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## COVID-19 Translated Messages: Arabic Speakers' Acceptability of Lexical Choices

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### Abstract

Worldwide, there is an increased reliance on COVID-19-related health messages to curb the COVID-19 outbreak. Therefore, it is vital to provide a well-prepared and authentic translation of English-language messages to reach culturally and linguistically diverse audiences. However, few studies, if any, focus on how non-English-speaking readers receive and linguistically accept the lexical choices in the messages translated into their language. The present study tested a sample of translated Arabic COVID-19-related texts that were obtained from the World Health Organization and Australian New South Wales Health websites. This study investigated to that extent Arabic readers would receive translated COVID-19 health messages and whether the translation would affect their preparedness to easily accept and their ability to fully comprehend the messages in terms of the used lexical items. The survey-based research also explored the translation process and methods that would best ensure the messages would reach the target audience with the

least loss of meaning. The study concluded that some acceptability issues and comprehensibility failure were detected in the available translated versions as a result of improper word selection, which could be attributed to adopting a literal translation method and uncommon collocations of certain medical terminologies. Therefore, this study recommends that effective translation of COVID-19-related health messages will be achieved by adopting a two-tier translation process, preferably involving a medical specialised translator.

**Keywords:** Acceptability; Arabic; COVID-19; Messages; Translation.

### **Introduction**

At the beginning of the COVID-19 pandemic, global health authorities aimed to manage the outbreak by publishing virus-related health messages. In Western countries, COVID-19 health messages are primarily presented in English and available for non-English speakers through translation (Victoria State Government, 2021). The need for the translated materials is also apparent in countries whose first language is not English. Information disseminated by the World Health Organization (WHO) is a primary source of knowledge and advice. Countries are obliged to translate this information; alternatively, the WHO translates their materials into the six official United Nations languages. However, a significant criticism of the WHO's translation services is that speakers of all other languages do not receive authentically translated COVID-19 health information (Piller, 2020). To combat this, the WHO partnered with the Wikimedia Foundation in late 2020 to make 5,200 COVID-19-related articles publicly available in more than 175 languages, in which editors and translators would voluntarily work for the Wikimedia Foundation (WHO, 2020).

Accordingly, the role of translation has become vital in rendering COVID-19-related health messages worldwide. Nonetheless, criticism has so far been directed to various health authorities regarding the failure of these messages to reach the target non-English audience. For example, the Australian Broadcasting Corporation reported in November 2020 that the Australian Federal Government's COVID-19 critical messages "were bungled amid revelations bureaucrats used Google Translate to communicate with multicultural communities" (Dalzell, 2020). In addition, Australian state

governments have been criticised for the way they translated COVID-19 health messages into numerous languages, including Arabic.

In an interview with an Australian radio station, SBS Arabic24, MueenAlburehi, a Melbourne-based RMIT University translation trainer, criticised the government-translated COVID-19 health messages for failing to reach the target audience. Alburehi said that these messages “did not take into account the cultural dimension when addressing the non-English speakers” (Al-Ani, 2021). Melbourne University’s Professor Anthony Pym (2020) is currently part of a large-scale study investigating how community groups can successfully communicate COVID-19 and pandemic health information to culturally and linguistically diverse communities (e.g. Greek, Italian and Chinese). Pym (2020) admitted that “there are minor mistakes in Australia’s translated COVID-19 communications.”

In the health context, dissemination refers to making an audience aware of new and relevant information. Effective dissemination is only attained through a well-planned flow of information between a source and audience. However, “the message content may influence the extent to which an audience assimilates it” (Marriott, Palmer & Lelliot, 2000, p. 60). Among other linguistic components of a message, the lexical items are central to determine whether a certain translated health message would be acceptable and fully comprehended by the target language readers, or not. In this regard, Greenbaum (cited in Greenbaum, 2015) argues that acceptability, as a linguistic concept, refers to the intuitive judgments made by language users as to what extent an utterance is linguistically acceptable. Also, many studies across multiple “disciplines have shown that lexical choices can affect audience perception.” (Wang & Cullota, 2019)

Meanwhile, acceptability is a subjective measure to how well a language speaker would receive a text or message in terms of linguistic components, including the lexical items and their distribution (see Weskott & Fanselow, 2011). In this context, Langsford *et al.* (2018) argue that acceptability judgments “come in a number of possible forms, each with their own advantages and disadvantages.” However, Likert scales are among the most extensively used formal measures of linguistic acceptability (Schütze & Sprouse, 2014). A sample of language users would be asked to “rate the acceptability of the sentence” with a rating scale of five points labelled “strongly disagree” at the far left and “strongly agree” at the far right.

The present study investigates to what extent the translation of COVID-19-related health messages would be deemed acceptable by the Arabic speakers in terms of lexical choices. It also explores the best translation process and methods to ensure that these messages can reach the target audience properly with the least loss of meaning.

### **Literature Review**

Linguistic acceptability judgments have been utilized in translation quality assessment studies for a relatively long time. Many studies applied the linguistic acceptability measure to see how well the translation of various literature genres were received by the target language readers, others used this measure to assess the target language users' acceptability of the translated structure (Khalil, 1993). The acceptability is also used by some researchers to assess the translation quality of machine translation products like Google Translate. Notably enough, O'Brien *et al.* (2018) emphasised in their study *Language translation during disaster: A comparative analysis of five national approaches*, the significance of "acceptability" as a standard to measure the translation quality in the time of disasters. In their assessment framework, they considered "acceptability" a standard to ensure "that the provision of translation is acceptable, i.e. provisions are put in place to ensure accuracy and appropriateness of information" (O'Brien *et al.*, 2018, p. 628). Hence, this is an example where acceptability is employed to measure how well the translated information is received by the target readers in disaster times.

COVID-19 was first declared by the WHO a globe emergency in January 2020, but it was not until March 2020 that the organisation officially declared it a global pandemic. Later, the pandemic was declared a "disaster" in many countries worldwide. In Australia, the authorities declared the COVID-19 pandemic "disaster" in May 2020. Therefore, O'Brien *et. al.*'s concept of "acceptability" can be applied to measure how well the translated COVID-19 health messages are received by the target language readers during this disaster.

The present study investigates to what extent the translation of COVID-19-related health messages is accepted in terms of lexical choices by Arabic speakers. It also explores the best translation process and methods to

ensure that these messages can reach the target audience properly with the least loss of meaning.

### **Methodology**

Almost no published studies have exclusively researched how translation affects the way target audiences receive COVID-19-related health messages. Therefore, the researchers have found it compelling to pursue an investigative and experimental approach before forming a study proposition. The study's experimental phase was conducted in two stages: (1) the questionnaire and focus group discussion and (2) the survey and respondents.

In the first stage, a focus discussion group (FDG) included 10 professionals (five males and five females) for a debate. Half of the FDG members were from Australia and the other half were from Iraq, with all possessing excellent communication skills in English and Arabic. The group included six bilingual health professionals, one linguist, and three translation academics and practitioners. The researchers initiated a discussion in the FDG to determine whether any issues could be found in translated versions of English COVID-19-related health messages that could "affect" the target audience's acceptability judgments.

Initially, the FDG members were individually given five translated excerpts of COVID-19 messages from the WHO and New South Wales (NSW) Health websites (see Table 1). The English versions of the messages were the source texts (ST) for the Arabic versions (TT). The researchers thought the information in these messages would potentially pose an 'acceptability problem' to the target Arabic audience. After asking the participants to read the Arabic version of each excerpt, the researchers asked each member open-ended questions to examine whether they found acceptability issues or comprehension failures. The same procedure was repeated after presenting the participants with the English version of the excerpts. In doing so, the researchers were able to identify acceptability issues in the Arabic version that were not apparent in the English version. Therefore, the researchers deduced whether the translation, in those contexts, could potentially affect readers' acceptability of the Arabic text. The texts presented are:

*Text 1. Arabic:*

إذا كنت مصاباً بالتهاب المفاصل الروماتويدي أو التهاب المفاصل الصدفي وكنت تستخدم أدوية مثبطة للمناعة، فإن أهم شيء يمكنك القيام به هو اتباع خطة الرعاية الخاصة بك وحضور المواعيد الخاصة بك مع فريق إدارة صحتك.

*Text 2. Arabic:*

التمارين مفيدة للعقل والجسم. يمكنك مغادرة المنزل للترخيص في الخارج ولكن لا تنس أن تبقى على بُعد 1.5 متر عن الآخرين. مارس التمارين بانتظام وأختر النشاطات التي تستمتع بها، مثل المشي أو التاي تشي أو الهرولة أو اليوغا أو التمارين داخل الأماكن المغلقة.

*Text 2. English:*

Exercise is good for your mind and body. You can leave home to exercise outdoors but remember to stay 1.5 meters away from others. Exercise regularly and choose activities you enjoy. This could be walking, tai-chi, jogging, yoga or an indoor workout.

*Text 3. Arabic:*

من المهم جداً مراقبة صحتك وعافيتك العقلية. ومن المفيد أيضاً أن تكون على دراية بأحوال أفراد العائلة والأصدقاء والجيران الذين قد يمرون بحالة قلق أو إجهاد نفسي.

*Text 3. English:*

It's really important to monitor your mental health and wellbeing. It is also good to be aware of family, friends and neighbours who may be worried or stressed.

*Text 4. Arabic:*

تشمل الأمور التي يمكن أن تتفقدتها في أحوالهم: صعوبة في التركيز، رداءة النوم، ومشاعر الإجهاد أو الحزن لديهم. تشير هذه العلامات لحاجتهم إلى يد المساعدة.

*Text 4. English:*

Things to look out for include difficulty concentrating, poor sleep, and feeling distressed or overwhelmed. These are signs that it's time to reach out.

*Text 5. Arabic:*

وإذا شعرت بضغوطات نفسية، يمكنك التحدث إلى مرشد مدرب في أي وقت وأي يوم كان بالاتصال بخط الصحة العقلية لشؤون فيروس كورونا.

*Text 5. English:*

If you're feeling overwhelmed, you can talk to a trained counsellor any time, any day by calling the Coronavirus Mental Wellbeing Line.

The participants were asked to complete a nine-point questionnaire to identify the linguistic level that caused the acceptability issue. A

participant's response was in the form of a five-point matrix, ranging from "strongly disagree" to "strongly agree" (see Appendix A). To further investigate the acceptability issue, the questionnaire asked whether the issues in the translated excerpts were potentially the result of machine or human translators. In addition, participants were asked whether they would prefer the health messages' translation to be conducted by bilingual health professionals or at least involve these professionals in the early stages. Further, participants were asked whether they had any suggestions to improve the translated Arabic version.

On the basis of the results obtained from the first stage, the researchers created an "effect of translation on acceptability" survey for the second stage. The survey contained 10 English texts designed based on the COVID-19-related health messages that appeared on official health websites (WHO and NSW Health). The English texts were the source texts (ST) for the COVID-19 related messages, while the Arabic texts were the target texts (TT) whenever they appeared in the survey. The survey was given to a sample of 200 participants, which comprised English–Arabic bilinguals, translation trainees and translation practitioners living in Australia, Iraq, the US, Jordan, Egypt, Lebanon and the UAE. The first five texts focused on the choice of individual lexemes to examine the acceptability in the variation of texts—a single word from a statement was replaced along three variations.

The last five texts focused on the structure, in which each text was given three translations. The first translation was by the authorised WHO or NSW Health Department and found on their respective websites. The second translation was by a health professional (emergency doctor) who works at an NSW hospital and is a NAATI-accredited translator. The third translation was a repetition of the second but with a new check by another NAATI-accredited translator. The participants were asked to rate each translation on a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree).

## **Analysis**

### **Analysis Of Stage 1 Results**

After obtaining the responses from the first stage of the study, a quantitative approach was adopted for the analysis. The FDG member debate and their questionnaire responses were overweighed in a way to create potential acceptability failure points and suggested improvements to overcome this. In the first stage, a questionnaire comprising nine statements was given to the FDG members. The participants were asked to rate each statement on a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree).

A review of the questionnaire responses indicates a disagreement over the nine statements. Out of the 10 FDG members, 70% agreed that issues existed in the translated texts; however, their responses differed in regard to the level of the translation problem, the cause of the problem and how it could be solved. The rating of the questionnaire's third statement ranged from 'agree' to 'strongly agree'. Seven respondents indicated that the translation issue resulted from word selection whereas five respondents indicated that the problem resulted from grammatical structure in the questionnaire's fourth statement. In regard to the questionnaire's fifth statement, 60% of participants indicated that the translation issue could be attributed to writing the message in the target language.

In regard to the suggested solutions for the translation issues and the acceptability of the COVID-19-related health messages, the researchers found that seven respondents believed that the entire translation process needed to be reconsidered. For the questionnaire's seventh statement, these respondents suggested that bilingual health professionals should be involved with translators to render the health messages into the target languages. Further, 70% of the responses suggested that a translation checker should be in a position of control in the translation process, which would enhance the quality of translation. The questionnaire's ninth statement was strongly supported - 90% of respondents stipulated that "it is time to think about initiating specialised translation training whose graduates will be specialised medical translators". The questionnaire's sixth statement regarded the widely held complaint of relying heavily on machine translation (i.e. Google Translate), which most likely disrupts the message's acceptability on part of the target language readers. For this statement, the two extremes of strong disagreement and strong agreement were equal, three scores for each. In addition, two respondents expressed disagreement, one neutral and one



agreed. After compiling the results of the first stage, the researchers moved to the study's second stage and developed a survey of 10 statements that aimed to test these results.

TABLE 1. FDG's questionnaire results

Statement number	Strongly disagree	Disagree	Neutral	Agree	Strongly disagree
1	1	1	1	1	6
2	2	1	0	2	5
3	0	2	1	5	2
4	4	1	0	3	2
5	2	1	1	1	5
6	3	2	1	1	3
7	0	2	1	5	2
8	0	3	0	6	1
9	0	0	1	2	7

### Analysis Of Stage 2 Results

The researchers created a 10-point survey based on the Stage 1 results, designed to test the researchers' proposition and validated by the FDG questionnaire responses. The survey was implicitly divided into three categories. First, Statements 1–5 tested the first hypothesis: 'there is a translation issue at a single word selection level'. Second, Statements 6–8 intended to test double hypothesis: 'the translation issue results from the text's collocation of words' and 'a bilingual health professional should be involved in the translation process rather than a non-specialised translator or a health professional, in addition to a translation checker'. Third, Statements 9 and 10 were designed to test another double hypothesis: 'the issue results from the COVID-19-related health message written in the target language' and 'a bilingual health professional, as well as a translation checker, should oversee the final product (version) before being released online'.

Because of the propositions' complexity, the researchers carefully chose texts meant as a corpus to test the hypotheses through the survey. Text selection was according to two criteria: texts should (1) be in use during the COVID-19 pandemic and (2) exhibit words seemingly imposed by the source language (SL) that might cause acceptability issues for the target

language audience. Therefore, the researchers selected three texts from the WHO and NSW Health websites, originally written in English and translated into numerous languages, including Arabic. The first text was entitled ‘Coronavirus disease (COVID-19): Small public gatherings’, which was taken from the WHO website. The second text, ‘COVID-19: Look after your mental health during the COVID-19 (coronavirus) pandemic’, and third text, ‘Coronavirus (COVID-19): COVID-19 testing’, were taken from the NSW Health website.

From the texts, five statements were selected for the survey. Each statement contained three options; the first option was taken directly from the website and was not changed, and the following two options had a word changed each time. The survey asked the respondents to “rate the following statements according to how clearly and easily you accept the message”. In the first statement, the researchers noted that the word ‘البدني-lit. physical’ could potentially cause an issue from an acceptability perspective (see AppendixB for the full statement). In the second and third option, the researchers changed ‘البدني-lit. physical’ to ‘الاجتماعي-lit. social’ and ‘الجسدي-lit. body-wise’, respectively. In doing so, the respondents would rate the same statement except for a single word each time.

The same procedure was followed for Statements 2–5. In the second statement, the word ‘اسناد-lit. assign’ was changed to ‘اعطاء-lit. give’ and ‘تحديد-lit. identify’ in the second and third options, respectively. For Statement 3, the word ‘قناع-lit. mask’ was changed to ‘غطاء-lit. cover’ and ‘كمامة-lit. face mask’ in the second and third options, respectively. In the fourth statement, the word ‘الكرب-lit. anguish’ was changed to ‘الضيق-lit. distress’ and ‘الغم-lit. grief’ in the second and third options, respectively. In Statement 5, the word ‘ادارة-lit. managing’ was changed to ‘رعاية-lit. care’ and ‘علاج-lit. treatment’ in the second and third options, respectively.

For the more complicated propositions, a double-tier translation process was designed for Statements 6–10. For each statement, three options were presented to the participants, who were asked to ‘read each option of the statement and then rate its translation as to its accuracy and acceptability’. The first option was taken directly from the website and was not changed, and the following two options were different translated versions. For the second option, a bilingual medical doctor, who is also a NAATI-accredited translator, translated the original English versions into Arabic. The third

option was created based on the second translation, which was provided to another NAATI-accredited translator for checking. The respondents were asked to rate each translation of Statements 6–10 on a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree).

The survey was disseminated via email as a Microsoft Form to bilinguals, translators, translation trainees in Australia, Iraq, Jordan, Egypt, Lebanon, the UAE and the US. The response period consisted of a two-week window, in which 200 responses were received and became the essence of the study analysis in Stage 2. Quantitative analysis of the survey involved giving a score to each respondent's rating of every option (strongly disagree = 1, disagree = 2, neutral = 3, agree = 4 and strongly agree = 5). The average of the 200 responses was calculated out of five to compare the three options of each statement.

The scoring of each option in Statements 1–5 was as follows. In Statement 1, Options 1, 2 and 3 scored 2.355, 4.105 and 3.19, respectively. For Statement 2, the three options were scored 2.265, 3.655 and 3.535, respectively. Statement 3 was scored as 2.74, 2.03 and 4.32 for the three options, respectively. In Statement 4, the scores were 2.345, 3.845 and 3.08 for the three options, respectively. For Statement 5, the three options were scored 2.145, 3.905 and 3.345, respectively. It is noted that Option 1 of each statement (i.e. translated texts from the health authority websites) received the lowest scores, except for Statement 3 in which it was the middle score. Overall, the options with alternative words suggested by the researchers received the highest scores.

The scoring of each option in Statements 6–10 was as follows. In Statement 6, Options 1, 2 and 3 scored 2.135, 3.79 and 3.325, respectively. For Statement 7, the three options were scored 2.24, 3.375 and 3.23, respectively. Statement 8 was scored as 2.67, 3.62 and 3.315 for the three options, respectively. In Statement 9, the scores were 2.375, 3.5 and 4.04 for the three options, respectively. For Statement 10, the three options were scored 2.43, 3.175 and 4.025, respectively. Once again, the scores demonstrated that each statement's first option received the lowest scores compared with the translations provided by the bilingual and NAATI-accredited doctor (Option 2) and the NAATI-accredited translation checker (Option 3).

## Discussion

The survey results demonstrated that there were acceptability issues with the translation of selected words in the COVID-19-related health messages that appeared on the health authority websites. This aligns with the researchers' proposition—a translation issue would exist at the word selection level. Further, high survey scores were recorded for commonly used or frequently heard words that were suggested to replace the words used in the original texts. For example, in Statement 1, the researcher-suggested word 'اجتماعي-lit. social' scored higher (4.105) than the other options. The details of the respondents' scores of each option for Statements from 1 to 5 can be found in Table 2.

Similarly, in Statement 2, 'اعطاء-lit. give', scored average of (3.655), which is higher than the other options. Table 2 shows the respondents' scores of each option for Statement 2.

In Statement 3, the researcher-suggested word 'كمامة-lit. face mask' scored higher than the other options. For the respondents' scores of each option for Statement 3 see Table 2. Further, in Statement 4, 'الضيق-lit. distress', scored the highest out of all options. All respondents' scores of each option for Statement 4 are shown in Table 2. Finally, the scores demonstrate that the researcher-suggested word in Statement 5, 'رعاية-lit. care', scored higher (3.905) than the other options, see Table 2 for the respondents' scores for each option.

TABLE 2. Respondents' scores of each option for Statements from 1 to 5

Rate	Option 1					Option 2					Option 3				
	statements' scores					statements' scores					statements' scores				
Statement no.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<b>Strongly</b>	5	6	4	5	5	6	7	8	1	1	1	1	7	1	1
<b>Disagree</b>	0	6	4	2	2			5	2	2	3	0		8	8
<b>Disagree</b>	7	5	3	6	6	9	2	5	1	1	3	2	6	4	4
	0	7	9	8	8		3	8	8	8	0	3		2	2
<b>Neutral</b>	4	4	6	4	4	4	6	3	3	3	8	6	27	7	7
	9	8	8	9	9	1	3	2	9	9	6	5		8	8

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<b>Agree</b>	2	1	2	2	2	4	4	1	5	5	4	5	36	3	3
	1	6	3	1	1	6	6	6	1	1	8	4		0	0
<b>Strongly</b>	1	1	2	1	1	9	6	9	8	8	2	4	12	3	3
<b>Agree</b>	0	3	6	0	0	8	1		0	0	3	8	4	2	2

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The researchers concluded that, on the word selection level, the literal translation of the message could lead to an acceptability failure as to the Arabic speakers' judgments of the lexical items used in the COVID-19-related health message. This aligns with a conclusion drawn by Lin and Ji (2019) regarding the translation of health information in general: "A good health translation should translate at the semantic level, rather than word for word, and in a culturally sensitive way adapting the original text to the cultural and linguistic requirements of the target language" (Lin & Ji, 2019: p. 81).

Moreover, the survey results regarding Statements 6–10 have different implications. Survey data showed that Option 1 (i.e. translated texts from the health authority websites) received the least satisfaction regarding acceptability and accuracy. Option 2 (i.e. translated text by the bilingual and NAATI-accredited doctor) and Option 3 (i.e. translated text by the NAATI-accredited translation checker) received the highest satisfaction in terms of acceptability and accuracy. These findings support Declercq&Federici's (2019) belief that "comprehensibility together with cultural factors in medical communication is revolutionizing the task of the medical translator" (p. 114). The survey results support that it would be more suitable for a health professional with translation accreditation or a medically specialised translator to translate health messages, particularly those regarding the COVID-19 pandemic.

Further, the survey results indicated that in Statements 6–8, the translation of short sentences in Option 2 scored higher than Option 3. However, in Statements 9 and 10, the translation of paragraphs or complex sentences in Option 2 scored lower than Option 3. In Statement 9, the second option scored an average satisfaction of 3.5 out of 5, compared with 4.04 out of 5 for the third option (see Figure 1).

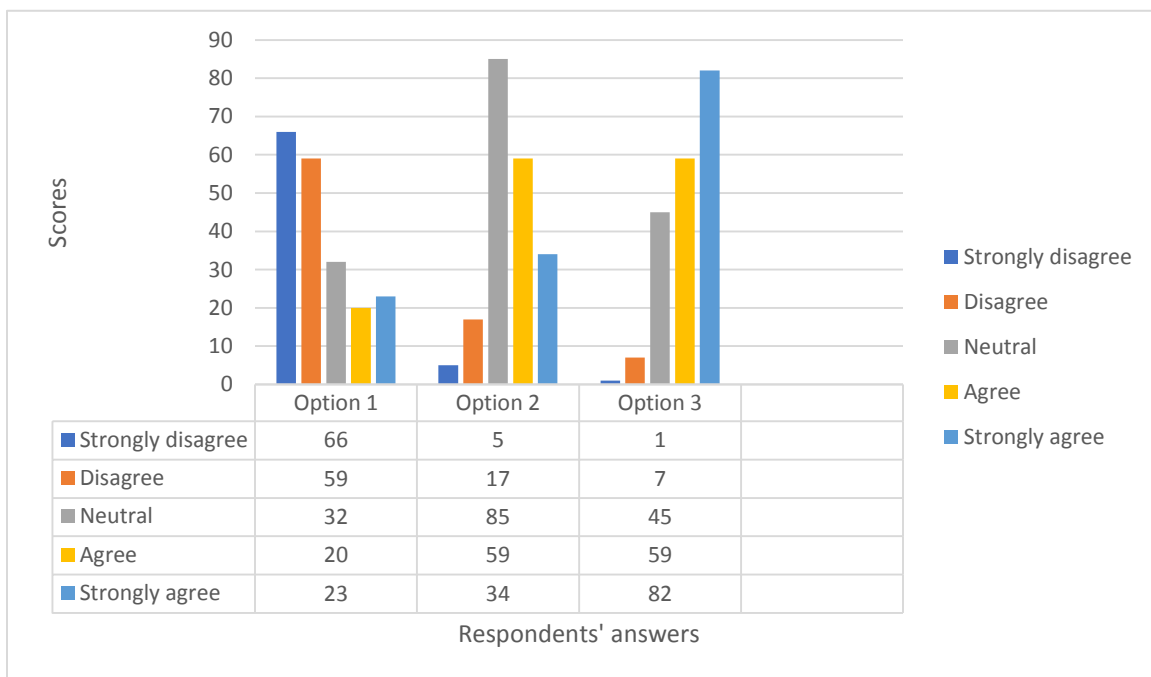


FIGURE1. Respondents' results for Statement 9

For Statements 6–10, the results revealed that the Arabic readers did not face acceptability issues as to the structure imposed by the SL when translators adopted the literal translation method because the three variations in options 2, and 3 followed almost the same structure. Rather, the readers faced acceptability issues when translators used uncommon expressions that violated the collocation of Arabic words or resorted to literally translating the constituent words of certain medical terminologies. For example, the collocation of Arabic words was violated in Option 1 of Statement 6, in which NSW Health translated ‘poor sleep’ to ‘رداءة النوم-lit. poor sleep’—an uncommon Arabic collocation. This translation received an average satisfaction score of 2.135, compared with a score of 3.79 for the second option, ‘قلة النوم-lit. lack of sleep’—a common Arabic collocation. Similarly, in Option 1 of Statement 9, NSW Health translated ‘close contact’ to ‘اتصال لصيق-lit. close contact’, which received an average satisfaction score of 2.375. Options 2 and 3 scored 3.5 and 4.04, respectively. In these options,

the expression was translated to 'اذا قاربت أو التقيت'—lit. if you approached or met—a phrase that is easy to comprehend by Arabic speakers.

Regarding how the survey respondents received the literal translation of constituent words of certain medical terminologies, it was demonstrated that the least satisfaction average was scored when the sentence contained literally translated terminologies. For example, in Option 1 of Statement 7, 'trained counsellor' was translated to 'مرشد مدرب'—lit. a trained guide', which received a satisfaction score of 2.24. Conversely, Option 2 translated 'trained counsellor' to 'معالج نفسي متمرس'—lit. an experienced psychotherapist', which received a satisfaction score of 3.375. The terminology provided in Option 2 is more easily understood by Arabic speakers.

Similarly, the terminology translations in Statement 8 received the lowest scores by respondents. Option 1 translated 'mental health and wellbeing' into 'صحتك وعافيتك العقلية'—lit. your mental health and wellness', which received a satisfaction score of 2.67. Comparatively, Option 2 translated the phrase to 'حالتك الجسدية والنفسية'—lit. your physical and psychological condition', which received a satisfaction score of 3.62. Option 3 rendered the term into Arabic as 'حالتك النفسية'—lit. your psychological condition', which omitted the English equivalent for 'wellbeing' and received a satisfaction score of 3.315. Detailed scores for each statement from 6 to 10 are shown in Table 3.

TABLE 3. Respondents' scores of each option for Statements from 6 to 10

Rate	Option 1					Option 2					Option 3				
	statements' scores					statements' scores					statements' scores				
<b>Statement no.</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>1</b>
					<b>0</b>					<b>0</b>					<b>0</b>
<b>Strongly Disagree</b>	7	8	4	6	6	4	1	1	5	1	1	2	2	1	8
<b>Disagree</b>	7	9	4	6	2		4	1		8	4	2	2		
<b>Disagree</b>	4	3	5	5	4	1	2	2	1	3	4	2	2	1	1
	8	1	0	9	9	7	9	7	7	1	1	9	9	3	7
<b>Neutral</b>	5	4	5	3	4	6	6	5	8	7	5	5	5	4	3
	3	3	8	2	8	6	7	0	5	4	6	8	7	5	0
<b>Agree</b>	1	1	2	2	2	4	4	5	5	5	4	3	4	5	5
	5	7	4	0	3	3	8	1	9	2	4	3	8	9	2
<b>Strongly Agree</b>	7	2	2	2	1	7	4	6	3	2	4	4	4	8	9
		0	4	3	8	0	2	1	4	5	5	8	4	2	3

These examples have revealed that the literal approach to translating COVID-19-related health messages has fallen short of achieving high satisfaction among the survey respondents regarding acceptability and translation accuracy. The large sample size is a representative sample of Arabic speakers in Australia and elsewhere. Therefore, the researchers deduced that the literal translation of COVID-19 health messages could pose problems for Arabs and Arabic-speaking communities in diaspora in easily understanding the intended message of health authorities and organisations.

Therefore, the survey results support the proposition of a two-tier translation process involving a health professional with translation accreditation in the first tier and an accredited translation checker in the second tier. This process would best convey COVID-19-related health messages to the non-English-speaking community with high acceptability and accuracy.

### **Conclusion And Recommendations**

The literal translation of the COVID-19-related health messages can lead, at least on the word selection level, to Arabic speakers' acceptability failure in receiving the message. Instead, the message should translate at the semantic level, which would preferably involve using common and frequently used terminology and consider any cultural adoptions required to meet the target language readers' expectations. In addition, the Arabic readers did not face acceptability issues as to the structure imposed by the SL when translators adopted the literal translation method. Rather, the readers faced acceptability issues when translators used uncommon expressions that violated the collocation of Arabic words or resorted to literally translating the constituent words of certain medical terminologies.

Moreover, the present study affirmed that literal translation, in the health context, did not achieve the translation accuracy sought by translators when rendering COVID-19-related health messages into Arabic. Rather, a literal translation might result in an inaccurate rendition. Therefore, it is recommended that an effective COVID-19-related health message translation should be performed by adopting a two-tier translation process: (1) translation involving a medically specialised translator or a health



professional with translation accreditation and (2) an accredited translation checker to confirm that the translation is correct.

## References

- Al-Ani, M.(2021). *Cultural difference may be behind the lack of delivery of the message and the outbreak of the epidemic north of Melbourne* [Radio broadcast]. SBS Arabic24.  
<https://www.sbs.com.au/language/arabic/audio/the-latest-development-of-corona-in-melbourne-northern-suburbs>
- Dalzell, S. (2020). Federal government used Google Translate for COVID-19 messaging aimed at multicultural communities. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-11-19/government-used-google-translate-for-nonsensical-covid-19-tweet/12897200>
- Declercq, C., & Federici, F. M. (Eds.). (2019). *Intercultural crisis communication: Translation, interpreting and languages in local crises*. London: Bloomsbury Academic.
- Greenbaum, S. (2015). *Acceptability in Language*. The Hague: Mouton Publishers.
- Khalil, A. (1993). Arabic translations of English passive sentences: problems and acceptability judgements. *Papers and Studies in Contrastive Linguistics*, 17,169.
- Langsford, Steven, et al. (2018). Quantifying sentence acceptability measures: Reliability, bias, and variability. *Glossa: a journal of general linguistics* 3(1): 37.
- Lin, S., & Ji, M. (2019). Assessing linguistic comprehensibility of healthcare translation using the POCA model. In M. Ji, M. Taibi & I. H. M. Crezee (Eds.), *Multicultural health translation, interpreting and communication*(pp. 69–84). London: Taylor & Francis Group.
- Marriott, S., Palmer, C., & Lelliot, P. (2000). Disseminating healthcare information: Getting the message across. *Quality in Health Care*, 9(1), 58–62.
- O'Brien, Sharon *et al.* (2018). Language Translation During Disaster: A Comparative Analysis of Five National Approaches. *International Journal of Disaster Risk Reduction*. 31. 10.1016/j.ijdr.2018.07.006.

- Piller, I. (2020). Covid-19 forces us to take linguistic diversity seriously. In G. Boomgaarden (Ed.), *A De Gruyter social sciences pamphlet: Perspectives on the pandemic* (pp. 12–17). Berlin: De Gruyter.
- Pym, A. (2020). When trust matters more than translation. *Pursuit*. Retrieved from <https://pursuit.unimelb.edu.au/articles/when-trust-matters-more-than-translation>.
- Schütze, Carson & Jon Sprouse. (2014). Judgment data. In Robert Podesva & Devyani Sharma (eds.), *Research methods in linguistics*, chap. 3. 27–51. Cambridge: Cambridge University Press.
- Victoria State Government. (2021). Translated resources—coronavirus (COVID-19). Retrieved from <https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>.
- Wang, Zhao and Culotta, Aron. (2019). When Do Words Matter Understanding the Impact of Lexical Choice on Audience Perception Using Individual Treatment Effect Estimation. In *Proceedings of AAAI*
- Weskott, Thomas & Fanselow, Gisbert. (2011). On the Informativity of Different Measures of Linguistic Acceptability. *Language*, Volume 87, Number 2, pp. 249-273.
- World Health Organization. (2020). The World Health Organization and Wikimedia Foundation expand access to trusted information about COVID-19 on Wikipedia. *World Health Organization*. Retrieved from <https://www.who.int/news/item/22-10-2020-the-world-health-organization-and-wikimedia-foundation-expand-access-to-trusted-information-about-covid-19-on-wikipedia>

## Appendix A

### Questionnaire:

Please answer the following questions with rates from 1 to 5 where 1 signifies strong disagreement and 5 strong agreement with the statement.

Statement	1	2	3	4	5
I understand the message in both versions equally					
I believe that there is a problem in the translation					
I think that the problem lies in the word					

selection by the translator					
I think that the problem lies in the sentence structure selection by the translator					
I think that the problem lies in the message writing and the message needs rewording by the translator					
I believe that the translation is most likely done by Google Translate or other translation software rather than a human being					
I think that the whole translation process needs to reconsider where bilingual health professionals involved along with translators					
I think a translation checker shall be involved with a health background					
I think it is time to think about initiating specialized translation training whose graduates be specialized medical translators					

### Appendix B

#### The Effect of Translation on Acceptability Survey

##### **Rating Scale:**

Strongly disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, and Strongly agree = 5.

**Note:** English texts are the source texts (ST) and Arabic versions are the target texts (TT) in this survey.

1. Rate the following statements according to how well you accept the lexical choices within the message:

- حافظ على سلامتك باتخاذ بعض الاحتياطات البسيطة مثل التباعد (البدني) والحفاظ على التهوية الجيدة في الغرف.
- حافظ على سلامتك باتخاذ بعض الاحتياطات البسيطة مثل التباعد (الاجتماعي) والحفاظ على التهوية الجيدة في الغرف.

- حافظ على سلامتك باتخاذ بعض الاحتياطات البسيطة مثل التباعد (الجسدي) والحفاظ على التهوية الجيدة في الغرف.

2. Rate the following statements according to how well you accept the lexical choices within the message:

- قُل من الازدحام بأقصى قدر ممكن من خلال تنظيم حركة الدخول والخروج، (وإسناد) أرقام للأشخاص الداخلين، وتخصيص مقاعد/أماكن، ووضع علامات على الأرض.
- قُل من الازدحام بأقصى قدر ممكن من خلال تنظيم حركة الدخول والخروج، (وإعطاء) أرقام للأشخاص الداخلين، وتخصيص مقاعد/أماكن، ووضع علامات على الأرض.
- قُل من الازدحام بأقصى قدر ممكن من خلال تنظيم حركة الدخول والخروج، (تحديد) أرقام للأشخاص الداخلين، وتخصيص مقاعد/أماكن، ووضع علامات على الأرض.

3. Rate the following statements according to how well you accept the lexical choices within the message:

- من المهم جداً ارتداء (قناع) يغطي كل الوجه عندما يكون الشخص في غرفة يتواجد فيها أشخاص آخرون.
- من المهم جداً ارتداء (غطاء) يغطي كل الوجه عندما يكون الشخص في غرفة يتواجد فيها أشخاص آخرون.
- من المهم جداً ارتداء (كمامة) يغطي كل الوجه عندما يكون الشخص في غرفة يتواجد فيها أشخاص آخرون.

4. Rate the following statements according to how well you accept the lexical choices within the message:

- هذه الفترة متعبة ومجهدة وأحياناً تثير مشاعر مزعجة، بما في ذلك الغضب أو الحزن أو (الكره).
- هذه الفترة متعبة ومجهدة وأحياناً تثير مشاعر مزعجة، بما في ذلك الغضب أو الحزن أو (الضيق).
- هذه الفترة متعبة ومجهدة وأحياناً تثير مشاعر مزعجة، بما في ذلك الغضب أو الحزن أو (الغم).

5. Rate the following statements according to how well you accept the lexical choices within the message:

- إذا كنت مصاباً بالتهاب المفاصل وكنت تستخدم أدوية مثبطة للمناعة، فإن أهم شيء يمكنك القيام به هو اتباع خطة الرعاية الخاصة بك وحضور المواعيد المنتظمة مع فريق (إدارة) صحتك.
- إذا كنت مصاباً بالتهاب المفاصل وكنت تستخدم أدوية مثبطة للمناعة، فإن أهم شيء يمكنك القيام به هو اتباع خطة الرعاية الخاصة بك وحضور المواعيد المنتظمة مع فريق (رعايتك) الصحية.

- إذا كنت مصاباً بالتهاب المفاصل وكنت تستخدم أدوية مثبتة للمناعة، فإن أهم شيء يمكنك القيام به هو اتباع خطة الرعاية الخاصة بك وحضور المواعيد المنتظمة مع فريق (علاجك) الصحي.

6. Read the following statement and then rate its translation below as to their accuracy and acceptability:

*Things to look out for include difficulty concentrating, poor sleep, and feeling distressed and overwhelmed.*

- تشمل الأمور التي يمكن أن تتفقدتها في أحوالهم، صعوبة في التركيز، رداءة النوم، ومشاعر الإجهاد أو الحزن لديهم.
- الأعراض الواجب الانتباه لها تتضمن صعوبة التركيز وقلة النوم والتوتر والشد العصبي والنفسي.
- عليك الانتباه للأشياء التالية: الصعوبة بالتركيز، قلة النوم، الشد العصبي والنفسي والشعور بالغمور.

7. Read the following statement and then rate its translation below as to their accuracy and acceptability:

*If you're feeling overwhelmed, you can talk to a trained counsellor any time, any day by calling the Coronavirus Mental Well-being Line: 1800 512 348.*

- إذا شعرت بضغوطات نفسية، يمكنك التحدث إلى مرشد مدرب في أي وقت، أي يوم كان بالاتصال بخط الصحة العقلية لشؤون فيروس كورونا على الرقم 1800512348.
- إذا شعرت بأي ارتباك فبإمكانك التحدث إلى معالج نفسي متمرس في أي وقت أو أي يوم وذلك بالاتصال على خدمات الصحة النفسية أثناء جائحة كورونا على الرقم التالي 1800512348.
- إذا شعرت بالغمور فبإمكانك التحدث إلى معالج نفسي متمرس في أي وقت أو في أي يوم وذلك بالاتصال على خدمات الصحة النفسية أثناء جائحة كورونا على الرقم التالي 1800512348.

8. Read the following statement and then rate its translation below as to their accuracy and acceptability:

*It's really important to monitor your mental health and well-being. It is also good to be aware of family, friends and neighbours who may be worried or stressed.*

- من المهم جداً مراقبة صحتك وعافيتك العقلية. ومن المفيد أن تكون على دراية بأحوال أفراد العائلة والأصدقاء والجيران الذين قد يمرون بحالة قلق أو إجهاد نفسي.
- من المهم جداً مراقبة حالتك الجسدية والنفسية على الدوام. بالإضافة إلى الانتباه لأي أعراض قلق أو توتر من أي فرد من أفراد عائلتك أو أصدقائك أو جيرانك.

- من المهم جداً مراقبة حالتك النفسية على الدوام. بالإضافة إلى الانتباه لاي أعراض قلق أو توتر تظهر على أي فرد من أفراد عائلتك أو أصدقائك أو جيرانك.

9. Read the following statement and then rate its translation below as to their accuracy and acceptability:

*If you have been in close contact with a person with COVID-19, you need to stay home for 14 days after you last saw that person. (Close contact includes living in the same household or spending more than 15 minutes face-to-face or 2 hours sharing a closed space, with someone with COVID-19, from 48 hours before they became ill).*

- إذا كنت على اتصال لصيق مع شخص مصاب بكوفيد-19، فستحتاج إلى البقاء في المنزل لمدة 14 يوماً بعد آخر مرة رأيت فيها ذلك الشخص. (يشمل الاتصال اللصيق العيش في نفس المنزل أو قضاء أكثر من 15 دقيقة وجهاً لوجه أو ساعتين في مكان مغلق مع شخص مصاب بكوفيد-19، قبل 48 ساعة من أصابته بالمرض).

- إذا قاربت أو أختلطت مع أحد المصابين ب (كوفيد-19) فيجب عليك أن تبقى في منزلك لمدة 14 يوماً بعد آخر لقاء بالشخص المصاب. التقارب مع الشخص المصاب يعني أن يكون ساكناً معك في نفس المنزل أو أنك التقيت به وجهاً لوجه لفترة أكثر من ربع ساعة أو أنك قضيت معه ساعتين في مكان مغلق وذلك خلال ال 48 ساعة السابقة لظهور الأعراض عليه.

- إذا قاربت أو أختلطت مع أحد المصابين ب (كوفيد-19) فيجب عليك أن تبقى في منزلك لمدة 14 يوماً بعد آخر لقاء بالشخص المصاب. التقارب مع الشخص المصاب يعني أن يكون مقيماً معك في نفس المنزل أو أنك التقيت به وجهاً لوجه لفترة أكثر من ربع ساعة أو أنك تشاركت معه مكاناً مغلقاً لمدة ساعتين خلال ال 48 ساعة التي سبقت ظهور الأعراض عليه.

10. Read the following statement and then rate its translation below as to their accuracy and acceptability:

*If you are sharing your home with others you should separate yourself in another room. Wear surgical mask when you are in the same room and keep 1.5 meters away.*

- إذا كنت تشارك منزلك مع آخرين، فيجب عليك فصل نفسك في غرفة أخرى. قم بارتداء قناع جراحي عندما تكون في نفس الغرفة وأبق على بعد 1.5 متر منهم.

- إذا كنت تتشارك السكن مع أشخاص آخرين فيجب عليك أن تعزل نفسك في غرفة أخرى، وأن ترتدي القناع الطبي (الجراحي) إذا كنت مع أحدهم في نفس الغرفة مع الإبقاء على مسافة التباعد الاجتماعي الامنة 1.5 م.

- إذا كنت تتشارك السكن مع أشخاص آخرين فيجب عليك أن تعزل نفسك في غرفة أخرى، وأن ترتدي الكمامة الجراحية إذا كنت مع أحدهم في نفس الغرفة مع الإبقاء على مسافة التباعد الاجتماعي الامنة 1.5 م.

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### ترجمة رسائل كوفيد 19 الصحية: مدى مقبولية ناطقي العربية للاختيارات المعجمية

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#### المستخلص

ما زال الاعتماد يتزايد على الرسائل الصحية المتعلقة بكوفيد-19 في جميع أنحاء العالم لحد من تفشي جائحة كوفيد-19. لذلك، أصبح من الحيوي توفير ترجمة موثوقة ومعدة جيداً للرسائل الواردة باللغة الانجليزية لكي تصل للجماهير المتنوعة ثقافياً ولغوياً. ومع ذلك، فالقليل من الدراسات، إن وجدت، تركز على كيفية تلقي القراء غير الناطقين بالإنجليزية للخيارات المعجمية في الرسائل المترجمة إلى لغتهم ومدى قبولهم لغوياً لها. وقد اختبرت الدراسة الحالية عينة من النصوص العربية المترجمة المتعلقة بكوفيد-19 والتي تم الحصول عليها من الموقعين الإلكترونيين لمنظمة الصحة العالمية وصحة نيو ساوث ويلز الأسترالية. استقصت هذه الدراسة إلى أي مدى تلقى القراء العرب الرسائل الصحية المترجمة الخاصة بكوفيد-19 وما إذا كانت الترجمة قد أثرت على مدى استعدادهم لقبول الرسائل بسهولة وعلى قدرتهم على فهم الرسائل بشكل كامل من حيث المفردات المعجمية المستعملة. وأستطلع البحث القائم على دراسة مسحية أيضاً عملية الترجمة والطرق التي من شأنها ضمان وصول الرسائل إلى الجمهور المستهدف بأقل فقدان للمعنى. وخلصت الدراسة إلى رصد

بعض المشكلات في مدى المقبولية ، فضلاً عن وجود فشل في الاستيعاب للنسخ المترجمة المتاحة نتيجة الاختيار غير الصحيح للكلمات، والذي يمكن أن يعزى إلى اعتماد طريقة الترجمة الحرفية والورود غير المألوف للكلمات في مصطلحات طبية بعينها. لذلك، توصي هذه الدراسة أن ترجمة مؤثرة للرسائل الصحية المتعلقة بكوفيد-19 سيتم تحقيقها من خلال اعتماد عملية ترجمة من مستويين ويُفضل إشراك مترجم طبي متخصص فيها.

**الكلمات المفتاحية:** المقبولية: العربية: كوفيد-19: الرسائل: الترجمة