

ATTITUDES OF CHINESE-SPEAKING PATIENTS ABOUT LANGUAGE AND CULTURAL MEDIATION IN TUSCAN HEALTHCARE ENVIRONMENTS: FINDINGS AND IMPLICATIONS FROM A SURVEY

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Abstract: The overseas Chinese population in Italy exceeds 300,000 (ISTAT 2023), making Italy one of the main European destinations for this demographic. In Tuscany, approximately 68,000 Chinese residents live across 210 municipalities, representing over 16% of the total foreign population and one of the most prevalent nationalities in the region (Regione Toscana 2023). This contribution presents findings from Subproject 3 of THE (Tuscany Health Ecosystem) – Spoke 3, which investigates foreigners’ attitudes towards the Italian public healthcare system and their interactions with medical personnel. The study first provides an overview of formal and informal Language and Cultural Mediation (LCM) practices in Tuscan healthcare settings. It also reviews specific programs aimed at promoting professional mediation, including initiatives implemented in other Italian regions, evaluating their success and effectiveness. The core findings are based on a questionnaire administered to 208 Chinese-speaking patients who interacted with the Tuscan healthcare system. The survey was designed using the *Wenjuanxing* 问卷星 platform² (Bing and Brown 2018) and distributed mainly via WeChat in 2024 to Chinese-speaking residents with prolonged experience in Tuscany. The questionnaire aimed to examine the types of mediation available to Chinese patients in healthcare settings and to assess their attitudes and perceptions regarding these services. The contribution presents quantitative results from data collection, followed by a statistical

¹ The current contribution is the result of a joint work of data collection and analysis. Andrea Scibetta wrote section 2.2 (Analysis of gathered data and preliminary implications). Sabrina Ardizzoni wrote 1.1 (Population of Chinese speakers in Tuscany) and 3 (Conclusions). Together, Scibetta and Ardizzoni wrote sections 1.2 (The macro-research context: the Project “THE PNRR – Spoke 3” and research conducted by Subproject 3) and 2.1 (Objectives, methodology and questionnaire design).

² <https://www.wjx.cn/>. Retrieved Nov. 3rd, 2025.

analysis of heterogeneous attitudes towards mediation services according to age, gender, and length of residence in Italy. Results confirm the importance of LCM, including for long-term residents, while also highlighting the widespread use of informal mediation and language brokering alongside professional services. The study ultimately examines the differing impacts of formal and informal mediation on Chinese-speaking patients in Tuscany, with the goal of informing future interventions to strengthen this essential service.

Keywords: language and cultural mediation (LCM); Chinese; healthcare settings; Tuscany.

1. Introduction

1.1 Population of Chinese speakers in Tuscany

As noted in both Italian and international literature, the Chinese diaspora is marked by strong self-referentiality and internal diversity, with second-generation migrants showing a greater propensity to break with tradition (Ma Mung 1994; Marsden 2002; Cologna and Breveglieri 2003; Ambrosini and Molina 2004; Ceccagno and Rastelli 2008). Italy is no exception. According to ISTAT, as of January 1st, 2025 there were 288,661 Chinese nationals in Italy – 142,517 men and 146,144 women.³ This represents a significant increase from 179,549 in 2008.⁴

The most represented age group among adults is 45–49 (15,741 women individuals), while the population sharply declines over age 55, with very few over 60. This reflects return migration plans upon reaching retirement age, typically around 60, when many workers, regardless of pension eligibility, end their employment and return to China. Historically, a key factor in this demographic asset is the wave of labor and family reunification entries in 2002. Laws passed after Act 943/86 acted as pull factors (Pieke *et al.* 2004: 117), and Law 189/2002 facilitated the arrival of minors (ages 3–18) and workers born in the 1980s. This cohort, despite early instability in housing and employment, has since settled and remains active in Italy, now forming the 40–49 age segment of the Chinese-speaking population.

Notably, the gender ratio is nearly balanced, with 67,950 women of childbearing age (25–49). This demographic configuration, according to the data collected in the present research, led to an increased demand for services in gynecology, obstetrics, pediatrics, and child psychology.

Tuscany, with 53,957 residents of Chinese origin, accounts for 16.2% of the total Chinese population in Italy. This presence is highly concentrated in the province of Prato, as illustrated in Table 1.

Most Chinese in Italy originate from the South-Eastern Province of Zhejiang, with a notable increase from Fujian since 2015. Both groups maintain strong kinship ties. A smaller number come from northeastern China, often with weaker social networks and more uniform, lower-class backgrounds.

Since the 1980s – and especially in the final years of the century – segments of the Chinese population in Italy have experienced economic growth driven by entrepreneurial activity in textiles, food services, fashion, and other emerging sectors, becoming increasingly integrated into the local economy (Marsden 2002; Berti *et al.* 2013; Lan and Zhang 2024). Despite this integration, Chinese communities remain marked by internal social stratification, high levels of status and spatial mobility, and predominantly ethnic, hierarchical, and self-contained labor structures. However, younger generations are demonstrating greater openness toward sectors beyond the traditional ethnic economy (Ceccagno 2005;

³ Source: ISTAT on data released by the Ministry of Internal Affairs. Tables (28/10/2025) available at <https://www.istat.it/comunicato-stampa/cittadini-non-comunitari-in-italia-anno-2024/>. Retrieved Nov. 3rd, 2025.

⁴ Source: *ibid.*

2017; Ceccagno and Rastrelli 2008). Wage workers and those in service roles often experience a persistent sense of temporariness, reflected in limited Italian language proficiency (see also Comune di Prato 2024).

Table 1. Chinese residents in Tuscany⁵

Province	%
Prato	63.61%
Florence	18.20%
Pistoia	5.98%
Arezzo	4.81%
Pisa	3.74%
Lucca	3.05%
Livorno	3.10%
Massa Carrara	4,26%
Siena	1.99%
Grosseto	1.54%

Language remains a crucial issue. Chinese serves as both a resource and identity marker. However, work environments dominated by Chinese speakers limit opportunities for full bilingualism, particularly among those over 40. Italian-born or school-age arrivals tend to be more bilingual and maintain transnational ties (Pieke *et al.* 2004; Brigadoi Cologna 2015; 2017; 2023; Pellin 2025). Institutional communication must therefore include translanguaging services in Chinese, both spoken and written. In fact, while translation is a necessary step, it is far from sufficient for effective public service provision; without culturally informed mediation, even accurately translated regulations may fail to achieve the intended outcome. The Tuscan Region has therefore mobilized several tools, starting with WhatsApp, Instagram, and dedicated websites⁶ offering multilingual content, including WeChat for Chinese speakers.

Moreover, healthcare institutions collaborate with agencies like Il Girasole, CoandSo, and Consorzio Metropoli,⁷ to ensure medical interpreting. Most hospitals offer interpreting desks or telephone support with native speakers or trained mediators to assist with translation and appointments.

In addition to formal Language and Cultural Mediation (LCM) services – established through agreements with accredited agencies that ensure the professional training and qualification of mediators – informal mediation practices remain widespread. These often involve family members or individuals

⁵ Source: <https://www.tuttitalia.it/toscana/statistiche/cittadini-stranieri/repubblica-popolare-cinese/>. Retrieved Nov. 3rd, 2025.

⁶ e.g., <https://www2.immigrazione.regione.toscana.it//home/>. Retrieved Nov. 3rd, 2025.

⁷ The above-mentioned ones are private agencies delegated by public institutions in order to organize and manage LCM services addressed to speakers of languages different from Italian.

from the patient's social network, or interpreters without specific training who, while lacking formal credentials, are nonetheless recognized and trusted by local communities. Such informal actors are frequently compensated directly by the patients. This phenomenon, while responding to immediate communicative needs, raises critical issues concerning the quality, accuracy, and confidentiality of the information exchanged in healthcare interactions (Baraldi and Gavioli 2016; Antonini *et al.* 2017, among others).

1.2. The macro-research context: Subproject 3 in PNRR THE-Spoke 3

The present study is situated under Spoke 3 of the “THE (Tuscany Health Ecosystem) PNRR (Piano Nazionale di Ripresa e Resilienza – National Recovery and Resilience Plan)” initiative. Spoke 3 pertains to the macro-topic of “Advanced Technologies, Methods, and Materials for Human Health and Well-Being.

The University for Foreigners of Siena participated with a research unit in Spoke 3 (Subgroups 3 and 4) and has conducted a series of studies centered on the overarching theme “Advanced Technologies, Narrative Medicine, and Intercultural Communication”, as noted in other contributions within this issue (Ardizzoni, Aurora, Di Toro, Jung and Kim, Machetti and Peri, Salomoni). This research unit is subdivided into two subgroups: one addressing matters concerning LCM and narrative medicine, and the other dedicated to the investigation and documentation of sophisticated technology applications in healthcare, particularly in East Asia.⁸

The study presented in this article pertains to subgroup 1, wherein Scibetta and Ardizzoni conducted research to enhance understanding of LCM in healthcare environments in Tuscany while also collecting information and data regarding this service, particularly concerning mediation for Chinese-speaking patients.

The principal research inquiries behind Scibetta and Ardizzoni's research where the current study is rooted are as follows:

- How may the subjectivity of the LCM be emphasized within the context of physician-patient interactions?
- What are the perspectives of Chinese patients, mediators, and medical personnel toward the use of mediation in interpersonal interactions within healthcare environments (Albury 2020; Ardizzoni 2025)?
- What effective practices, guidelines, and operational protocols may be discovered and disseminated to health and social workers for effective communication in the presence of mediators (GLI 2014)?

To address the aforementioned research questions, several research initiatives and steps have been undertaken thus far. In 2024, an agreement was

⁸ For further information about research carried out by the unit of the University for Foreigners of Siena within Spoke 3, see *Editorial Introduction* in this issue and https://www.unistrasi.it/1/487/1111205/THE-Spoke_3_Advanced_Technologies_Methods_and_Materials_for_Human_Health_and_Well-being.htm. Retrieved Nov. 3rd, 2025.

signed between the University for Foreigners of Siena and the Hospital “Le Scotte” in Siena to facilitate data collection initiatives inside healthcare organizations. Additionally, a subsequent agreement was reached in 2025 with the Public Healthcare Institution of Central Tuscany, “AUSL Toscana Centro” (AUSLTC, encompassing Florence, Prato, and Pistoia), to enhance data-collection initiatives and to broaden the amassed dataset, particularly concerning Chinese-speaking patients, whose demographic is notably significant in this region.

In addition to the stipulations set forth by these two agreements, Scibetta and Ardizzoni carried out the following research activities:

- Collection of contextual data regarding Chinese patients in Tuscany to obtain an overview of the primary methods through which mutual understanding is established between local healthcare institutions and Chinese patients, particularly concerning on-site, online, and telephone LCM, as well as the written translation of information materials and healthcare protocols and their distribution among Chinese-speaking residents in Tuscany (see 2.1 for further details).
- Semi-structured interviews conducted across various sections and modes (predominantly online, partially on-site) with healthcare mediators. To date, 20 mediators, comprising 18 women and 2 men, along with 3 coordinators/trainers, have been interviewed through semi-structured interviews. The objective is to enhance understanding of their professional profiles, experiences as healthcare LCMs, emotional burdens (refer to Ardizzoni in this issue), and their interactions with medical personnel and patients. The interviewees’ areas of expertise encompass obstetrics and gynecology, pediatric neuropsychiatry, information services, cardiology, oncology, and cancer treatment. The interviews were audio-recorded, transcribed, and evaluated according to the principles of Qualitative Content Analysis (QCA, see Mayring 2019).
- Approximately 30 hours of field observation and audio recordings of mediations gathered in healthcare environments. The recordings have been transcribed, and pertinent passages have been examined according to Conversation Analysis (Sacks *et al.* 1974) criteria, employing the Jeffersonian transcription system to enhance the transcriptions.
- Questionnaires were distributed to medical personnel and mediators engaging with Chinese patients through the SurveyMonkey⁹ platform to enhance comprehension of various interaction methods and misunderstandings between medical staff and the target demographic, considering the mediators’ role.
- Questionnaires distributed to Chinese patients through the portal *Wenjuanxing* 问卷星 (Bing and Brown 2018) sought to collect data regarding their acquaintance with LCM in healthcare contexts and their perspectives on this matter. Further elucidation regarding this final point will be provided in the following sections.

⁹ Source: <https://it.surveymonkey.com/>. Retrieved Nov. 3rd, 2025.

2. The survey conducted among Chinese-speaking patients in Tuscany

2.1. Objectives, methodology and questionnaire design

The main objective of this contribution is to focus on the analysis of data gathered from a questionnaire distributed to Chinese-speaking patients living in Tuscany. This survey represents an essential implementation step of the research on LCM in Tuscan healthcare settings illustrated in 2.¹⁰ The study thus aims to:

- Deliver a comprehensive and data-informed analysis of the awareness among Chinese-speaking patients in Tuscany regarding LCM services offered by local healthcare institutions, with the intent of identifying potential deficiencies in knowledge of or access to these services.
- Investigate the diverse methods whereby Chinese-speaking patients engage with LCM services in healthcare settings, focusing on the coexistence and interaction between formal professional mediation (such as skilled and/or certified mediators) and informal language support, including aid from compatriots, friends, acquaintances, and instances of language brokering (also provided by minors, see Antonini 2010; Ceccoli 2022).
- Evaluate the perceived quality and efficacy of LCM services among the target population, concentrating on patients' satisfaction levels across various healthcare contexts, and investigate perceptions concerning the necessity to reinforce professional mediation in medical interactions.
- Examine the linguistic attitudes and overarching beliefs of Chinese-speaking patients regarding mediated communication in healthcare environments, particularly focusing on their perceptions of the roles and functions of LCMs, as well as how such attitudes influence their interactions with medical staff. This investigation is informed by theoretical frameworks from the literature on language attitudes and attitudes conveyed through language (Baker 1992; Schwarz 2007; Garrett 2010, among others).

The questionnaire was specifically crafted for Chinese-speaking individuals who have resided in Tuscany for an extended duration and have engaged directly with the local healthcare system. The *Wenjuanxing* platform was used for development and distribution, serving as an excellent tool for mobile data collection, especially when shared through applications like WeChat. Considering WeChat's widespread usage among Chinese users both in the People's Republic of China and overseas (Negro and Hu 2022), the platform was selected to optimize response rates and engagement. Data from the *Wenjuanxing* report reveal that more than 90% (190 replies) of the completed questionnaires were submitted through WeChat.

The questionnaire is in Chinese, it consists of 51 items and it was designed to enhance user accessibility and response simplicity. 44 out of the 51 questions

¹⁰ The whole questionnaire can be consulted at the following link: <https://www.wjx.cn/vm/PIIRta6.aspx>. Retrieved Nov. 3rd, 2025.

are close-ended, primarily comprising single-choice and multiple-choice formats. Moreover, seven semi-open questions were incorporated to obtain brief qualitative responses.

The questions are categorized into multiple thematic areas. The initial segment (questions 1–11) gathers demographic data, encompassing respondents' gender, age, birthplace, length of residency in Italy and Tuscany, citizenship status, declared mother tongue, and self-evaluated language and communicative abilities in Italian. The second segment (questions 12–24) examines how respondents have experienced and employed LCM services within Tuscan healthcare settings. This includes inquiries regarding the types of mediation used, preferences for informal vs. formal mediators, healthcare environments where mediation is predominantly required, and the methods of mediation delivery (e.g., in-person, online, or over the telephone). The third segment (questions 25–35) examines the quality and efficacy of communication enabled by LCM services. This encompasses the mediators' capacity to interpret and rephrase technical medical terminology to act as effective intermediaries between patients and healthcare experts. The fourth component (questions 36–39) assesses respondents' overall satisfaction with the LCM services they have experienced, regardless of whether these services were delivered by professionals or informal providers. The fifth section (questions 40–44) examines attitudes and views concerning particular elements of the mediation process, employing Likert-scale answers to assess degrees of agreement with various propositions. The sixth and last segment (questions 45–51) examines expectations for future LCM support in hospital environments, as well as further inquiries concerning perceptions of mediators' abilities and performance.

The questionnaire was disseminated via networks of acquaintances, mediation help desks in the municipalities of Empoli, Fucecchio (province of Florence), and Prato (including the WeChat official account of the Migration Office of Prato municipality); additionally, posters featuring the link and QR code for the questionnaire were printed and displayed in the hospital of Siena.

The aggregate number of questionnaires gathered is 208. Considering that the Chinese population in Tuscany exceeds 68,000 (as indicated in 1), the sample cannot be deemed representative. Nonetheless, this may serve as a foundation to expand the sample and enhance understanding of LCM-related difficulties pertinent to Chinese patients in Tuscany.

2.2. Analysis of gathered data and preliminary implications

The data obtained from the questionnaire were extracted and downloaded from the *Wenjuanxing* platform, facilitating thorough quantitative analysis. Descriptive statistics were first calculated to offer a basic overview of the dataset, subsequently followed by a detailed analysis of key variables pertinent to the research goals. In this contribution, it was decided to focus on descriptive statistical approaches in order to analyze four primary domains.

- The first domain includes the demographic attributes of the respondents, comprising factors such as gender distribution, age groups, length of residence in Tuscany, educational background, and working activities.

- The second domain examines respondents' previous interactions and experiences with LCM services in Tuscan healthcare environments. Special emphasis is placed on respondents' prior decisions concerning the use of LCM assistance, their preferences for specific mediator types (professionals vs. non-professionals, compatriots vs. Italians, etc.), the healthcare settings in which mediation was sought, and the delivery methods of mediation, including in-person, online, or telephone formats.
- The third domain examines the communicative, interactional, and professional competencies demonstrated by LCM providers. This encompasses an evaluation of mediators' ability to elucidate technical medical terminology, to rephrase intricate expressions in a comprehensible language, also using multimodal supports, and to exhibit active listening skills that enhance effective communication between patients and healthcare professionals.
- The fourth domain examines the respondents' attitudes and opinions regarding several aspects of LCM services in healthcare settings. This includes ideas about the significance of mediation as a service, its role in facilitating interpersonal communication, and its function in avoiding misunderstandings and misinterpretations during medical interactions.

Alongside descriptive analysis, the complete dataset was loaded into the SPSS software. Non-parametric statistical tests were employed in order to investigate specific correlations within the data, matching in particular those concerning demographic information and those regarding attitudes towards LCM. In sections 4.1-4.4 the results pertaining to each specified domain will be discussed in a detailed manner.

2.2.1 Demographic data

As illustrated in Fig. 1, of the 208 respondents, 82 identified as male, representing 39.42% of the sample, while 120 identified as female, accounting for 57.69%. An additional 6 participants (2.89%) chose not to disclose their gender.

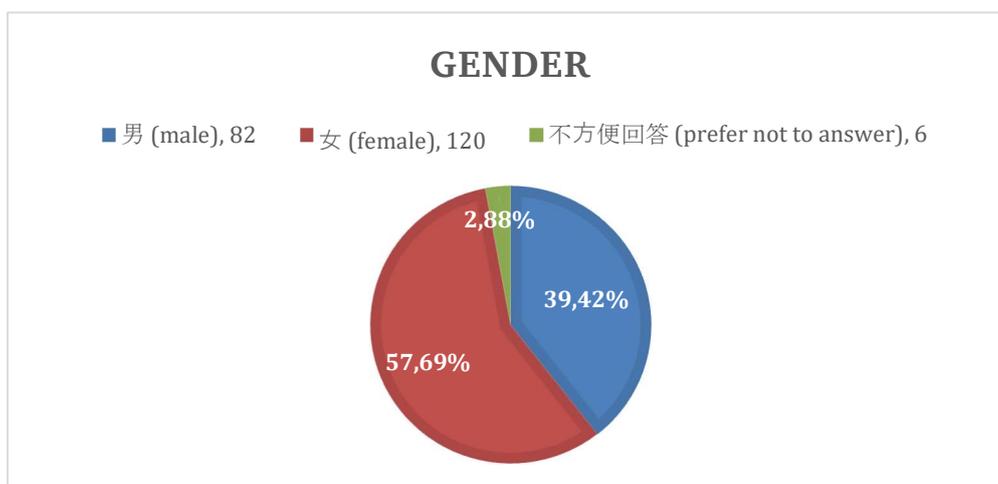


Figure 1. Gender distribution of participants (answers to question 1).

With regard to age distribution (Fig. 2), the most represented age group was that of respondents aged between 35 and 50 years, comprising 116 individuals (55.77%). This was followed by those aged 25 to 35 years (49 participants, or 23.56%), those aged over 50 (31 respondents, or 14.90%), and finally, the youngest adult cohort, aged 18 to 25 years (12 respondents, or 5.77%). It is important to note that participation in the survey was restricted to adults; thus, individuals under the age of 18 were not included in the study sample.

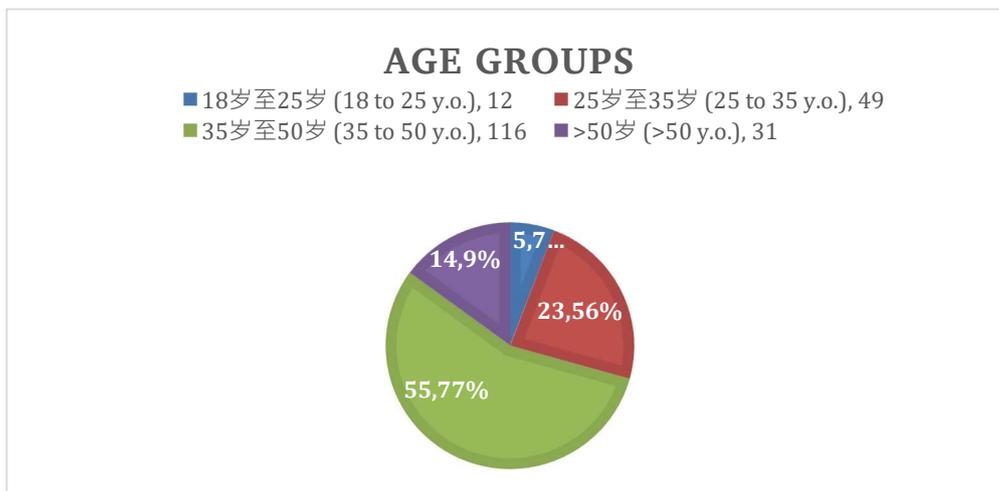


Figure 2. Age distribution of participants (answers to question 2).

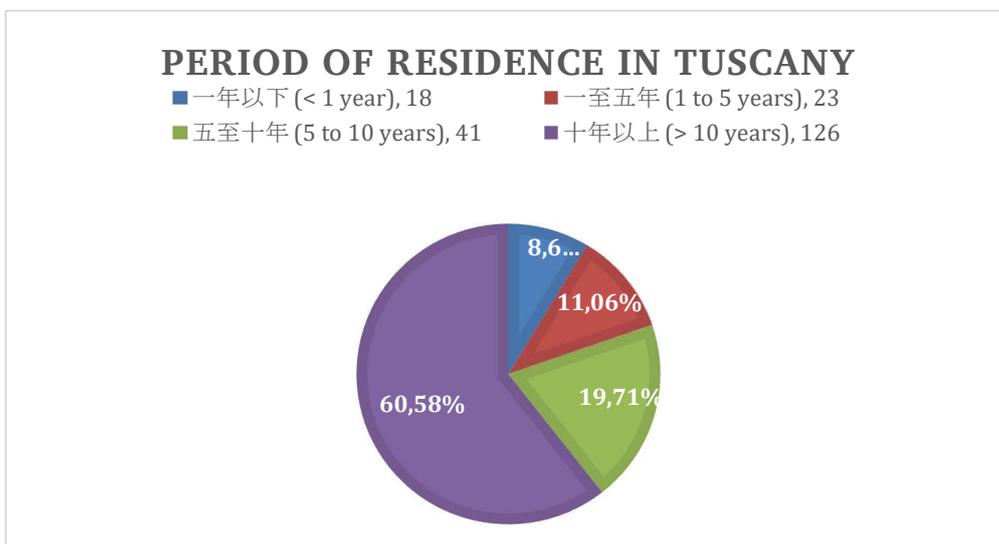


Figure 3. Distribution of participants based on periods of residence in Tuscany (answers to question 6).

Fig. 3 presents data concerning the length of residence in Tuscany prior to questionnaire completion. A noteworthy finding is that the majority of participants (126 individuals, equating to 60.58%) reported having resided in Tuscany for over 10 years. This datum is particularly relevant, as it suggests that LCM remains a relevant and necessary service even for individuals with long-term settlement in the area. Furthermore, 19.71% of respondents indicated a

residency duration of 5-10 years, while an identical percentage (19.71%) reported having lived in Tuscany for less than 5 years, including those who had arrived within the previous 12 months.

Educational background data provide additional insights into the profile of the respondent population. A substantial number of participants ($n = 95$) reported having completed middle school education. High school completion was reported by 51 individuals, while 44 respondents indicated having attained university-level education. A smaller group ($n = 9$) reported primary school as their highest level of formal education.

With respect to occupational engagement, the responses reflect patterns commonly observed among the Chinese-speaking population in Tuscany (Berti *et al.* 2013). A significant proportion of respondents reported employment in the manufacturing sector, particularly within the textile industry. Specifically, 37 individuals referred to themselves using the term *gōngrén* 工人 (worker), indicating employment in factories, while 24 respondents used expressions such as *yīfú* 衣服 (clothing) or *zuò yīfú* 做衣服 (make clothes), denoting involvement in textile production. Additionally, a relevant number of participants ($n = 18$) identified themselves as homemakers or caregivers, using terms such as *jiātíng zhǔfù* 家庭主妇 (housewife), *jiālǐ* 家里 (at home), or *háizi* 孩子 (children), implying their role in domestic care work. Other occupational categories included small business owners or entrepreneurs ($n = 8$), some of whom specified *gètǐhù* 个体户, a term denoting family-run or self-employed enterprises; shop assistants ($n = 8$); teachers ($n = 6$); and students ($n = 5$).

2.2.3 Patients' agency and previous experience with LCM in Tuscan healthcare settings

Answers to question no. 17 (i.e., “*Shì nín zìyuàn qǐng de fānyì rényuán péitóng ma?* 是您自愿请的翻译人员陪同吗? – Did you decide on your own to be assisted by an LCM?”) reveal a roughly equal division between users who actively pursued mediation and those who either did not solicit it or had it organized by the healthcare institution. Specifically, 47.12% of respondents indicated that they willingly opted for assistance by an LCM, demonstrating a clear awareness of the importance of mediation, even if that implied the need to search an LCM on their own.

Simultaneously, 22.6% indicated that the LCM was supplied by the healthcare institution, without any initiative on their part. This datum is interesting, as it underscores that a percentage of users gained institutional support, which can aid in surmounting communicative difficulties. Nevertheless, such a percentage does not appear satisfactory, considering that almost 78% of respondents do not declare to have received this service directly from the healthcare system.

Significantly, 30.29% of participants reported that they did not use LCM. Such an answer can depend on different reasons: respondents might depend on informal interpreters (such as family or acquaintances), believe their language and communicative skills in Italian are adequate, or remain unaware of the existence of such services. In any case, this outcome indicates a possible

deficiency in outreach or service accessibility that may be remedied through enhanced informational campaigns or refined institutional protocols.

Table 2. Answers to question 17 (是您自愿请的翻译人员陪同吗? Did you decide on your own to be assisted by an LCM?).

选项Options	小计Tot.	比例Percentages
是 (yes)	98	47.12%
不·是公共医疗提供的 (no, LCM was provided by the healthcare institution)	47	22.6%
不·我没使用过 (no, I did not use LCM)	63	30.29%
本题有效填写人次 Tot. number of respondents	208	

Question no. 19 asked about participants' preferences in terms of the professional profile of the LCM ("Rúguǒ qǐngguò dehuà, nín xuǎnzé de shì shéi? 如果请过的话, 您选择的是谁? If you chose to be assisted by an LCM, who did you choose?", 159 answers out of 208). The data indicates a significant dependence on informal routes for language and cultural mediation among Chinese-speaking patients. The predominant choice was "friend, acquaintance, or compatriot" (34.62%), suggesting that several individuals like using their social networks (*guanxi* 关系) over seeking professional mediation services.

Table 3. Answers to question 19 (如果请过的话, 您选择的是谁? If you chose to be assisted by an LCM, who did you choose?).

选项 Options	小计Tot.	比例 Percentages
专业翻译 (professional LCM)	49	23.56%
会说意大利语的亲戚 (relative who can speak Italian)	38	18.27%
朋友·认识的人·同乡 (friend, acquaintance, compatriot)	72	34.62%
(空) (no response)	49	23.56%
本题有效填写人次 Tot. number of respondents	208	

Only 23.56% indicated using a professional LCM: such a limited percentage may imply accessibility challenges, or perceived insufficiency of institutional mediation services.

Relatives who speak Italian were chosen by 18.27%, indicating an alternative informal solution that is somewhat less favored than friends and acquaintances, but still related to the domain of language brokering (Antonini 2010) and non-professional mediation, in several cases even carried out by minors.

Table 4. Contingency Table Age group *LCM profile.

Contingency Table Age group *LCM profile						
			LCM profile			Total
			Professional	Relative	Friend	
Age group	18-25	obs.	2	1	3	6
		exp.	1,8	1,4	2,7	6,0
		partial χ^2	0,022	0,114	0,033	/
	25-35	obs.	9	6	12	27
		exp.	8,3	6,5	12,2	27,0
		partial χ^2	0,059	0,038	0,003	/
	35-50	obs.	30	29	43	102
		exp.	31,4	24,4	46,2	102,0
		partial χ^2	0,062	0,867	0,221	/
	> 50	obs.	8	2	14	24
		exp.	7,4	5,7	10,9	24,0
		partial χ^2	0,049	2,402	0,882	
Total			49	38	72	159

Table 5. Contingency Table Period of stay in Tuscany *LCM profile.

Contingency Table Period of stay in Tuscany *LCM profile							
				LCM profile			Total
				Professional	Relative	Friend	
Period of stay in Tuscany	< 1 year	obs.	3	2	10	15	
		exp.	4,6	3,6	6,8	15,0	
		partial χ^2	0,556	0,711	0,471	/	
	1-5 years	obs.	4	2	11	17	
		exp.	5,2	4,1	7,7	17,0	
		partial χ^2	0,277	1,075	1,414	/	
	5-10 years	obs.	6	11	12	29	
		exp.	8,9	6,9	13,1	29,0	
		partial χ^2	0,945	2,436	0,092	/	
	> 10 years	obs.	36	23	39	98	
		exp.	30,2	23,4	44,4	98,0	
		partial χ^2	1,114	0,007	0,657	/	
Total				49	38	72	159

Non-parametric statistical tests (Chi-square test of independence) have been carried out in order to evaluate whether there is a significant association between different age groups/different periods of stay in Tuscany and preference for specific profiles of LCMs. The tests confirmed that there is no significant relationship between the age of respondents and their choice of mediator ($\chi^2 = 4.812$, $df = 6$, $p = .568$). Thus, age does not appear to influence whether a person prefers a compatriot, a relative, or an Italian mediator in this context. The contingency table (Table 4) presents observed and expected frequencies, as well as partial χ^2 contributions for each cell. There is also no statistically significant association between length of stay and choice of mediator ($p = .096$, see contingency table in Table 5).

Responses to question 23 (“*Nín céngjīng shì zài nǎxiē qíngkuàng dédào de fānyì fúwù?* 您曾经是在哪些情况得到的翻译服务? In which contexts have you received an LCM service so far?”, 166 answers out of 208) are also worth mentioning. The response distribution reveals that a relevant part of LCM services is used during medical information encounters (39.42%). This may indicate that patients particularly require/are provided with assistance when comprehending diagnostic or treatment-related information – contexts where linguistic accuracy is essential and misinterpretation might have significant consequences.

Table 6. Answers to question 23 (您曾经是在哪些情况得到的翻译服务? In which contexts have you received an LCM service so far?).

选项Options	小计Tot.	比例Percentages
急诊 (emergency)	66	31.73%
预约 (appointment)	70	33.65%
医疗咨询 (medical information)	82	39.42%
化验、检查 (medical examination, analysis)	72	34.62%
(空) (no response)	42	20.19%
本题有效填写人次 Tot. number of respondents	208	

At the same time, LCM services were frequently documented during medical examinations or tests (34.62%) and scheduled appointments (33.65%), indicating a consistent presence of mediation throughout several phases of outpatient treatment. By contrast, emergency situations exhibit a relatively low access rate (31.73%), potentially indicating practical difficulties in the timely deployment of LCMs in urgent care environments.

Question no. 24 aims at investigating the contexts of interaction where the LCM takes place (“*Fānyì fúwù shì yǐ shénme móshì jìnxíng de?* 翻译服务是以什么

模式进行的? What means was the LCM provided through?”, 166 answers out of 208). The data indicates that in-person mediation is the preferred modality, with 75% of respondents indicating they got LCM services face-to-face. This significant percentage indicates that the Tuscan healthcare system emphasizes direct, on-site mediation, which is generally regarded as the most efficient method for transmitting both language and communicative complexity, as well as emotional tone and care – particularly crucial in specifically delicate healthcare situations.

Table 7. Answers to question 24 (翻译服务是以什么模式进行的? What means was the LCM provided through?).

选项Options	小计Tot.	比例Percentages
当面 (in presence)	156	75%
线上 (online)	18	8.65%
打电话 (on the phone)	50	24.04%
(空) (no response)	42	20.19%
本题有效填写人次 Tot. number of respondents	208	

Telephone interpretation ranks as the second most prevalent mode, reported by 24.04% of respondents. This indicates that, although not the principal approach, phone-based mediation significantly contributes, possibly providing flexibility in circumstances when in-person mediators are inaccessible – such as in smaller facilities, urgent crises, or outside regular hours, or indicating such a means as an additional one preceding or following face-to-face LCM.

Online mediation was reported by merely 8.65%, reflecting a limited adoption of digital or remote platforms despite the technological advancements propelled by the COVID-19 epidemic. This may indicate infrastructural constraints, insufficient training or familiarity, or a preference for on-site interactions in medical settings.

2.2.4. LCMs' communicative, interactional and working skills

As regards question no. 29 (“*Fānyì yuán shìfǒu néng yòng nín de mǔyǔ lái jiěshì zhèxiē shùyǔ?* 翻译员是否能用您的母语来解释这些术语? Did the LCM provide you with translations of technical vocabulary in your language?”, 165 answers out of 208), a significant majority of respondents (74.52%) reported that mediators effectively elucidated technical terms in their native language, indicating a high degree of linguistic proficiency among LCMs and a robust ability to convey complex medical terminology, regardless of the professional or non-professional profile of the mediators. Only 3.85% answered negatively,

indicating that blatant failures in terminology translation appear to be infrequent.

The pronounced preference for in-person mediation shown above highlights the necessity of sustaining and properly staffing this service paradigm. The comparatively low adoption of online mediation indicates a potential area for future enhancement, particularly to bolster accessibility and continuity of care in a hybrid environment.

Table 8. Answers to question 29 (翻译员是否能用您的母语来解释这些术语? Did the LCM provide you with translations of technical vocabulary in your language?).

选项Options	小计 Tot.	比例Percentages
是 (yes)	155	74.52%
否 (no)	8	3.85%
(空) (no response)	45	21.63%
本题有效填写人次 Tot. number of respondents	208	

Table 9. Answers to question 32 (遇到不清楚的词汇时, 为了给您解释这些词的意思, 您是否要求翻译员重复、写词或画图案? When you encountered unclear words, did you ask the LCM to repeat, write or draw patterns in order to explain the meaning of the words to you?).

选项Options	小计 Tot.	比例Percentages
是 (yes)	123	59.13%
否 (no)	37	17.79%
(空) (no response)	48	23.08%
本题有效填写人次 Tot. number of respondents	208	

The aim of question no. 32 was to investigate the LCMs' ability to use strategies as well as multimodal tools in order to reformulate particularly important contents (“Yùdào bù qīngchǔ de cíhuì shí, wèile gěi nín jiěshì zhèxiē cí de yìsi, nín shìfǒu yāoqiú fānyì yuán chóngfù, xiě cí huò huà tú'àn? 遇到不清楚的词汇时, 为了给您解释这些词的意思, 您是否要求翻译员重复、写词或画图案? When you encountered unclear words, did you ask the LCM to repeat, write or draw patterns in order to explain the meaning of the words to you?”), 160 answers out of 208). The findings indicate that a predominant portion of participants (59.13%) interacted with the LCM by requesting repetitions, written

clarifications, or illustrations of ambiguous phrases. This signifies a proactive communication strategy, demonstrating a readiness to seek explanation and assure comprehension – essential behaviors for safe and successful healthcare. This reflects the important role of mediators as professional experts in the coordination and negotiation of meanings (Wadensjö 1998) as well as co-constructors of conversational bridges (Scibetta 2022).

Only 17.79% indicated that they did not seek additional clarification when faced with unfamiliar words. This minority may consist of patients who comprehended the explanations, depended on non-verbal signals, or – more troublingly – experienced discomfort or reluctance in seeking clarification, potentially related to socio-cultural or hierarchical factors in medical interactions.

Table 10. Answers to question 33 (翻译人员是否能认真听取您的问题及要，并向医务人员汇报? Did the LCM listen carefully to your questions and requests and report back to the medical staff?).

选项 Options	小计 Tot.	比例 Percentages
是 (yes)	156	75%
否 (no)	8	3.85%
(空) (no response)	44	21.15%
本题有效填写人次 Tot. number of respondents	208	

As concerns answers to question no. 33 (“*Fānyì rényuán shìfǒu néng rènzhēn tīngqǔ nín de wèntí jí yāoqiú, bìng xiàng yīwù rényuán huìbào?* 翻译人员是否能认真听取您的问题及要求，并向医务人员汇报? Did the LCM listen carefully to your questions and requests and report back to the medical staff?”, 164 answers out of 208), a substantial majority of respondents (75%) confirmed that the LCM attentively listened to their inquiries and wishes, effectively conveying them to medical personnel, thereby demonstrating considerable trust in the mediator’s function as a dependable intermediary between patient and healthcare institution. This outcome highlights a crucial aspect of LCM: the ability of active listening (Sclavi 2003), which encompasses both linguistic and interactional competencies.

Only 3.85% responded negatively, indicating that mediators’ failures to report back patients’ contributions to the medical staff were infrequent.

Question no. 35 aims at paying particular attention to the post-mediation phase, when it is possible that patients ask mediators for clarifications and further explanations (“*Yīliáo fúwù fānyì jiéshù hòu, nín shìfǒu yǔ fānyì rényuán miàntán?* 医疗服务翻译结束后，您是否与翻译人员面谈? Did you talk with the LCM after the mediation?”, 163 answers out of 208). A significant 66.83% of respondents indicated that they communicated with the LCM following the conclusion of the mediation, suggesting that the engagement with the mediator

surpassed the formal medical interaction. This presumably indicates a sense of ease, trust, and openness, suggesting that LCMs are perceived not merely as neutral interpreters but also as cultural and interpersonal support figures. At the same time, this may imply a sense of uneasiness in speaking out in the presence of medical staff, which sometimes might be complementary to the fear of losing face (*diū miànzǐ* 丢面子) if asking healthcare personnel for clarifications or repetitions.

Conversely, 11.54% indicated a lack of further discussion, potentially reflecting environments where time limitations or procedural frameworks inhibit prolonged contact. This may as well indicate that certain patients perceived the LCM role as exclusively task-oriented.

Table 11. Answers to question 35 (医疗服务翻译结束后，您是否与翻译人员面谈? Did you talk with the LCM after the mediation?).

选项Options	小计Tot.	比例Percentages
是 (yes)	139	66.83%
否 (no)	24	11.54%
(空) (no response)	45	21.63%
本题有效填写人次 Tot. number of respondents	208	

Table 12. Answers to question 48 (在翻译过程当中，翻译员还用了... During the mediation, the LCM made use of...).

选项Options	小计Tot.	比例 Percentages
纸质工具 (paper tools)	37	17.79%
数字工具(如手机、电脑等) (electronic tools – e.g. smartphone, PC etc.)	111	53.37%
(空) (no response)	60	28.85%
本题有效填写人次 Tot. number of respondents	208	

Lastly, answers to question 48 (“*Zài fānyì guòchéng dāngzhōng, fānyì yuán hái yòngle...* 在翻译过程当中，翻译员还用了..... During the mediation, the LCM made use of...”, 148 answers out of 208) show that a majority of participants (53.37%) indicated that the LCM employed digital resources, such as smartphones or computers, throughout the mediation process. This reveals that technology is integral to the functioning of mediation, possibly for activities such as terminology research, using translation applications or enabling remote

interpretation. Conversely, merely 17.79% of participants reported that LCMs used paper-based resources, e.g. printed glossaries, visual aids, or written explanations. The shift from the use of paper tools to digital ones may suggest a transition towards more dynamic and adaptable digital strategies.

2.2.5 Attitudes towards and evaluation of LCM

Answers to question no. 38 (“*Duìyú fānyì fúwù nín gǎndào mǎnyì ma?* 对于翻译服务您感到满意吗? Are you satisfied with the LCM?”, 162 out of 208) reveal that a majority of respondents (56.73%) reported satisfaction with the LCM services provided. A further 14.9% indicated “fairly satisfied,” implying a predominantly good experience. In total, more than 71% of respondents provided a positive or moderately positive evaluation. This constitutes a robust affirmation of the mediators’ function in enhancing communication, managing power asymmetries (May 2016) and cultural misunderstandings, and facilitating patient comprehension within healthcare settings.

Table 13. Answers to question 38 (对于翻译服务您感到满意吗? Are you satisfied with the LCM?).

选项Options	小计Tot.	比例Percentages
是 (yes)	118	56.73%
不 (no)	1	0.48%
一般 (fairly)	31	14.9%
还可以更好 (not really)	12	5.77%
(空) (no response)	46	22.12%
本题有效填写人次 Tot. number of respondents	208	

Conversely, only one respondent expressed discontent, while 5.77% believed the service might be improved. Although this constitutes a low fraction, it is important to acknowledge and rectify the underlying causes – potentially linked to particular environments, insufficient preparation, or interpersonal discrepancies between the patient and mediator. Longitudinal and qualitative studies could be rather helpful in order to deepen the knowledge in this sense.

Question no. 40 is the first of a set of 4 questions investigating patients’ attitudes and beliefs about LCM in local healthcare settings (on the issues of “language attitudes” and “attitudes in language”, see Baker 1992, Schwarz 2007, Garrett 2010, among others). Question 40 requests respondents to express the degree of agreement with the following statement: “LCM is a very important service. However, access to this service is particularly restricted in healthcare settings” (166 answers out of 208). It is important to underline that a notable

41.35% of respondents concurred that LCM is a crucial service but notably deficient in medical contexts, whereas an additional 22.12% totally agreed. Collectively, this signifies a total of 63.47% who recognize the critical importance of LCMs while concurrently voicing apprehension regarding restricted access to these services.

Table 14. Answers to question 40 (您是否同意下面这句话? “口译是一种十分重要的服务。不过, 在医疗方面受到这种服务的机会特别少” Do you agree with the following statement? “LCM is a very important service. However, access to this service is particularly restricted in healthcare settings”).

选项Options	小计 Tot.	比例Percentages
1 (完全不同意) (totally disagree)	15	7.21%
2 (不同意) (disagree)	12	5.77%
3 (无所谓) (do not care)	7	3.37%
4 (同意) (agree)	86	41.35%
5 (完全同意) (totally agree)	46	22.12%
(空) (no response)	42	20.19%
本题有效填写人次 Tot. number of respondents	208	

Conversely, a small minority opposed the notion: 7.21% completely disagreed, and 5.77% disagreed, totaling 12.98% who do not perceive restricted availability or do not regard the service as necessary. A further 3.37% of respondents indicated that they “do not care”, suggesting perhaps minimal personal experience with LCM services. Such data convey a distinct message: while LCM is regarded as an essential service, users perceive access to it as inconsistent or inadequate in healthcare environments.

Non-parametric statistical tests (Kruskal-Wallis) have been conducted through SPSS in order to find any possible significant relationships between different age groups/educational background/period of residence in Tuscany of the addressees and their level of agreement with the statement about limited access to LCM. Results of the Kruskal-Wallis tests confirm that there are no statistically significant differences between age groups ($H(3)=0.106$, $p=.991$, $\eta^2H=.00$)/educational background ($H(5)=3.03$, $p=.696$, $\eta^2H=.00$), or period of residence in Tuscany ($H(3)=5.39$, $p=.145$, $\eta^2H=.015$) regarding their level of agreement with the statement in question 40. Median scores were identical across age groups (Mdn = 4 for all groups), indicating a consistently high level of perceived importance of LCM despite lacking awareness. Median scores were identical also across “period of residence” groups (Mdn = 4 for all groups), indicating a stable perception of LCM importance regardless of length of stay in Tuscany. Lastly, across educational background groups, median responses to Q40

were generally high (Mdn = 4.00–4.50), with a lower median observed in the last educational category (Mdn = 1.00), in line with the non-significant Kruskal-Wallis result.

Question no. 41 asks respondents to express different degrees of agreement with the following statement: “I feel like I communicate better with my doctor after the interpreter service” (165 answers out of 208). A significant 43.27% of respondents concurred with the statement, while an additional 31.73% fully concurred. In total, 75% of respondents indicated a favorable effect of LCM on doctor–patient communication, underscoring the service’s significant use in enhancing mutual understanding.

Table 15. Answers to question 41 (您是否同意下面这句话? “经过翻译服务, 我感觉我和医生沟通得更顺利” Do you agree with the following statement? “I feel like I communicate better with my doctor after the interpreter service”).

选项Options	小计Tot.	比例Percentages
1 (完全不同意) (totally disagree)	2	0.96%
2 (不同意) (disagree)	2	0.96%
3 (无所谓) (do not care)	5	2.4%
4 (同意) (agree)	90	43.27%
5 (完全同意) (totally agree)	66	31.73%
(空) (no response)	43	20.67%
本题有效填写人次 Tot. number of respondents	208	

A mere 1.92% of respondents expressed disagreement with the remark, comprising 0.96% who fully disagreed and another 0.96% who disagreed. This signifies that adverse experiences with LCM are uncommon among the surveyed population. An additional 2.4% expressed indifference, suggesting specific instances when the mediation had no discernible impact, potentially attributable to language proficiency, restricted engagement, or contextual variables.

Collectively, these findings indicate that LCM services are rather effective in fulfilling their primary aim, that is allowing and facilitating mutual communication between patients and healthcare personnel.

Also in this case, Kruskal-Wallis tests have been conducted through SPSS in order to find any possible significant relationships between different age groups/educational background/period of residence in Tuscany of the addressees and their level of increased confidence in better communication with medical personnel. Results of the Kruskal-Wallis tests confirm that there are no statistically significant differences between age groups ($H(3) = 1.59$, $p = .662$, $\eta^2H = .00$), educational background ($H(5) = 5.43$, $p = .366$, $\eta^2H = .003$), or period of residence in Tuscany ($H(3) = 3.16$, $p = .368$, $\eta^2H = .001$) regarding their level

of agreement with the statement in question 41. Median values were homogeneous across age groups (Mdn = 4 for all groups), suggesting comparable levels of communicative confidence attributed to LCM. Median values were largely similar also across “period of residence” groups (Mdn = 4), with the exception of participants residing in Tuscany for less than one year, who reported a slightly higher median score (Mdn = 5). Lastly, median scores were consistently high across all educational background groups (Mdn = 4.00–5.00), indicating a widespread perception of increased communicative confidence associated with LCMs.

Table 16. Answers to question 42 (您是否同意下面这句话? “我旁边有翻译人员的时候, 我感觉医务人员的话也更好懂” Do you agree with the following statement? “I feel that the contents conveyed by the medical staff are also better understood when I have an LCM next to me”).

选项 Options	小计 Tot.	比例 Percentages
1 (完全不同意) (totally disagree)	2	0.96%
2 (不同意) (disagree)	4	1.92%
3 (无所谓) (do not care)	6	2.88%
4 (同意) (agree)	85	40.87%
5 (完全同意) (totally agree)	71	34.13%
(空) (no response)	40	19.23%
本题有效填写人次 Tot. number of respondents	208	

Question no. 42 asked respondents to express the degree of agreement with the following statement: “I feel that the contents conveyed by the medical staff are also better understood when I have an LCM next to me”. 40.87% of respondents agreed with the statement, while an additional 34.13% expressed full agreement. This yields a total of 75% of respondents indicating enhanced comprehension of medical professionals’ communications when aided by an LCM.

Only 0.96% completely disagreed and 1.92% disagreed, totaling a scant 2.88% who did not recognize an advantage. This is a low share, indicating that for nearly all users, the existence of an LCM significantly enhances the accessibility to and clarity of healthcare information. A

Question no. 43 asked respondents to express the degree of agreement with the following statement: “When communicating with doctors, I find the interpretation from my compatriots more reliable than that provided by Italian LCMs”. Specifically, 30.77% of respondents agreed, and 18.27% strongly agreed with the statement. Collectively, this implies that 49.04% (i.e. almost half) of participants demonstrate a distinct preference for native speakers of Chinese,

perhaps owing to shared socio-cultural background, shared language repertoires (i.e., also involving dialects), or enhanced ease in informal interaction and small talk.

Table 17. Answers to question 43 (您是否同意下面这句话? “跟医生沟通的时候, 我觉得同乡的翻译比意大利人的翻译可靠的” Do you agree with the following sentence? “When communicating with doctors, I find the interpretation from my compatriots more reliable than that provided by Italian LCMs”).

选项Options	小计 Tot.	比例Percentages
1 (完全不同意) (totally disagree)	8	3.85%
2 (不同意) (disagree)	23	11.06%
3 (无所谓) (do not care)	30	14.42%
4 (同意) (agree)	64	30.77%
5 (完全同意) (totally agree)	38	18.27%
(空) (no response)	45	21.63%
本题有效填写人次 Tot. number of respondents	208	

Conversely, 3.85% completely disagreed and 11.06% disagreed, for a total of 14.91% of respondents who dismissed the notion that compatriots are more dependable. Their perspectives may indicate trust in the professional expertise of Italian LCMs or perhaps favorable personal encounters with them. Moreover, a significant 14.42% chose “do not care”, suggesting that some users may emphasize the interpreter’s skills and professionalism over their language repertoire or that they perceive no substantial difference among interpreters of varying origins.

Results of the Kruskal-Wallis tests confirm that there are no statistically significant differences between age groups ($H(3) = 4.09$, $p = .252$, $\eta^2H = .007$), educational background ($H(5) = 3.18$, $p = .672$, $\eta^2H = .00$), or period of residence in Tuscany ($H(3) = 1.12$, $p = .772$, $\eta^2H = .00$) regarding their level of agreement with the statement in question 43. Median scores were similar across age groups (Mdn = 4 for the 18–25, 35–50, and 50+ groups; Mdn = 3 for the 26–35 group), indicating broadly comparable levels of trust in compatriot LCMs. Also regarding “period of residence” groups, median scores were consistent across all categories (Mdn = 4), showing no meaningful variation in the degree of trust toward compatriot LCMs. Lastly, comparable median values are shown also across educational background groups (Mdn = 4.00–4.50), suggesting no education-related differences in confidence toward compatriot versus Italian mediators.

Lastly, question no. 44 asked respondents to express the degree of agreement with the following statement: “People who have translated for me so far were professional and clear”. This figure indicates a predominantly favorable evaluation of the professionalism and communicative clarity of LCMs as perceived by respondents. 47.12% of participants concurred with the statement, whereas an additional 15.87% expressed full agreement. Collectively, these two groups constitute 63% of all respondents, establishing a majority that endorses the competence and dependability of the interpreters with whom they engaged.

Table 18. Answers to question 44 (您是否同意下面这句话? “曾经帮我翻译的人员又专业又清楚” Do you agree with the following statement? “People who have translated for me so far were professional and clear”).

选项 Options	小计 Tot.	比例 Percentages
1 (完全不同意) (totally disagree)	3	1.44%
2 (不同意) (disagree)	15	7.21%
3 (无所谓) (do not care)	12	5.77%
4 (同意) (agree)	98	47.12%
5 (完全同意) (totally agree)	33	15.87%
(空) (no response)	47	22.6%
本题有效填写人次 Tot. number of respondents	208	

Conversely, 1.44% expressed total disagreement, and 7.21% disagreed, culminating in a modest yet significant 8.65% who were dissatisfied with the professionalism or clarity of interpreters. This indicates that there is room for variability in service delivery, maybe related to disparities in professional training, LCM setting and degree of complexity, or individual communicative skills.

3. Conclusions

In what follows, we summarize the key outcomes of the investigation, acknowledge its limitations, and suggest potential avenues for future research and practical application.

The general aim of this investigation was to assess the quality of communication between healthcare institutions in the Tuscany region and Chinese-speaking patients, with particular attention to the role of LCM. To this end, a questionnaire in Chinese was distributed through WeChat, in addition to targeted dissemination at key healthcare locations. This approach made it possible to reach a consistent, although limited, sample of respondents of

Chinese origin who had accessed healthcare services. LCM is recognized not only as a communicative support mechanism, but also as a structural determinant of health equity, particularly for linguistically minoritized groups. In the current study, nearly half of the respondents acknowledged the relevance of LCM in their clinical encounters. However, only 22.6% of them reported having actually accessed such a service, despite expressing a clear need for it. Despite an extensive international literature that highlights the importance of LCM in ensuring effective diagnostic and therapeutic relationships, as well as in preventing misunderstandings, medical errors and unnecessary healthcare costs (Jacobs *et al.* 2004; Flores 2006; Listorti *et al.* 2022), the institutionalization of LCM services at the regional level in Tuscany remains insufficiently implemented. The informants who accessed healthcare services with the aid of public language and cultural mediation reported a high level of satisfaction, highlighting both the effective transmission of medical information during consultations and the development of interpersonal trust fostered through the mediation process. Notably, over 66% of participants stated that they had the opportunity to request additional clarifications following their interaction with the physician, often mediated by the cultural mediator. This extended interaction, although beyond the formal scope of LCM as defined by institutional frameworks, positions the mediator as a relational agent who actively facilitates trust and mutual understanding between healthcare systems and migrant communities (Angelelli 2009; Ingleby 2012).

Nonetheless, a significant portion of respondents reported relying on informal mediators – friends, family members, or self-paid interpreters – during medical consultations. This reliance underscores both the fragmentation of access to professional LCM services and the fact that the clinician–patient relationship is often co-constructed through informal and interpersonal networks, especially in the absence of systematized institutional responses (see also Baraldi and Gavioli 2016; Antonini *et al.* 2017).

The perceived professionalism of public LCM providers was broadly acknowledged by patients, who valued not only the mediator’s ability to accurately convey medical terminology, but also their reliability and balanced positioning within the triadic relationship between physician and patient. Patients indicated that they were more likely to seek clarifications, request repetitions, or even ask for written explanations from mediators – requests they would otherwise refrain from directing to physicians, due to language barriers and hierarchical asymmetries in the doctor–patient relationship, as highlighted by previous studies (Baraldi *et al.* 2008, among others).

In general, Chinese-speaking patients expressed a preference for mediators who shared their language and cultural background, regardless of whether the mediator was formally trained or an informal figure such as a relative or community member. However, the linguistic match was not always prioritized over functional competence: Italian mediators who demonstrated communicative sensitivity were also highly appreciated. Above all, patients expressed a strong preference for in-person mediation, viewed as more effective and trustworthy compared to remote or electronic alternatives. Indeed, over 74% of respondents indicated a preference for face-to-face mediation, even in light of

the increasing popularity of telemedicine in China and the use of digital health platforms such as WeChat embedded apps or AI-supported translation apps.

Remote mediation options – via telephone or online tools – were generally seen as secondary or complementary, used mainly in cases of urgency or lack of available mediators (see responses to question 24). Nevertheless, respondents acknowledged the usefulness of digital resources for deepening their understanding of complex medical issues and for clarifying specialized terminology, particularly after initial in-person consultations.

This preliminary analysis highlights both the structural value of LCM and the persistent gaps in service delivery. The data collection phase of this research remains open, with additional interviews being conducted with professional mediators and healthcare staff in order to cross-validate the findings. Further triangulation with institutional datasets and follow-up surveys is underway as part of the broader project.

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