure: Vignette-based semi-structured interviews

In this study, the vignette technique was integrated into an online semi-structured interview, which was organized into two main sections. The second section employed traditional semi-structured questions to gather data on the type of MT training the interviewees would find helpful and answer RQ3. The first section, which is the focus of the present discussion, employed a vignette that unfolded in a progressive seven-stage narrative and aimed to answer RQ1 and RQ2 (see Figure 2).
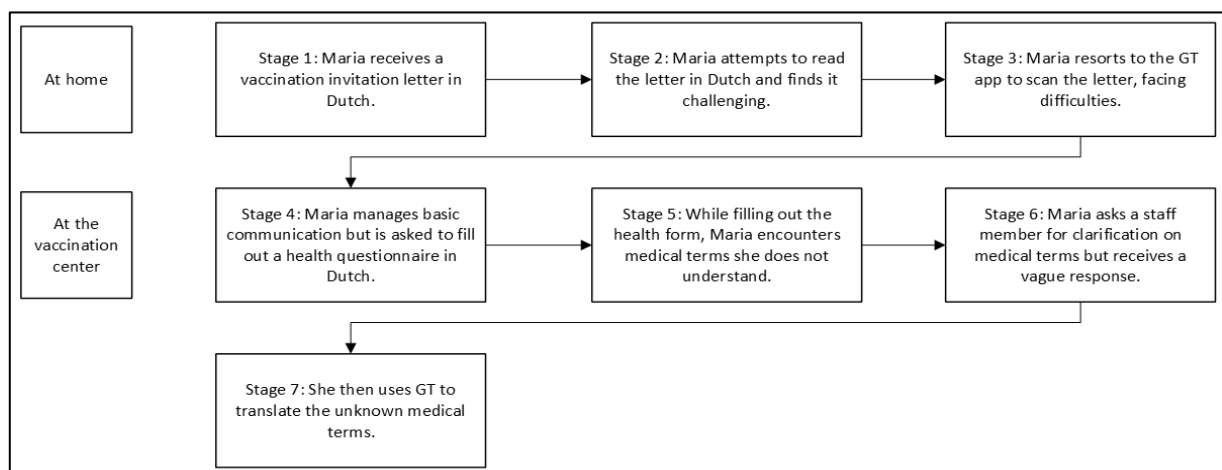

Figure 2. Overview of the vignette. Note: GT stands for Google Translate.

This vignette tells Maria's story, a recent migrant to the Netherlands with limited proficiency in Dutch. As a native Portuguese speaker with some knowledge of English and little proficiency in Dutch, Maria moves to Rotterdam during the pandemic for work. The scenario begins with Maria receiving a vaccination invitation letter written in Dutch, setting the stage for a series of decisions and actions she has to take regarding health information (see Table 3).

Two years ago, Maria moved to the Netherlands from Portugal. It was right amid the pandemic, and she moved to take up a position at a new company in Rotterdam.

Maria is a native speaker of Portuguese, and she also speaks English. She has taken two Dutch courses online, so she understands and speaks rudimentary Dutch. For example, she can ask for a drink or have short conversations with neighbors, but not enough to feel fully comfortable speaking Dutch fluently in all situations.

In 2021, she received a letter from the RIVM inviting her to get vaccinated against COVID-19. The letter is in Dutch.

Open-ended questions:
What do you think about this case?
What do you think Maria can do in this situation with the letter?
If you receive a letter from the RIVM in Dutch, what do you do?

Table 3. Stage 1 and follow-up questions (example). Note: RIVM stands for National Institute for Public Health and the Environment.

To facilitate participant engagement and ensure the vignette and follow-up questions were easily followed and understood, the stages and questions were shared using a PowerPoint presentation, with the interviewer screen-sharing and reading each stage aloud, combining the written and verbal formats. Since open-ended questions are more effective in capturing the socially embedded aspects of participants' responses than closed questions, most interview questions were open-ended. These were asked after each stage to encourage ongoing discussion of emerging challenges. This strategy allowed participants to engage from different perspectives; for example, they were asked about their views on the vignette scenario (e.g., "What kind of problems do you think she might face with this technology?") and to reflect on the character's reactions (e.g., "Why do you think Maria feels this way?"). Additionally, participants were prompted to relate the vignette to their own experiences through questions such as: "Have you ever found yourself in a similar situation?". In the final stage (7), closed-ended questions were introduced, employing a five-point Likert-type scale to assess comprehension, trust, risk, and vulnerability in relation to the scenario (see Table 4). This ensured that these dimensions, previously identified in the literature and the questionnaire phase, were explored.

Maria turns to her phone, opens the Google Translate app, and types the words she does not understand.
Close-ended question:
What degree of vulnerability do you think Maria has while using the app? Is Maria at risk of being vulnerable? 5 = to a very high degree 4 = to a high degree 3 = to a moderate degree 2 = to a low degree 1 = not at all

Table 4. *Stage 7 and follow-up questions (example).*

Vignette design

In designing the vignette for this study, we drew on methodological discussions on the vignette technique, including Finch (1987), Barter and Renold (2000; 1999), and Hughes and Huby (2004), to prioritize critical attributes for vignette content such as a vignette narrative and character that is relatable, relevant, and plausible to participants, and avoiding technical terms to facilitate participant engagement.

Plausibility was a key consideration when designing the "Maria" vignette, as scenarios that participants perceive as "highly plausible are more likely to produce rich data on how [they] interpret lived experiences" (Jenkins et al., 2010, p. 186). Without plausibility, the vignette risks failing to capture valid insights into the phenomena under study (Barter & Renold, 2000; Finch, 1987). In addition to creating plausible narratives, vignettes should aim to reflect participants' experiences as authentically as possible, avoiding eccentric characters (Finch 1987). Since the study aimed to explore how participants use and experience the use of MT in healthcare settings, the vignette had to be perceived as realistic and relatable to serve as a prompt for further discussion. To ensure realism, the "Maria" vignette was mainly informed by data from the project's questionnaire phase. The data showed that migrants commonly rely on MT for both reading written communications, such as medical letters, and during face-to-face interactions, like medical appointments. To capture these practices, the vignette was designed to include both contexts. This design facilitated interviewees' identification with the situations, with responses such as, "It's familiar" (Interviewee 2) and "It's a fairly common situation" (Interviewee 7) when asked their thoughts on the vignette scenario. Nevertheless, a potential limitation of this approach is that focusing on a specific situation may have restricted the nature of responses elicited from participants.

In addition, the challenges experienced by the fictional character in the "Maria" vignette were based on both previous studies on health communication and data from the questionnaire phase, with the aim of engaging participants on both cognitive and emotional levels, as though they were dealing with real-life situations (see Harrits & Møller, 2021). Maria's growing anxiety over not understanding a health-related letter, for instance, aimed to resonate with participants, giving them the space and opportunity to share their own experiences and stories. Although this approach encouraged many to share their own challenges, some participants did not fully relate to Maria's experiences, leading to moments of disengagement. For example, when asked about Maria's vulnerability while using the app, Interviewee 9 commented, "Well, Maria seems to be a bit sensitive; she gets very nervous, doesn't she?" In contrast, Interviewee 8 seemed to see her own experience reflected in the storyline and answered, "I think the vulnerability is extremely high." This illustrates the challenge of balancing detail in vignette design; while overly specific scenarios can risk alienating some participants, causing them to disengage with the storyline, vignettes need to include enough context to present coherent, relatable stories. Ambiguity is, therefore, recommended since it "leaves space for participants to define the situation in their own terms" (Finch, 1987, p. 112).

To ensure participants were not alienated, the language in the vignettes avoided overly technical terms or jargon, which participants might not be entirely familiar with, but still

maintaining a balance of precision and familiarity within the specific discourse (see Harrits & Møller, 2021). When exploring how non-translators interact with translation technologies, such as MT, we avoided using the term "machine translation" or the abbreviation "MT," as these may be unfamiliar to non-expert users. Instead, we opted for "Google Translate," which was identified during the questionnaire phase as the most frequently used app among participants. Participants themselves referred to MT in various ways, including "translator," "app," or simply "Google," often using "Google" to refer to the Google Translate app or as a general eponym for MT as a whole. To determine whether the wording of the vignette and questions was appropriate and understandable, the interview was piloted.

Risks in data interpretation

Although vignette-based interviews are valuable research tools, they are not without methodological challenges, as with any research method. The literature highlights two main concerns: social desirability and the related acquiescence bias, as well as the risk of drawing inaccurate inferences about participants' behavior.

Social desirability (where respondents give answers they believe will be socially acceptable and provide answers they believe will cast them in a positive light) and acquiescence response bias (where participants tend to agree with what they think the interviewer wants to hear) can threaten the validity of data (Anderson-Knott, 2008). These biases are well-documented risks in both questionnaires and interviews, regardless of the use of vignettes (see Mellinger, 2020 for a discussion on social desirability bias in interpreting research).

These validity threats are most often observed in interviewer-administered methods, such as face-to-face interviews, rather than self-administered surveys (Link, 2008; Mellinger, 2020; Lee, 2008). Yet, previous research suggests that framing questions from the perspective of vignette characters can mitigate these biases. As Hughes and Huby (2004, p. 45) argue, "The fictitious, however plausible nature of the vignettes may reduce the potential social desirability bias (...) and give researchers a valid insight into sensitive topics such as interviewees' interpretations of problems and their causes. Such insight is often inaccessible in observations, difficult to access in surveys, and easy to miss in standard interviewing."

It is widely accepted that vignettes are particularly well-suited for exploring beliefs, attitudes, and decision-making processes, especially when the issues under study are sensitive (Barter & Renold, 1999; Hughes & Huby, 2004). If, however, the research objective is to examine participants' actual behaviors, caution must be exercised when drawing inferences (Harrits & Møller, 2021). As in any study that elicits belief statements, there can be a significant gap between what participants say they or others should do and what they might actually do in practice. The relationship between these beliefs—what one believes others should do, what one believes they themselves ought to do, and what one believes they would do in a similar situation—is not always straightforward (Barter & Renold, 2000; Finch, 1987). Accordingly, it is advisable to acknowledge the potential limitations of drawing inferences about behavior from vignette-based interviews.

Conclusion

In this article, we examined the use of the vignette technique for collecting data on health communication in linguistically and culturally discordant settings involving migrants and/or refugees. This was achieved through a rapid scoping review and a case illustrating the development of a vignette in a vignette-based interview study.

The review contextualized the vignette technique, identifying recurring topics, research approaches and measured constructs in vignette-based studies. Vignettes move beyond direct and abstract questioning by incorporating contextual features, encouraging respondents to share their beliefs and perspectives about specific social situations rather than in a vacuum. This approach recognizes that beliefs are often context-dependent, engaging participants with hypothetical scenarios that can reflect their lived experiences.

The distance between the participant and the vignette scenario can shift the focus to the vignette character, allowing participants to feel more comfortable discussing personal, vulnerable health-related situations, and making the questions seem less intrusive. Moreover, using vignettes may reduce the risk of socially desirable responses, as participants can project their beliefs onto the vignette character.

Despite these potential advantages, the use of this technique in TIS remains limited, with most research examining health interpreting. Our review also highlighted opportunities to expand the use of vignettes in data collection. These include broadening the geographic scope to include additional non-European contexts, using vignettes to measure constructs such as translation norms, and ensuring more comprehensive reporting of the methods, particularly the vignette approach.

The methodology of the study examined in this article, which used vignette-based interviews to investigate MT use in healthcare settings, allowed for the identification and illustration of recommended aspects for study design, as well as takeaways for future use of vignettes. We would like to highlight the following key points.

First, the vignette and follow-up questions were not only read aloud but also presented visually in a shared PowerPoint presentation, allowing participants to follow along. The integration of both written and spoken formats was intended to enhance participants' accessibility. This approach is particularly recommended for online interviews, where achieving clarity and participant engagement can be more challenging.

Second, the vignette scenarios were primarily informed by data collected during the questionnaire phase of the project. In addition, both the challenges encountered by the vignette character and the questions asked were informed by the questionnaire results and existing literature on the topic. This approach was adopted with the aim of designing a vignette that was perceived as realistic and relatable, reflecting the use and experiences of migrants using MT in healthcare settings. Nonetheless, the decision to portray specific situations and challenges over others carries potential limitations, including a restriction in the range of responses and the possibility that participants may not readily recognize the depicted situation or challenge. In future studies facing similar challenges, the literature advises not only to pilot test the vignettes but also to involve an expert panel in the review to ensure the vignettes' validity and effectiveness (Riley et al., 2021).

In sum, while using the vignette technique is not novel in healthcare communication, its use in the context of qualitative interviews with migrants can prove helpful in eliciting individuals' stories and experiences in high-risk and sensitive contexts. Vignette-based interviews serve as valuable research tools, especially when focusing on migrant populations and healthcare settings. They allow us to explore the implications of providing access to health information and highlight the communicative needs of migrants.

Our scoping review has limitations. The articles reviewed do not fully represent the application of the vignette technique across health communication research, as the search strategy was confined to a specific context—health communication in linguistically and culturally diverse settings involving migrants. Moreover, the review was restricted to the selected databases and included only English-language, peer-reviewed publications. Valuable insights could potentially be found in non-English studies and grey literature (such as white papers or reports). For future research, it would be useful to conduct a quality evaluation of studies that use the vignette technique, using the recommended attributes for vignette content identified in the literature.

Ethics approval

The study received ethical approval from the Faculties of Humanities and Archaeology Ethics Committee (reference number: 2022/22), which included the corresponding data management plan.

References

Anderson-Knott, Mindy. (2008). "Interviewer Neutrality." In Encyclopedia of Survey Research Methods, edited by Paul Lavrakas, 375–36. Sage Publications, Inc. https://doi.org/10.4135/9781412963947

Arksey, Hilary, & Lisa O'Malley. (2005). "Scoping Studies: Towards a Methodological Framework." *International Journal of Social Research Methodology,* 8 (1): 19–32. https://doi.org/10.1080/1364557032000119616

Barter, Christine, & Emma Renold. (1999). "The Use of Vignettes in Qualitative Research." *Research Update Vol.* 5.

Barter, Christine, & Emma Renold. (2000). "'I Wanna Tell You a Story': Exploring the Application of Vignettes in Qualitative Research with Children and Young People." *International Journal of Social Research Methodology,* 3 (4): 307–23. https://doi.org/10.1080/13645570050178594

Berbyuk Lindström, Nataliya, & Rocío Rodríguez Pozo. (2020). "Perspectives of Nurses and Doulas on the Use of Information and Communication Technology in Intercultural Pediatric Care: Qualitative Pilot Study*." JMIR Pediatrics and Parenting,* 3 (1): e16545. https://doi.org/10.2196/16545

Cardoso, Roberta, Wasifa Zarin, Vera Nincic, Sarah Louise Barber, Ahmet Metin Gulmezoglu, Charlotte Wilson, Katherine Wilson, et al. (2017). "Evaluative Reports on Medical Malpractice Policies in Obstetrics: A Rapid Scoping Review." *Systematic Reviews,* 6 (1): 181. https://doi.org/10.1186/s13643-017-0569-5

Cline, Tony, Sarah Crafter, Guida de Abreu, and Lindsay O'Dell. (2017). "Chapter 14. Child Language Brokers' Representations of Parent–Child Relationships." In Benjamins Translation Library, edited by Rachele Antonini, Letizia Cirillo, Linda Rossato, and Ira Torresi, 129:281–93. Amsterdam: John Benjamins Publishing Company. https://doi.org/10.1075/btl.129.14cli

Cvetanovska, Natali, Rebecca L. Jessup, Anna Wong Shee, Sandra Rogers, & Alison Beauchamp. (2023). "Patients' Perspectives of Factors Influencing Active Participation in Healthcare Interactions: A Qualitative Study." *Patient Education and Counseling*, 114 (September): 107808. https://doi.org/10.1016/j.pec.2023.107808

Finch, Janet. (1987). "The Vignette Technique in Survey Research." *Sociology,* 21 (1): 105–14.

Franco, Javier. (2001). "BITRA. Bibliography of Translation and Interpreting." http://aplicacionesua.cpd.ua.es/tra_int/usu/buscar.asp?

Gambier, Yves, & Luc Van Doorslaer. (2004). "TSB. Translation Studies Bibliography." https://benjamins.com/online/etsb

Guerberof-Arenas, Ana, & Joss Moorkens. (2023). "Ethics and Machine Translation: The End User Perspective." In Towards Responsible Machine Translation, edited by Helena Moniz and Carla Parra Escartín, 4:113–33. Machine Translation: Technologies and Applications. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-031-14689-3_7

Harrits, Gitte Sommer, & Marie Østergaard Møller. (2021). "Qualitative Vignette Experiments: A Mixed Methods Design." *Journal of Mixed Methods Research,* 15 (4): 526–45. https://doi.org/10.1177/1558689820977607

Hazel, Neal. (1995). "Social Research Update 12: Elicitation Techniques with Young People." *Social Research Update*, no. 12. https://sru.soc.surrey.ac.uk/SRU12.html

Hughes, Rhidian. (1998). "Considering the Vignette Technique and Its Application to a Study of Drug Injecting and HIV Risk and Safer Behaviour." *Sociology of Health & Illness,* 20 (3): 381–400. https://doi.org/10.1111/1467-9566.00107

Hughes, Rhidian, & Meg Huby. (2004). "The Construction and Interpretation of Vignettes in Social Research." *Social Work and Social Sciences Review,* 11 (1): 36–51. https://doi.org/10.1921/swssr.v11i1.428

Jenkins, Nicholas, Michael Bloor, Jan Fischer, Lee Berney, & Joanne Neale. (2010). "Putting It in Context: The Use of Vignettes in Qualitative Interviewing." *Qualitative Research*, 10 (2): 175–98. https://doi.org/10.1177/1468794109356737

Leanza, Yvan. (2005). "Roles of Community Interpreters in Pediatrics as Seen by Interpreters, Physicians and Researchers." *Healthcare Interpreting: Discourse and Interaction*, 7 (2): 167–92. https://doi.org/10.1075/intp.7.2.03lea

Leanza, Yvan, Isabelle Boivin, & Ellen Rosenberg. (2010). "Interruptions and Resistance: A Comparison of Medical Consultations with Family and Trained Interpreters." *Social Science & Medicine,* 70 (12): 1888–95. https://doi.org/10.1016/j.socscimed.2010.02.036

Leanza, Yvan, Elias Rizkallah, Thomas Michaud-Labonté, & Camille Brisset. (2017). "From Concern for Patients to a Quest for Information: How Medical Socialization Shapes Family Physicians' Representations of Interpreters." *Interpreting*, 19 (2): 232–59. https://doi.org/10.1075/intp.19.2.04lea

Lee, Geon. (2008). "Mode-Related Error." In Encyclopedia of Survey Research Methods, edited by Paul Lavrakas, 484–85. Sage Publications, Inc. https://doi.org/10.4135/9781412963947.n305

Link, Michael. (2008). "Mixed-Mode." In Encyclopedia of Survey Research Methods, edited by Paul Lavrakas, 472–75. California: SAGE Publications.

Mellinger, Christopher D. (2020). "Positionality in Public Service Interpreting Research." *FITISPos International Journal*, 7 (1): 92–109. https://doi.org/10.37536/FITISPos-IJ.2020.7.1.250

Munn, Zachary, Micah D. J. Peters, Cindy Stern, Catalin Tufanaru, Alexa McArthur, & Edoardo Aromataris. (2018). "Systematic Review or Scoping Review? Guidance for Authors When Choosing between a Systematic or Scoping Review Approach." *BMC Medical Research Methodology,* 18 (1): 143. https://doi.org/10.1186/s12874-018-0611-x

Piccoli, Vanessa. (2022). "Plurilingualism, Multimodality and Machine Translation in Medical Consultations: A Case Study." *Translation and Interpreting Studies 17,* (1): 42–65. https://doi.org/10.1075/tis.21012.pic

Pięta, Hanna, & Susana Valdez. (2024). "Migration and Translation Technologies." In The Routledge Handbook of Translation and Migration, edited by Brigid Maher, Loredana Polezzi, and Rita Wilson, 434–50. London & New York: Routledge. https://doi.org/10.4324/9781003287797-33

Riley, Amy Henderson, Elizabeth Critchlow, Lyena Birkenstock, MariaLisa Itzoe, Katherine Senter, Nichole M. Holmes, & Steven Wesley Buffer. (2021). "Vignettes as Research Tools in Global Health Communication: A Systematic Review of the Literature from 2000 to 2020." *Journal of Communication in Healthcare,* 14 (4): 283–92. https://doi.org/10.1080/17538068.2021.1945766

Saldanha, Gabriela, & Sharon O'Brien. (2013). Research Methodologies in Translation Studies. Abingdon and New York: Routledge.

Valdez, Susana, Ana Guerberof-Arenas, & Karls Ligtenberg. (2023). "Migrant Communities Living in the Netherlands and Their Use of MT in Health Contexts." In Proceedings of the 24th Annual Conference of the European Association for Machine Translation, edited by Mary Nurminen, 325–34. Tampere, Finland. https://events.tuni.fi/uploads/2023/06/a52469c0-proceedings-eamt2023.pdf

Appendix 1

Studies included in the scoping review

Cline, T., Crafter, S., de Abreu, G., & O'Dell, L. (2017). Chapter 14. Child language brokers' representations of parent–child relationships. In R. Antonini, L. Cirillo, L. Rossato, & I. Torresi (Eds.), *Benjamins Translation Library* (Vol. 129, pp. 281–293). John Benjamins Publishing Company. https://doi.org/10.1075/btl.129.14cli

Cvetanovska, N., Jessup, R. L., Wong Shee, A., Rogers, S., & Beauchamp, A. (2023). Patients' perspectives of factors influencing active participation in healthcare interactions: A qualitative study. *Patient Education and Counseling, 114*, 107808. https://doi.org/10.1016/j.pec.2023.107808

Dauvrin, M., Lorant, V., Sandhu, S., Devillé, W., Dia, H., Dias, S., Gaddini, A., et al. (2012). Health care for irregular migrants: Pragmatism across Europe. A qualitative study. *BMC Research Notes, 5*(1), 99. https://doi.org/10.1186/1756-0500-5-99

Drewniak, D., Krones, T., Sauer, C., & Wild, V. (2016). The influence of patients' immigration background and residence permit status on treatment decisions in health care: Results of a factorial survey among general practitioners in Switzerland. *Social Science & Medicine, 161*, 64–73. https://doi.org/10.1016/j.socscimed.2016.05.039

Eisenberg, D., Seino, L., Meischke, H., Tu, S.-P., Turner, A. M., Ike, B., Painter, I., & Yip, M.-P. (2016). Development of a culturally-adapted graphic novella about emergency communication: Collaborations with a limited English speaking Chinese immigrant community. *Journal of Health Care for the Poor and Underserved, 27*(3), 1199–1210.

Hudelson, P., Perneger, T., Kolly, V., & Junod Perron, N. (2012). Self-assessed competency at working with a medical interpreter is not associated with knowledge of good practice. *PLOS ONE, 7*(6), e38973. https://doi.org/10.1371/journal.pone.0038973

Iqbal, H., & Crafter, S. (2023). Child language brokering in healthcare: Exploring the intersection of power and age in mediation practices. *Journal of Child and Family Studies, 32*(2), 586–597. https://doi.org/10.1007/s10826-022-02376-0

Jensen, N. K., Norredam, M., Priebe, S., & Krasnik, A. (2013). How do general practitioners experience providing care to refugees with mental health problems? A qualitative study from Denmark. *BMC Family Practice, 14*(1), 17. https://doi.org/10.1186/1471-2296-14-17

Kang, S. J., Hyung, J. A., & Han, H.-R. (2022). Health literacy and health care experiences of migrant workers during the COVID-19 pandemic: A qualitative study. *BMC Public Health, 22*(1), 2053. https://doi.org/10.1186/s12889-022-14487-w

Leanza, Y., Rizkallah, E., Michaud-Labonté, T., & Brisset, C. (2017). From concern for patients to a quest for information: How medical socialization shapes family physicians' representations of interpreters. *Interpreting, 19*(2), 232–259. https://doi.org/10.1075/intp.19.2.04lea

Priebe, S., Sandhu, S., Dias, S., Gaddini, A., Greacen, T., Ioannidis, E., Kluge, U., et al. (2011). Good practice in health care for migrants: Views and experiences of care professionals in 16 European countries. *BMC Public Health, 11*(1), 187. https://doi.org/10.1186/1471-2458-11-187

Roels, B., Seghers, M., De Bisschop, B., Van Avermaet, P., Van Herreweghe, M., & Slembrouck, S. (2015). Equal access to community interpreting in Flanders – a matter of self-reflexive decision-making? *Translation & Interpreting, 7*(3), 149–165.

Schenker, Y., Fernandez, A., Kerr, K., O'Riordan, D., & Pantilat, S. Z. (2012). Interpretation for discussions about end-of-life issues: Results from a national survey of health care interpreters. *Journal of Palliative Medicine, 15*(9), 1019–1026. https://doi.org/10.1089/jpm.2012.0032

Young, H. N., Dilworth, T. J., Mott, D. A., Cox, E. D., Moreno, M. A., & Brown, R. L. (2013). Pharmacists' provision of information to Spanish-speaking patients: A social cognitive approach. *Research in Social and Administrative Pharmacy, 9*(1), 4–12. https://doi.org/10.1016/j.sapharm.2012.02.003