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CHALLENGES IN ENGLISH-ARABIC TRANSLATION OF MEDICAL DOCUMENTS: THE CASE OF A CERTIFIED TRANSLATOR IN OMAN

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ABSTRACT: *The present study aimed to identify the most common challenges encountered by a certified translator in Oman in translating medical reports and to propose remedies for these challenges. The researcher collected archival data from the English medical reports which he himself had translated as a certified translator in the Sultanate of Oman. The researcher examined and analyzed 50 English medical reports and was able to identify common categories of challenges which he himself encountered while translating those reports into Arabic. After carefully examining and analyzing the data, the researcher identified seven major categories to which the challenges he encountered belonged. Those were shorthand, abbreviations, factual errors, spelling mistakes, grammatical mistakes, fragments (incomplete sentences) and inconsistency. These categories represent the findings of this study. The researcher suggested some ways to overcome those challenges and recommended carrying out more studies on the challenges of medical translation to enrich this relatively new field.*

KEYWORDS: Certified translator, challenges, inconsistency, medical reports, medical translation, Oman, shorthand.

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INTRODUCTION

Medical translation is a highly specialized type of translation that requires professional, certified translators to have a significant level of linguistic proficiency but also a deep understanding of medical terminology and concepts (Montalt & González-Davies, 2015). "Medical translators must first master the basics of grammar, syntax, style, and language transfer – not to mention hone their specialization – before incorporating technology into their process" (Boulanger, 2024, p. 65). Certified translators are professional translators who have an official work permit or license to open translation offices and work as translators whose signature and stamp are recognized by government agencies (International Federation of Translators [FIT], 2024). In fact, such translators who work in the domain of medical translation are expected to face enormous challenges that usually stem from the use of specialized, medical terminology, complexity and precision required in medical texts. The importance of accurate medical translation cannot be overstated, as it directly impacts patient care, clinical outcomes, and the advancement of medical research in general (Juckett & Unger, 2014; Brisset, Leanza & Laforest, 2013; Flores, 2005). Medical translation involves translating a wide range of documents such as patient records, medical reports, clinical trial data, pharmaceutical information and educational materials (Montalt & González-Davies, 2015; Byrne, 2006; O'Neill, 1998). Professional translators' main objective of translating medical documents is to make sure that they translate the documents accurately in order to promote understanding among healthcare providers, patients and medical institutions. On the other hand, the inaccurate translation of medical documents can have serious consequences such as misdiagnoses, unsuccessful treatments and legal issues. Therefore, the medical translator plays a vital role in preserving the integrity of medical information while observing and respecting the linguistic and cultural norms of the two languages involved in translation.

The accurate translation of specialized terminology, or medicalese, represents one major challenge in medical translation. In fact, medical terms have distinct meanings which can differ from language to language. Any mistranslation can change the intended meaning and give rise to serious consequences. For instance, the term "angina" in English means chest pain resulting from heart problems. However, in Arabic, the same term may be mistaken for "angina" as in "tonsillitis" (Montalt & González-Davies, 2015). Medical translators should have working knowledge of medical terminology in the source language and target language to avoid such errors. Some recent research works have investigated challenges in translating medical texts from English into Arabic. For example, Alhussaini (2021) found that there were no direct Arabic equivalents to English medical terms and that translators had to use descriptive phrases or coin new terms to solve this problem. This can create inconsistencies and differences in translations, particularly when different translators are involved in translating the same medical terms. In addition, medical documents abound in acronyms and abbreviations which vary from country to country or person to person and may have different meanings in different places. For instance, the abbreviation "BP" which stands for "blood pressure" in the majority of medical texts can also refer to "bipolar disorder." Translators, therefore, should be careful when translating abbreviations.

Cultural differences pose other types of challenges in medical translation because health-related beliefs, practices and expectations can vary considerably between cultures. It is crucial to consider these variations to ensure that their translations are culturally appropriate and sensitive. For instance, the notion of informed consent is understood and applied differently in different cultural contexts, and translators must take such variations into account to deliver

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clear and respectful translations (Robinson, 1997). In English-Arabic medical translation, cultural considerations are particularly vital. Arab culture often places a strong emphasis on family involvement in healthcare decisions, which can influence how medical information is communicated and perceived (Alharbi et al., 2024; Arab America, 2022). Therefore, translators need to be aware of these cultural sensitivities to ensure that their translations are not only accurate but also culture-wise.

Ethical considerations are critical in medical translation as maintaining both confidentiality and accuracy is important to earn clients' trust and respect. Errors in medical translation can carry serious ethical consequences, particularly when translating informed consent forms, patient information leaflets and other medical documents (Dickson, 2024). Such errors can lead to serious issues and result in legal cases, not to mention the health risks which might be encountered by patients. Therefore, translators bear the ethical responsibility of ensuring patient safety and autonomy through precise and accurate translations. Moreover, medical texts contain highly specialized content which requires profound expertise beyond translators' basic medical terminology. For instance, translating descriptions of surgical procedures or pharmacological studies demand comprehensive knowledge of the subject matter. This forces translators to continuously expand their medical knowledge and stay up-to-date with the latest advancements in medicine (Byrne, 2006).

In English-Arabic translation, the technical challenges encountered by translators are heightened by the linguistic differences between the two languages (Badawi et al., 2004; Holes, 2004; Ryding, 2005; Versteegh, 2014). Arabic is a highly inflected language with intricate grammatical structures, and this makes the translation of technical content difficult (Farghal & Shunnaq, 2015). Additionally, the absence of standardized medical terminology in Arabic can result in inconsistencies and variations across translations. Contextual challenges also arise due to the diverse nature of medical texts. Translators must adapt their approach based on whether they are translating patients' records, research articles, pharmaceutical labels or medical equipment instructions. Each type of document has its own conventions and requirements. Thus, translators are required to be versatile in, and knowledgeable about, addressing these differences.

Medical translation is subject to strict legal and regulatory requirements, and these can vary from country to country. If translators fail to comply with these regulations, they can face legal consequences or even put patients' safety at risk. For example, in the European Union, there are strict guidelines governing the translation of pharmaceutical information to ensure it meets safety and regulatory standards (European Medicines Agency, 2014). Translators who work in this field should be familiar with these regulations in order to produce translations that adhere to these regulations. In the Arabic-speaking world, on the other hand, the regulations governing medical translation are less uniform, and this often results in inconsistent translation (Yaseen, 2013). Recent research into English-Arabic medical translation has highlighted the need for standardized regulatory guidelines to ensure greater accuracy and consistency. Moreover, certified translators work relentlessly to meet tight deadlines, and this pressure adds another layer of difficulty to the task. Clients' demand for translation speed and precision can increase translators' stress and cause them to make mistakes. This puts translators face to face with the challenge to maintain balance between delivering translations quickly and ensuring their accuracy.

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As medical translation is complex and challenging, it is crucial that translators should undergo rigorous training and continuous professional development. Although many translators join the field with a background in medicine or linguistics, further specialized training, particularly in medical translation, is both a requirement and a necessity. Here comes the role of professional translation organizations and certification programs to provide translators with specialized training and resources to keep them updated on industry standards and advancements (International Medical Interpreters Association (IMIA), 2015). In the field of English-Arabic translation, there is a dire need for more specialized training programs to deal with the challenges encountered by Arab translators in translating medical texts from English into Arabic or vice versa. In this respect, Mohammed (2022) believed that academic institutions and medical institutions should cooperate to enhance training programs which can help translators gain practical experience and have access to expert knowledge. In addition, when medical translators collaborate with medical professionals, the quality of medical translation will improve because translators will discuss their translation choices with the medical experts before they issue or approve their translations. Thus, the accuracy and reliability of translations produced by medical translators will be enhanced.

This research study aims to explore challenges encountered by a certified translator in the field of medical translation in the Sultanate of Oman, with a focus on the English-Arabic translation of medical reports. By reviewing existing literature and examining empirical data, this study seeks to provide a qualitative analysis of the challenges in English-Arabic translation of medical reports encountered by the professional translator in Oman and suggest ways for overcoming them, while drawing comparisons and contrasts with the previous studies on medical translation between English and Arabic in both directions.

Research Objectives

The study seeks to achieve the following two objectives:

1. To identify the most common challenges encountered by a certified translator in Oman in translating medical reports;
2. To propose remedies for the most common challenges encountered by the certified translator in Oman in translating medical reports.

LITERATURE REVIEW

This section provides a critical review of a selected number of recent and relevant studies available on the challenges encountered by Arab professional translators in translating medical documents from English into Arabic. To begin with, Beddiaf and Aggoun (2023) conducted a small-scale study which aimed at investigating the inconsistency problem of translating medical terms from English into Arabic. The study used a small sample of data and translators and found that different translators translated the same medical terms differently. The study recommended using “standardized translation guidelines and glossaries to ensure consistency and accuracy in translating medical terms” (p. 61). The main goal of the above-mentioned study was to investigate the issue of inconsistency in the target texts and target language, while the present study found inconsistency in two aspects of medical documents which were medical terms and abbreviations in the source documents. As the scope of the present study is different

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from that of the above study, the findings arrived at in both studies varied. Yet, both studies seem to agree on the necessity of using standard, consistent medical terms and consistent translation of medical terms.

Mehdi and Mohammed (2023) conducted a study on the most adopted methods of translating

English medical terminologies into Arabic. They examined 100 English medical terms and their Arabic translations to determine the most adopted method used in translating the terms. They identified four common methods, which were descriptive translation, transliteration, Arabization and literal translation. Their data revealed that the most common translation method was literal translation which the researchers of the above study seemed to favor as well. The above study did not have a literature review section and just focused on the most common translation method used in translating English medical terms into Arabic. The scope and objectives of the above study are quite different from the scope and objectives of the present study. However, both studies focused on the same direction of medical translation which was English to Arabic.

Alasbahy and Shamsib (2022) examined challenges in translating medical terms from English into Arabic and proposed solutions. Various categories of medical terms were analyzed, with pharmacy-related terms excluded. The data included 24 English medical terms and their Arabic equivalents. The findings revealed that translating medical terms presented challenges to both medical students and researchers. The study emphasized that approaches to medical translation from English into Arabic should be more descriptive and adhere to the structure of the Arabic language to resolve inconsistencies in medical terminology. The above study is similar to the current study with regard to the finding of inconsistencies in medical terminology which might confuse translators especially when more than one medical term is used to convey the same meaning. However, the present study analyzed more data than the above-mentioned study and aimed to explore the types or categories of challenges which the translation of medical documents presented to the certified translator and the suggested solutions to these challenges.

Mohammed (2022) carried out a study to investigate the inconsistency of translating medical abbreviations and acronyms from English into Arabic. The researcher examined 18 medical abbreviations and acronyms which were translated into Arabic. The findings showed that those abbreviations and acronyms were rendered into Arabic differently in different translations of the medical documents under study. The study recommended training translators to use consistent, unified translations of common medical abbreviations and acronyms in order to avoid any inconsistencies which might result in misunderstanding of the intended meaning of the acronym or abbreviation. The present study also arrived at a similar finding with regard to translating abbreviations which might stand for different medical cases/conditions with different meanings. The above study aimed at examining the inconsistency of translating medical abbreviations and acronyms, while the present study identified abbreviations as one of the challenges encountered by the certified translator in translating medical documents.

Alduhaim and Alkhaldy (2022) conducted a study on the problems of translating medical terms related to the COVID-19 pandemic from English into Arabic. They aimed to examine four common medical words along with their Arabic translations which came into existence due to the COVID-19 pandemic. The study arrived at the conclusion that most of these words were translated into Arabic using either a descriptive method or Arabicization. The study recommended establishing a consistent terminology base in Arabic to provide equivalents to

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common English medical terms. The above study is different from the present study in terms of scope, objectives and data. The above study focused only on the Arabic translation of only four medical terms related to COVID-19 pandemic, while the present study examined fifty English medical documents to identify the most common challenges in translating these documents into Arabic. However, the general finding of the above study that there is a need for creating a consistent base of medical terminologies in Arabic is in line with one of the findings of the current study.

Alhussaini (2021) carried out a study which aimed to investigate the Arabic translations of English medical reports in Saudi Arabia. The researcher used functionalist theories as the theoretical framework for her study, and she collected her data from three sources: medical reports, interviews and questionnaires. The findings revealed that using Arabic equivalents from English-Arabic medical dictionaries did not help translators to convey medical information to patients and ordinary people. The findings which were obtained from the interviews of the above study showed that translators were obliged to turn to websites or consult physicians to help them find suitable Arabic equivalents to some English medical terms. However, despite the differences between the above study and the present study in terms of scope and objectives, both studies aimed to address challenges encountered by translators in translating medical reports from English into Arabic.

METHODOLOGY

In this section, the researcher provides a discussion of the methodological aspects of his research, particularly data collection and sampling which would help him achieve the research objectives.

Data Collection

The researcher collected archival data from the English medical reports which he had translated as a certified translator in the Sultanate of Oman. It is worth mentioning that the researcher is both an academic with experience in teaching translation and applied linguistics courses at undergraduate and postgraduate levels and a professional certified translator who managed a translation and proofreading office in Nizwa, Oman from 2022 to 2024, prior to joining the Department of English Language and Literature, College of Education in Rustaq at University of Technology and Applied Sciences (UTAS) in September 2024. The researcher examined and analyzed 50 English medical reports and was able to identify common categories of challenges which he himself encountered while translating those reports into Arabic. The distinct categories discussed later were identified and labeled based on their frequent recurrence in the scrutinized medical documents

Sampling

The researcher used convenience sampling when selecting the medical texts for his study because they were given to him by his clients for translation. Fifty medical reports, covering different health conditions and surgical operations, were carefully scrutinized with an eye to identifying the challenges they presented to the translator researcher. It should be acknowledged that convenience sampling places limitations on the generalizability of the study findings. The identity of the patients in the medical reports was not revealed at any stage of

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this research as the scope of the study was limited to identifying challenges encountered by the translator in translating the medical reports from English into Arabic without involving the patients in this study in any way, such as an interview or a questionnaire.

DISCUSSION OF FINDINGS

After carefully examining and analyzing the data collected from the English medical reports, the researcher identified seven major categories to which the challenges he encountered belonged. The challenges identified were shorthand, abbreviations, factual errors, spelling mistakes, grammatical mistakes, fragments (incomplete sentences) and inconsistency. Table 1 below lists these categories with some illustrative examples. A detailed discussion of each of these categories will be provided in the subsequent sections.

Table 1: Challenges in medical reports

Challenge		Examples
1	Shorthand	pt, rt, lt, c/o, h/o
2	Abbreviations	OP, MVC, LOC, RTA
3	Factual errors	57 (55), girl (boy), she (he)
4	Spelling mistakes	withdrowal, patint, refference, dizness, vitaly, refered, deificit, manged, wond, drivoing
5	Grammatical mistakes	vessels injury, the referred rejected, waiting their replay The patient still complain of headache.
6	Fragments	No intra or extra axial hemorrhage. Seen at Nizwa hospital, Dressing done, covered with sterile gauze, cleaned area with normal saline and betadine. Contusion rt shoulder.
7	Inconsistency	MVC, RTA (both mean a car accident)

a. *Shorthand*

The first common challenge which the researcher translator encountered, according to the data, was shorthand or stenography used by the treating physician or the person who wrote the English medical reports. The deciphering of shorthanded words or phrases is not always an easy task as this method of writing is highly personal and follows no universal rules (Sinha et al., 2011). Therefore, professional translators grapple with decoding the meaning of such shorthanded phrases whose translation also takes up much time and energy. Translators usually succeed in providing correct translation for such words by examining the context in which these words are used. Generally, treating physicians use shorthand in writing a prescription manually (Mohammed, 2022). However, all medical reports are now typed rather than manually written, but it is very likely that physicians preparing medical reports use shorthand because they are pressed for time or because they cannot type as efficiently as any professional typist. This represents a new finding arrived at by this research as the studies reviewed in the literature review section did not arrive at this finding. Table 2 below lists a number of illustrative examples of shorthand which the analysis of the data exhibited together with their writing in full and their Arabic translations. To overcome this problem, physicians or staff preparing medical reports are advised to minimize shorthand or to avoid using it altogether.

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Table 2: Examples of shorthand

Shorthand example	Writing in full	Arabic translation
pt	Patient	المريض/المريضة
lt	left	الأيسر/اليسرى
rt	Right	الأيمن/ اليمنى
c/o	complains	يشتكي من
F/U	Follow-up	متابعة
h/o	History	تاريخ
26 olf	26 old female	مريضة بعمر ٢٦ سنة
Hx	History	تاريخ

The last example of shorthand in the above table can particularly be confusing because it can be decoded or interpreted differently. One possible reading can be 26th olfactory receptor.

b. ***Abbreviations***

The second common challenge which the researcher translator faced according to the data was the use of many abbreviations by the treating physician or the person who wrote the English medical reports. The problem with abbreviations is that some abbreviations are not recognized universally (Brunetti et al., 2007) and some refer to different health conditions. In either case, translators should be extremely cautious so as not to translate abbreviations wrongly. In addition, these abbreviations cannot be translated into Arabic as abbreviations because they will not be understood. For example, if "OPD" is translated into Arabic as "أو بي دي", no one will understand what this Arabic abbreviation means. So, abbreviations should be translated as full words, and this means that translators will need more time to translate the documents and the word count of the translated document will increase, which will involve extra charges to be paid by clients. This finding is also a new finding as no study in the literature review section arrived at it. Table 3 below lists a number of abbreviations which the analysis of the data exhibited together with their meaning and their Arabic translations.

Table 3: Examples of abbreviations

Abbreviation	Meaning	Arabic translation
OPD	Outpatient / Orthopedic Department	قسم العيادات الخارجية / قسم العظيمة
MVC	Motor Vehicle Crash	حادث مرور
RTA	Road Traffic Accident	حادث مرور
LOC	Level of Consciousness	مستوى الوعي
ROM	Range of Motion	نطاق الحركة
EMS	Emergency Medical Services	خدمات الطوارئ الطبية (سيارة الإسعاف)
A&E notes	Accident and Emergency Notes	ملاحظات قسم الحوادث والطوارئ
ICD	- Implantable Cardioverter Defibrillator - International Classification of Disease	جهاز مزيل الرجفان القلبي القابل للزرع التصنيف الدولي للأمراض

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The first example in Table 3 above is interesting because the same abbreviation in English can have two different meanings. This poses a real challenge to the translator because he/she has to select one meaning only. A close reading of the medical reports as well as a good understanding of it will guide the translator to the right meaning. The second and third examples (MVC and TRA) both mean one and the same thing. However, only one should be used consistently in the same medical report in order not to confuse the translator or cause him/her to think that these are two different things. The last one in the table (ICD) is confusing as it can have two possible meanings depending on context. This particular idea of consistency was highlighted by previous studies (Beddiaf & Aggoun, 2023; Alduhaim & Alkhaldy, 2023; Mohammed, 2022). To overcome this difficulty, translators should link the abbreviations used in a medical report to their context and try to find their full forms online or in medical dictionaries.

c. ***Factual Errors***

The third most common challenge encountered by the translator which the data also revealed was the existence of factual errors in the medical reports. These errors were made in the gender of the patient, his/her age and the corresponding pronouns related to the patient and the side of the patient's limb (right/left). The most valid explanation for such errors is that the physician who wrote the medical reports was in a hurry and did not focus on the writing. This can be the only possible reason for such errors. Table 4 below shows some examples of factual errors spotted in the medical reports translated by the researcher.

Table 4: Examples of factual errors

Factual error	Correction	Translation
39 years, 38 years	39 years	بعمر التاسعة والثلاثين
Male patient, She	He	هو
Lt shoulder, rt shoulder	right shoulder	الكتف الأيمن
Fracture, no fracture	No fracture	عدم وجود كسر
Miss. Shima ….. he	Miss. Shima … she	الآنسة شيماء .... هي

To fix such errors, the translator had to ask the patient who brought the medical report about the correct information regarding his/her age and health condition. In fact, such errors which show inconsistency and serious discrepancies can have legal consequences for the hospital or health institution which issued the medical reports and the treating doctor if the patient decides to take any legal action. This finding is new and was not highlighted in the literature reviewed earlier. As these errors are made by physicians or medical staff who prepare medical reports, it is advisable that they take extra care when preparing medical reports.

d. ***Spelling Mistakes***

The fourth type of challenge which the examination of the data showed was the permeation of spelling mistakes in the medical reports. Although such mistakes do not usually form any serious threat to the patient, they reflect negatively on the one who typed the medical reports. One possible explanation for such mistakes is that the treating doctor or the one who typed the reports does not have a university degree in English. Another reason for such mistakes can be the speed at which such medical reports are typed and issued. Table 5 lists some of the many spelling mistakes identified in the medical reports.

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Table 5: Spelling mistakes

Spelling mistake	Correction	Translation
In refference	Reference	إشارة لـ
Dizness	Dizziness	دوخة
Vitaly	Vitally	ًحيويا
Deificit	Deficit	عجز
manged	Managed	تدبّر
wond	Wound	جُرح
drivoing	Driving	يقود
Adjaccnet	Adjacent	بالقرب من
Neugh	Enough	بما يكفي
Adviced	Advised	نُصحت
Assiment	Assessment	تقييم
manmgent	Management	علاج
Seat built	Seatbelt	حزام الأمان

A close examination of the spelling mistakes in Table 5 shows that most of the mistakes are easy to correct except for "Neugh" which requires the translator to guess what the right word can be because it does not start with the right, usual letter. Spelling mistakes are a new finding in this study as previous studies reviewed earlier did not mention these kinds of mistakes. This challenge may not be encountered in an English-speaking country where English is the official language because physicians or medical officers in charge of writing medical reports are native speakers of English who are unlikely to make such mistakes.

e. ***Grammatical Mistakes***

The fifth challenge which affects the language and quality of medical reports is the big number of grammatical mistakes which might also reflect negatively on the reputation of both the physician writing the reports and the medical institution stamping them. A close examination of the medical reports collected for this study revealed a big number of grammatical mistakes which might have been made as the physicians most likely wrote the reports in a hurry and under a lot of stress due to the volume of work they had to do daily. Table 6 below lists some illustrative examples of such errors along with their correction.

Table 6: Examples of grammatical mistakes

Grammatical mistake		Correction
1	The patient still complain of headache.	The patient still complains of a headache.
2	Escorted by EMS with history of drivoing electrical scooter got collision with non speedy car since today.	The patient was escorted by an EMS with a history of driving an electrical scooter which collided with a slow car today.
3	He has RT shoulder injury.	He has an injury in the right shoulder.
4	She hit column in the road by her car at 6.50 am.	Her car hit a post on the road at 6.50 am. She hit her car against a post on the road at 6.50 am.
5	She presented injury her head frontal and chin.	She came with an injury in the frontal part of her head and chin.

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6	Sustaining trauma to head, chin and pelvis.	The patient had injuries/wounds in the head, chin and pelvis.
7	No using the seat belt.	The patient was not wearing the seatbelt.

As Table 6 above shows, most of the mistakes were related to the omission of articles and the "s" in the verb for the third person singular subject, using a wrong word, deleting the subject and part of the verb and using adjectives after nouns along with other kinds of grammatical errors. These errors represent a new finding arrived at in this study as the previous studies examined in the literature review section did not mention grammatical errors as some of their findings. The researcher suggests having a proofreader at the medical institutions whose task is to proofread and revise the medical reports before they are issued and officially stamped. This proofreader can be a member of the quality assurance or control committee or team which should be available in every institution to monitor the quality of work. Probably this challenge is not encountered in an English-speaking country where English is the official language because physicians or medical officers in charge of writing medical reports are native speakers of English who are unlikely to make such mistakes.

f. ***Fragments***

The sixth challenge which the analysis of the data revealed was the use of sentence fragments which are incomplete sentences. These fragments might be understood very well by the physician who writes them in the medical reports, but they present a challenge to the translator because he or she will have to add the missing parts in the fragments to the translation so that it will be understood by the target reader who might be the patient, a lawyer or a police officer. Table 7 below lists some fragments identified in the medical reports along with their full sentences.

Table 7: Examples of fragments

Fragment		**Full sentence**
1	Sutures over the forehead and chin present	There are sutures on the forehead and chin.
2	Not using the seat built	The patient was not wearing the seatbelt.
3	Came for medical report	She came for a medical report.
4	c/o rt leg pain with rt ankle pain	The patient complains of right leg pain and right ankle pain,
5	PT involved in rta4 days ago and seen in Nizwa.	The patient was involved in a road traffic accident and was seen four days ago in Nizwa Hospital.
6	After one month can walk without support	After one month, the patient can walk without any support.
7	Came walking full weight bearing	The patient came walking and bearing her full weight.

The above examples of fragments in Table 7 might be readily understood by the physicians of medical officers who produced them. However, when these fragments are translated into Arabic, the translator has to produce full, meaningful sentences in Arabic so that the patient or whoever needs the translation of the medical report can understand what these fragments really

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mean. As the full sentences in Table 7 above show, the additional words or changes made to the fragments are essential to the meaning they intend to convey. This is a new finding which was not reported in the previous studies reviewed in the literature review section. As this challenge is caused by treating physicians or medical staff who prepare medical reports, it is advised that these people avoid using fragments as much as they can. Otherwise, medical institutions should have English proofreaders in place who review medical reports linguistically before handing them to patients.

g. ***Inconsistency***

The seventh and last challenge which was identified in the data was inconsistency of medical terms in the same legal report. This inconsistency may confuse translators when they translate the same report written by the same physician or medical officer. One common example of inconsistency is the use of two abbreviations referring to the same thing in the same medical report. The researcher found MVC (Motor Vehicle Crash) and RTA (Road Traffic Accident) both used together in more than one medical report, although it is advisable that just one of these synonymous abbreviations should be used consistently throughout the same medical report. Another example of inconsistency was the use of two synonyms (stitch/suture) in the same medical report whereas either one should be used consistently throughout the report. This finding is in line with Mohammed's study (2022) and Beddiaf and Aggoun's study (2023) which also showed that inconsistency is a problem encountered by medical translators when they translate abbreviations and acronyms. One more example of inconsistency is the use of the wrong corresponding pronoun. For example, in one medical report, a female patient was referred to as "he", and another male patient was referred to as "she or her". To overcome this challenge, medical translators are required to use the same translation of different abbreviations or acronyms which mean the same, and they should be careful when using corresponding pronouns. In this way, the inconsistency exhibited in the source medical reports will not appear in the translations of the medical reports. It is also the responsibility of physicians or medical staff who prepare medical reports to ensure there are no inconsistencies in the reports before issuing them or handing them to patients.

CONCLUSION

In conclusion, this study has shed light on the common challenges encountered by a certified translator in Oman when translating medical reports from English into Arabic. By thoroughly analyzing 50 medical reports, seven major categories of challenges were identified. These were shorthand, abbreviations, factual errors, spelling mistakes, grammatical errors, sentence fragments and inconsistency. The researcher also offered suggestions for dealing with these challenges. The findings of this study emphasize the need for more standardized practices and greater attention to detail in medical translation to ensure that the information conveyed in the translation is both accurate and reliable. It is also important that translators are aware of medical terminology and language conventions. They should also be provided with professional medical training to stay up-to-date with medical terminology.

In the light of the challenges outlined and discussed earlier, the researcher would like to make some recommendations for both medical translators and health institutions. First, health institutions should develop medical training programs that target the specific linguistic and technical demands of medical translators so that medical documents are written in as clear,

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error-free manner as possible. Second, it is recommended that translators and translation companies adopt advanced translation tools such as computer-assisted translation software, machine translation programs and terminology management systems which help to enhance consistency and reduce errors. Third, health and legal institutions should encourage peer review among fellow translators, language experts and medical experts to improve the quality of medical translation.

With regard to future research, further studies could utilize this case study and its findings by exploring other challenges encountered by certified translators in medical translation for the same language pair or different pairs. Moreover, a larger sample size of medical reports could provide more comprehensive insights into the translation difficulties encountered by certified translators in translating medical documents from English into Arabic or vice versa. In addition, a comparative study using qualitative interviews with translators to understand how to handle specific errors in medical translation, such as gender-based pronoun errors, could also be conducted. Another fruitful area for research could involve investigating the effectiveness of various translation tools and technologies in addressing the challenges encountered by a group of certified translators in Oman or other Arab countries. Other qualitative studies that involve interviews or surveys with certified translators could offer more profound perspectives on the difficulties they face and their strategies for overcoming them. By continuing to explore these areas, future research can contribute to the development of more refined and efficient approaches to medical translation which will improve the quality and reliability of translated medical documents and ensure better patient care across linguistic and cultural boundaries. Finally, there is a need for collaboration between healthcare institutions and professional translators to foster standardized practices which could inspire future research and action.

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COMPETING INTERESTS

I declare that I have no competing interests related to this research or its publication. The entire work and findings presented are solely for academic purposes, without any financial, commercial, or personal associations that could influence the objectivity or integrity of this study.

INFORMED CONSENT

This research did not involve human participants and, therefore, no informed consent was required.

ETHICAL APPROVAL STATEMENT

This research did not involve human participants or sensitive data and, as such, ethical approval was not required.

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