



The Role of Institutional Rules in Translators' Manipulation of Texts: The Case of Patient Information Leaflets in Iran

Katayoon Afzali^{*1}, Atefeh Madani²

¹ PhD in Translation Studies, Faculty of Foreign Languages, Sheikhbahee University, Isfahan, Iran

² MA in Translation Studies, Faculty of Foreign Languages, Sheikhbahee University, Isfahan, Iran

Received: 20 July 2018

Accepted: 06 December 2018

Abstract

Since the emergence of the cultural turn in translation studies, external factors affecting translation have received attention in this field. Macro factors such as culture, politics in target contexts, history, ideological manipulation, and translators' institutional rules have become the concern of translation studies. Considering these factors, the current study aimed to identify the manipulative strategies used by translators in translating patient information leaflets (PILs) from English into Farsi. To this end, 30 parallel corpus of PILs were compared to identify the translation strategies used in them; subsequently, an interview was conducted with 10 administrators of pharmaceutical companies to find out the reasons why these particular strategies were used by translators. The findings showed that translators used three main translation strategies, namely addition, deletion, and transliteration to manipulate texts in the process of PILs translation. The interview results indicated that translators intend to enforce institutional setting rules by adopting these particular translation strategies.

Keywords: Patient information leaflets, manipulation strategies, institutional rules

INTRODUCTION

PILs, which represent the genre of biomedical discourse, are enclosed in medicine packages and provide information on the side effects, the purpose, dosage and storage conditions of the medicine. The predominant function of PILs is to provide information on the likely positive outcomes or side effects of using certain medications (Boudemagh, 2010). Therefore, PILs must be written in the official language of the country where they will be issued. Under the legislation

in force, the translated leaflets should not be short; however, they should be easy to read and understandable to users of any age and gender (Gentiana, Ledjan & Hoti 2012).

Since the emergence of the cultural turn in translation studies, external factors affecting translation have received attention in this field. Macro factors such as culture, politics in target contexts, history, ideological manipulation and translators' institutional rules have become the concern of translation studies (Munday, 2013). The important role of institutions in the study of translations was initially pointed out by Hermans

*Corresponding Author's Email:
k.afzali@shbu.ac.ir



(1985). The study of institutional translation deals with the organizational, structural, relational, ideological or historical aspects of a translating institution, as well as their effect on the process and the product of the translation (Kang, 2014, 141). The translator's institutional rules can be shown in the translator's interpretation and representation of target texts. In this respect, to have desirable results in target cultures, institutions should determine the selection of original texts, the motivations of translators, strategies of translation and the manipulation of the original texts (Lefevere; 1992; Mingjian, 2003). In this regard, Bassnett (1991) states that translation is one of the primary tools available for institutions to manipulate a given society, in order to obtain desirable results in the target culture. In other words, translators are regarded as the manipulating tools for their institutions.

The current study investigated the manipulative translation strategies used by translators in the translation of English PILs into Farsi and the role that institutional rules play in employing these strategies in translation, considering the fact that institutions govern the strategies adopted by the translators. Despite the fact that PILs are the most important sources of acquiring information on medicines for patients, some translators, to enforce the pharmaceutical institutional rules, do not translate the side effect sections of PILs completely; instead they either add or delete some information in them (Jacquemet, 2005). Gentiana et al. (2012) states that under the European Parliament Directives, importers of these medicines are obliged to translate PILs into the official language of the country where the PILs will be issued and are responsible for any changes they incur in the translated PILs.

Most of the studies conducted on translated PILs focused on identifying the strategies and linguistic factors used in their translations. However, these studies have ignored macro factors such as the role of translators' institutions and ideological manipulations which have become the concern of translation studies since the emergence of the cultural turn (Munday, 2016). Trans-

lators manipulate source texts according to institutional rules, in this regard, Bassnett (1991) states that translator's institutions could determine cultural motivations for translation, strategies of translation and the manipulation of original texts. Therefore, any rule can be studied from the point of view of the techniques and strategies adopted by institutional insiders. Given the shift of focus of the cultural turn in translation studies, the current study aimed to first identify the manipulative translation strategies used by translators in translating PILs, and secondly, to identify the roles played by institutional rules in this regard.

Translators and institutional rules

Institutional setting refers to an organization or establishment founded for a specific purpose such as hospitals, banks, universities, etc. In this respect, Davidson (2000: 4) states that "Institutional discourse is defined, in large part, by the fact that institutionally defined goals and institutionally reinforced habits for achieving provide clear signposts on how communication should be and at least to those speakers familiar with the institution in question". Institutional settings are concerned with the notion of dominant ideology (Beaton, 2007). In this regard, Eagleton (1994) considers ideology as a set of erratic strategies to legitimize the dominant power. The notion of institution is a self governing and self constructing entity. Institutions are not closed systems and can be influenced from the outside (Luhmann, 1995). The particular features of an institution do not exist in the walls of a hospital or courtroom. They are constructed by the activities performed by participants that finally bring the institutional setting's agenda into being (Nyroos, 2012). Each institutional setting is associated with certain procedures and frameworks. Different institutions are distinguished by certain features or 'fingerprints' specific to that particular institution (Heritage & Gretbatch, 1991). Heritage (1997: 225) states that "these finger prints are often implemented in the institution in the form of various routines which may be quite simple for repre-

sentatives of the institution to identify, while they maybe experienced as constraining and irksome.”

According to Toury (2012), social systems of the target culture determine the translation strategies employed by translators, and they have to follow what are considered to be the institutional norms. Toury identifies three types of norms: 1) Initial norms which refer to the translators’ decision on adhering to either SL or TL norms; 2) Preliminary norms which refer to translation policy in selecting texts in a specific language, culture or time to be translated; 3) Operational norms which refer to the choice of translation strategies applied by translators. In this relation Toury introduces Matricial norms which refer to omission, addition or relocation of passages. What to say and how to say it are considered as institutional norms (Tracy, 1997). Heritage (1997) defines norms as the perceived normality and claims that norms are the organization of usual actions which are ‘seen’ but are ‘unnoticed’. Regarding the significant role that institutional rules play in translation strategies, a large number of researches have focused on the role that institutional rules play in selecting particular translation strategies by translators. These researches are based on the analysis of authentic materials and view the translation activity as an ideological tool, and focus on different institutional settings such as the asylum process conducted by the United Nations High Commission on Refugee (Jacquemet, 2005), US public and private hospitals (Davidson, 2000), universities (Nyroos, 2012) and European Parliament (Beaton, 2007).

In this relation, Jacquemet (2005) examined the effect of institutional rules on interpreters’ use of translation strategies in the registration of interviews with refugees in Albania. One of the institutional rules prevented refugees from telling their story to save time in interview and avoid the persuasive force of stories. Interpreters played the role of an institutional gatekeeper and did not allow the refugees to tell their stories, in order to enforce the institutional agenda. This act was considered by refugees as a lack of interest in

their unpleasant situation and lack of humanity on the part of the institution.

Davidson (2000) conducted a study in the area of institutional setting in which he examined the linguistic and social role of interpreters in the Riverview General Hospital’s General Medicine Clinic (GMC). Interpreters performed the role of the informational gatekeeper for patients, many of whom were immigrants from the Third World. As the institutional insider, the main role of interpreters was to keep the interview on track and the physician on schedule. Time pressure was one of the factors that created an institutional culture, institutional agenda, and patients were aware that their time was less valuable than the physician’s time. To enforce the institutional agenda, the interpreters performed selective interpretation and often gave their own answers to patients’ questions, in order to save time. Davidson believes that in medical interviews, asking a direct question is assumed to be a threat to the physician’s authority and answering questions by interpreters is viewed as a move to protect the physician and institution’s authority. According to Davidson, the interpreters’ association with the institution is not ethical and is a poor form of interpretation activity that has a negative influence on the law of medical care.

Nyroos (2012) investigated interaction in two different institutional settings: undergraduate tutorials at a university (UTs) and performance appraisal interviews (PALs) in an organization in the financial sector. Two corpora of video recording relating to UTs and PALs formed the data of this study. The data were analyzed in order to shed some light on the relationship between linguistic formats and social actions in each interaction. This study aimed to explore how institutional agendas are enforced and how institutional norms are constructed and arranged by participants in these institutions. The finding indicated that speakers were oriented to particular arrangements in interaction. In other words, certain actions and linguistic constructions forming the institutional norms are more common than others in that particular context. Therefore, participants

select phrases and words that are fitted with that particular institutional setting.

Beaton (2007) examined the effect of simultaneous interpretation on competing ideologies in the European Parliament. The data for this study was a corpus of audio recordings of all European Parliament plenary debates during September 2001. The German to English transcription analyzed was only one hour and 14 minutes. Beaton examined two categories of cohesion: lexical repetition and metaphor string. The struggle between competing ideologies between the European Parliament institutional hegemony and interpreter axiology is shown in the analysis. Beaton concluded that EU institutional hegemony is strengthened by interpreters when the conceptual metaphors string is used as discourse markers in simultaneous interpretation.

As shown in the background of studies conducted on the role of institutional rules, all these studies are based on the analysis of the authentic materials in which the translators and interpreters manipulate the text or statement to align themselves with the institutional settings and enforce the institutional setting rules; however, none of these studies focused on the role of institutional rules on manipulative strategies applied by translators. To bridge this gap, the current study addressed the following research questions: 1) What are the manipulative strategies applied by translators in translating PILs?; and 2) What is the role of institutional rules on the translators' adopted strategies?

METHOD

Corpus

A total of 30 English PILs and their Farsi translations comprised the parallel corpus of this study. The reason for selecting these was that they are prescribed for patients suffering from fatal diseases. These medicines were as follows: Aromestane (Examestene), Osloda (Capecitabine), Osvimer (Glatramer), Imatinib, Restine (Pramipexole), Mebeverine, Memantine, Fingolimid (Fingolid), Pantoprazole, Ketoftalmic, Rinosaltin, Ironorm Capsules, Anestocaine, Betahistine, Beclorhin,

Lansoprazole, Lozar (Losartan), Rinosaltine, Ciprolex, Ventalex, Cortinil, Omperazole, Nasocrom, Motilium, Tamsulosin, Osvix (Clopidogrel), Citalopram (Osaloqram), Temozid (Temozolomid) and Citogan (Mycophenolate).

Procedure

To address the first research question, that is, the types of manipulative strategies used by translators in the translation of PILs, primarily, the principles of grounded theory were applied, and in this relation the model proposed by Wehrmeyer (2014) who applied the principles of grounded theory into translation studies was used. According to this model, the first step in applying grounded theory into translation studies is the design of appropriate instruments to explore expectancy norms which, according to Whermeyer (2014, 378) refers to "implicit constraints or expectations influencing an individual or group." The second step is to construct the tertium comparationis which refers to a set of parameters for comparing ST and TT. According to Wehrmeyer (2014: 378), "since the first and second steps develop simultaneously and dynamically, in order to obtain an initial set of TC variables, a pilot study should be conducted as soon as possible on a sample of target audience respondents based on a single open-ended research question." Accordingly, the general research question asked was concerned with predominant shifts observed in translating PILs. To find the types and levels of shifts, a pilot study was conducted. This was due to the fact that, according to Wehrmeyer, developing the set of expectancy norms can be conducted in three ways: 1) by studying the literature, 2) by studying the translation of similar genres, and 3) by eliciting responses from samples of the target audience. Studying five PILs, as a pilot study, revealed that matricial norms of PILs, in the sense used by Toury, were omission, addition and transliteration, which were also used as tertium comparationis. These categories were also used to construct research interview. The final step of grounded theory is to describe the translation in terms of the set of tertium comparationis variables. There-

fore, 30 English PILs and their translations into Farsi were compared to identify additions, deletions and transliterations and their distributions.

In addressing the second question, i.e., to identify the role of institutional rules on the translators' adopted strategies, an interview was conducted with 10 administrators of pharmaceutical companies: Farabi, Osve, Sina Darou, Amin Pharm, Sohapharma, Kharazmi, Pak-Darou, Samisaz, Tehran darou, and Sobhan Darou. The interview was a structured one in which a set of questions was prepared in advance and asked of the pharmacists and medical translation experts. The reason for selecting this kind of interview was that it provided the researcher with comparable data (Mackey & Gass, 2005). The following questions were asked in each interview:

1. What are the reasons for adding some information to the Farsi translation of English PILs?
2. What are the reasons for deleting some adverse effects in the process of PILs translation?
3. Why is transliteration used in translating the name of fatal diseases?

Finally, all the responses given to the questions by interviewees, were classified, and then the frequency and the percentage of each reason mentioned by interviewees (for adopting a particular translation strategy in translating PILs) were computed.

RESULTS

The findings of the pilot study revealed that translators used three major strategies for the translation of English PILs. The first strategy used by them was addition which refers to adding a unit of meaning to target texts; in other words, information not present in the source text is added to target texts. As shown by Baker (2011), the added unit can be a word, a phrase, or even a clause. The following Farsi translation is an example of addition strategy selected from the precautions section of *Clindamycin* medicine:

(1) Continue the full course of therapy, which may take months or longer.

دقت کنید که طول دوره درمان کامل شود. زیرا ممکن است تا چندماه و یا بیشتر طول بکشد. در غیر اینصورت احتمال برگشت علائم وجود دارد

[Otherwise the symptoms will return].

The sentence in bracket has been added to Farsi translation.

Another strategy used by translators was deletion which refers to leaving out a ST lexical item from the TT. When using deletion strategy, the unit of meaning is completely taken out and is not implicitly present in the receptor language (Schjoldager, 2008). The following sentences illustrate the deletion strategy used by translators in translating the English PIL which was selected from the side effects section of *Osloda*:

(2) Side effects:

Hand-and-foot syndrome, diarrhea, nausea, vomiting, sores in the mouth and throat (stomatitis), stomach area pain (abdominal pain), upset stomach, constipation, loss of appetite, and too much water loss from the body(dehydration) rash; dry, itchy or discolored skin; nail problems; hair loss; tiredness; headache; fever; pain; trouble sleeping; and taste problems.

عوارض جانبی:

یبوست، کاهش اشتها، تهوع، طب، درد شکمی، اسهال، سردرد، خستگی سندروم دست و پا،

As revealed by the analysis, some side effects, such as sores in the mouth and throat, dehydration, nail problems, hair loss, fever, trouble sleeping and taste problems, that patients are likely to face by taking the medicine were deleted from the Farsi translation.

The last translation strategy used by translators in translating English PILs was transliteration which refers to the conversion of source language letters into the letters of the target language (Shuttleworth and Cowie, 2014). This strategy is usually concerned with translating lexical items that do not have equivalents in the target language. This strategy was used by the translator in translating words that are not culture-bound

and have an equivalent in the target language in the following example selected from the administration and dosage section of *Imatinib* medicine:

(3) The recommended dose of imatinib is 400 mg/day for adult patients in the chronic phase of Chronic Myeloid Leukemia (CML).

در فاز کرونيك (سى ام ال) ميزان دوز مصرفي ايماتينيب 400 ميليگرم يکبار در روز مي باشد.

As shown in example 3, despite the fact that Farsi has an equivalent for Leukemia, a transliteration strategy was used in translating this fatal disease to Farsi. Finally, the frequency and percentage of the strategies adopted by translators were computed and their distributions were specified.

Table 1.

Illustrates the distribution of translation strategies used in the translation of different parts of PILs.

Translation Strategy	Part of PIL	Frequency	Percentage
Addition	Dosage and Administration Section	15	19.23%
Addition	Storage Condition Section	9	11.53%
Deletion	Adverse Effects Section	21	26.92%
Transliteration	Therapeutic Indication Section	10	12.82%

Table 1. Distribution of translation strategies used in translating PILs

As shown in Table 1, 19.23% of the total addition strategies occurred in the translation of dosage and administration of medicines into Farsi, and 11.53% of addition strategies occurred in translating the storage condition section of medicines. Overall, 26.92% of the total deletion strategies was found in translating the side effects of the medicines, and 12.82% of all transliteration strategies belonged to the rendering of therapeutic

indication section of medicines to Farsi. An interview was conducted with 10 administrators of pharmaceutical companies that use medical translation experts and pharmacists as translators of PILs in addressing the second question, i.e. to identify the role of institutional setting rules in the translators' adopted strategies. The findings of the interview are shown in Table 2.

Table 2.

The results of analyzing interview questions

Strategy	Reasons for applying translation strategies according to administrators	Number of interviewees' ideas out of ten	Percentage
Addition in Dosage and Usage Section	-To simplify the text for lay people	7	70%
	-To provide sufficiently detailed information on the usage and storage condition of medicine	6	60%
	-To clarify or highlight particular parts of PIL such as dosage of medicine	5	50%
	-To remove ambiguities in administering the medicine	4	40%
	-To assure patients that adverse effects rarely happen to them by adding a modal verb (ممکن) to Farsi translations	6	60%
Deletion in Adverse Effects Section	-To reduce the fear of taking medicine due to its adverse effects	6	60%

Table 2. Interview results

To sum up, the collected data were analyzed to identify the translation strategies employed by translators in translating English PILs. The employed strategies were identified as addition (19.23%) in the dosage and administration section of PILs, 11.53% in the storage condition section of PILs, deletion (39.74%) and transliteration (19.23%). As shown in Table 1, addition has the highest while transliteration has the lowest percentage of the occurrence of total strategies in Farsi translations. Based on the outcomes of interviews, 70% of interviewees stated that translators attempt to simplify the text for lay people by using the addition strategy in translating English PILs, and 60% of respondents believed that by using this strategy, translators try to give sufficient detailed information on the usage and storage conditions of medicine to patients. In total, 60% of interviewees assumed that by deleting the side effects in translating PILs, translators try to reduce the fear of taking consumed medicine due to its adverse effects on patients. The result of the interviews also showed that 70% of interviewees believed that by using transliteration in translating the name of fatal diseases, they keep the patients unaware of being stricken with known fatal diseases.

DISCUSSION

The main purpose of this study was to identify the translation strategies used in the translation of PILs and the role played by pharmaceutical rules in this relation. The translator's institutional rules are usually reflected in the selection of the original texts, the motivations of translations, the strategies of translations and the manipulations of the original texts (Mingjian, 2003). As shown in this study, the analysis of the collected data revealed that addition (41.02%), deletion (39.47%) and transliteration strategies (19.23%) are among the most frequent strategies used by pharmacists and medical translation experts in the translation of English PILs.

Addition strategy refers to adding a unit of meaning, i.e. information that is not present in the source text, to the target one. According to Baker

(2011), translators frequently use this strategy to facilitate the understanding of a text. Sometimes, this strategy can be used as a manipulative instrument for institutions to achieve a certain purpose. Data analysis shows that 30.76% of all the cases of addition occur in the translation of sections related to dosage and storage conditions of the medicines which are concerned with use instructions and storage conditions of medicines. As indicated by the final results of the interviews, 70% of interviewees, in this case pharmacists and medical translation experts, claimed that by using the addition strategy in translating PILs, translators intend to simplify the text for lay people and give sufficient detailed information on the usage and storage conditions of medicines to patients. For instance, in the following sentence, the strategy of addition was used by the translator in translating the dosage section of the medicine:

(1) The usual starting dose of Lozar is 50 mg once daily (Lozar/Losartane).

مقدار و نحوه مصرف دارو:

مقدار مصرف هر دارو را پزشک تعیین می کند ولی

مصرف مقدار مصرف معمول این دارو به قرار زیر است:

دوز اولیه: مقدار مصرف معمول این دارو در شروع

درمان 50 میلی گرم یک بار در روز می باشد.

By adding the underlined sentence in the Farsi statement, [the doctor decides the dosage of this medicine, but the usual dosage of this medicine is as follows], patients are asked to follow the doctor's prescriptions. Pharmacists stated that by adding this statement to the Farsi translation, the pharmaceutical institution transfers the responsibility of any likely inconvenience to the doctor in the case of an overdose.

The following sentence [so keep it away from heat] illustrates the addition strategy used by the translator in translating the storage section of the medicine:

(2) This solution is flammable. (Clindamycin)

این دارو قابل اشتعال است بنابر این از حرارت و شعله

دور نگه دارید.

[This solution is inflammable, so keep it away from heat]

Pharmacists believe that PILs must be written

in a clear and understandable language for lay people. By adding this statement to the Farsi translation, the translator wants the information on the optimal conditions for preserving the medicine to be as clear as possible. In some cases, the addition strategy was used to clarify the information for lay people. For instance, in the following example, the underlined sentences have been added to the Farsi translation [Every medicine, in addition to positive effect might cause some side effects. Although in the majority of cases these symptoms do not appear, in case of any appearance of these symptoms visit your doctor].

(3) Diarrhea, abdominal or stomach pain, arthralgia, increased or decreased appetite, nausea, vomiting, anxiety, constipation, influenza – like syndrome, increased cough, mental depression, myalgia, ulcerative colitis, upper respiratory tract inflammation or infection (Motilium).

عوارض جانبی :

هر دارو به موازات اثرات درمانی مطلوب ممکن است باعث بروز برخی عوامل ناخواسته نیز بشود. اگر چه غالب اوقات همه این اثرات ظاهر نمی شوند اما در صورت بروز هر کدام بلافاصله به پزشک اطلاع دهید:

کاهش اشتها، تهوع، استفراغ، اضطراب، بیوست، افزایش سرفه، افسردگی روحی، اسهال، درد معده، درد عضله، عفونت و التهاب قسمت فوقانی تنفسی.

Pharmacists believe that by adding these statements to the Farsi translation, especially by adding the modal verb (ممکن) [probably] to the Farsi translation, patients may think that these adverse effects rarely happen, and they will not experience these side effects. Therefore, these statements put patients in a secure position and lower their level of stress.

Deletion is another strategy used by translators, in which the unit of meaning is completely omitted and is not implicitly present in the target language. According to Baker (2011), translators often omit the ST word or expression to avoid redundancy or awkwardness in the TT. In total, 39.47% of all the cases were translated using this strategy. As revealed by the analysis of the data, 26.92% of deletions occur while translating the side effects of the medicine to Farsi. Interviewees (60%) believed that by deleting some side effects

in translating PILs, translators try to reduce the fear of taking the consumed medicine due to its adverse effects in patients. The following example illustrates the deletion strategy used by translators in translating the side effects section of medicine:

(4) Adverse reactions occurring in at least 3% of patients with early Parkinson disease (PD) (without levodopa) included the following: abdominal pain; abnormal vision; amnesia; angina; anorexia; anxiety; arthralgia; asthenia; back pain; bronchitis; chest pain; confusion; constipation; dehydration; depression; diarrhea; dizziness; drowsiness (Restine).

عوارض جانبی:

دیسکینزی، خواب آلودگی، بی خوابی، تهوع، کاهش فشار خون وضعیتی، خستگی یا ضعف غیر معمول.

The underlined side effects of the medicine were deleted in the Farsi translation. Pharmacists and translators believe that the list of adverse effects of the medicine can frighten patients and make them avoid such medications. Therefore, some side effects were omitted in Farsi translations.

Transliteration is the last translation strategy used by translators in translating English PILs and was used in 19.23% of all cases. Transliteration refers to the conversion of source language letters into the target ones. As the data analysis shows, 12.82% of transliterations occur in the translation of therapeutic indications of medicine to Farsi. Therapeutic indications refer to the conditions for which the medicine is authorized. The outcomes of interviews revealed that 70% of interviewees stated that the reason for using transliteration in translating the name of fatal diseases is to keep patients unaware that they are suffering from certain fatal diseases. The following example is a case in point:

(5) Treatment of advanced breast carcinoma in postmenopausal women whose disease has progressed following tamoxifen therapy (Aromestan).

موارد مصرف:

درمان کارسینوم پیشرفته پرست در خانم های سنین منوپوز که بیماری آنها بعد از درمان با تاموکسیفن پیشرفت نموده است.

In this case, “breast carcinoma” was transliterated, although there is a Farsi equivalent for these words. Pharmacists and medical translation experts believe that the knowledge of fatal diseases lowers the morale of patients. Therefore, the use of transliteration strategy keeps patients unaware that they are suffering from a fatal disease. Data analysis revealed that a variety of strategies are applied by translators in the manipulation of PILs. According to Xianbin (2007), translators manipulate the source texts to meet the requirements of their institutional rules. To this end, translators select phrases and words that are fitted to the institutional setting rules and regulations.

CONCLUSION

The aim of the current study was to investigate the translation strategies used by translators in translating English PILs and the role that institutional setting rules play in this relation. The findings of the study showed that pharmacists and translators employ three main translation strategies including addition, deletion and transliteration in translating PILs to manipulate the text. Through the use of these strategies, translators and pharmacists intend to fulfill the requirements of institutions and align themselves with them. As stated by Jacquemet (2005), translators play the role of institutional gatekeeper that try to enforce the institutional agenda. He also emphasized the power of the institution in determining the translation strategies adopted by translators. In pharmaceutical institutions, the rules that pharmacists and medical translation experts should apply in translating PILs are set by the administrator of the institution. These governing rules are not written rules; administrators of the institutions always introduce these rules verbally to the medical translation experts and pharmacists responsible for translating PILs.

These rules are concerned with simplification of translated PILs for lay people, reducing the fear of taking consumed medicine due to its adverse effects in patients by deleting some adverse effects or adding modal verb (e.g., probably) to

translated PILs, to ensure patients that these adverse effects rarely occur, and transliterating the name of certain fatal diseases to make patients unaware of conditions for which the medicine is prescribed. Hence, translators attempt to align themselves with their institutional settings and tend to strengthen the voice of the institution by fulfilling the institutional rules (Davidson, 2000). Institutional rules are thus part of any institutional setting which indicate when, where and how the rules should be applied by the institutional insiders.

Despite the fact that the function of PILs is to give information to patients to optimize the use of medicines and ensure their effective and appropriate use, translators ignore this function of the texts and prefer to align with the institution for which they work (Raynor & Dickinson, 2009). In view of this fact, the findings of this study can have implications for teaching ethics in translation education classrooms. In this way, translation students can develop an awareness of their impact on society, and how their alignment with the institution for which they work can be detrimental to the patients. Viewing this fact, it is suggested that a future study focus on studying the role of institutional setting rules on the translation strategies used in the translation of other brochures such as beauty products and instruction manuals of electric appliances.

References

- Baker, M. (2011). *In other words: A Course Book on Translation*. New York: Routledge.
- Bassnett, S. (1991). *Translation Studies*. London and New York: Routledge.
- Beaton, M. (2007). Interpreted ideologies in institutional discourse: The case of the European Parliament. *The Translator*, 13 (2), 271-296.
- Boudemagh, W. (2010). The interpreter as institutional gatekeeper: The social-linguistic role of interpreters in Spanish-English medical discourse. *Journal of Sociolinguistics*, 4 (3), 379-405.
- Eagleton, T. (1994). *Ideology*. London and New

- York: Longman.
- Gentiana, Q., Ledjan, M. & Ela, H. (2012). Importance of the enforcement of the law and eu directives concerning translation of pharmaceuticals. *European Scientific Journal*, 8(30), 1-8.
- Heritage, J. (1997). Conversation analysis and institutional talk: analysing data. In D. Silverman (Ed.), *Qualitative Research: Theory, Method and Practice* (pp.1-21). London: Sage.
- Heritage, J. & Greatbatch, D. (1991). On the institutional character of institutional talk: the case of news interviews. In D. Boden & D. H. Zimmerman (Eds.), *Talk and Social Structure* (pp.93-137). Berkeley: University of California Press.
- Hermans, T. (1985). *The Manipulation of Literature: Studies in Literary Translation*. London and Sydney: Croom helm.
- Jacquemet, M. (2005). *The Registration Interview: Restricting Refugees' Narrative Performances*. Manchester: St. Jerome Publishing.
- Kang, J. H. (2014). Institutions translated: discourse, identity and power in institutional mediation. *Perspectives: Studies in Translation Theory and Practice*, 22(4), 469-478.
- Lefevere, A. (1992). *Translation, Rewriting and the Manipulation of Literary Fame*. New York: Routledge.
- Mackey, A. & Gass, S. (2005). *Second Language Research: Methodology and Design*. London: Mahwah.
- Luhmann, N. (1995). *Social Systems*. California: Stanford University Press.
- Mingjian, Z. & Tian Y. (2003). On the subjectivity of the translator. *Chinese Translators Journal*, 1 (2), 19-24.
- Munday, J. (2013). *Introducing Translation Studies: Theories and Applications*. New York: Routledge
- Nyroos, L. (2012). *The social organization of institutional norms: Interactional Management of Knowledge*. Sweden: Edita vastera Aros.
- Raynor, D.T. & Dickinson, D. (2009). Key principles to guide development of consumer medicine information: content analysis of information design texts. *The Annals of Pharmacotherapy*, 43(1), 700-706.
- Schjoldager, A. (2008). *Understanding Translation*. Denmark: Narayana Press.
- Shuttleworth, M. & Moira C. (2014). *Dictionary of Translation Studies*. New York: Routledge.
- Tracy, K. (1997). *Colloquium: Dilemmas of Academic Discourse*. New Jersey: Praeger.
- Toury, G. (2012). *Descriptive Translation Studies and Beyond*. Amsterdam: John Benjamin Publishing Company.
- Wehrmeyer, J. (2014). Introducing grounded theory into translation studies. *Southern African Linguistics and Applied Language Studies*, 32 (3), 373-387.
- Xianbin, H. (2007). Translation norms and the translator's agency. *Skase Journal of Translation and Interpretation*, 2 (1), 24-29.

Biodata

Dr Katayoon Afzali is an assistant professor in the Field of Translation Studies at the Faculty of Foreign Languages, Sheikhabaee University, Isfahan, Iran. She graduated with a PhD from Isfahan University in the field of Teaching English. She has been teaching Translation and teaching-related courses at Sheikhabaee University as a full-time lecturer since 2002. Her research has embraced translation pedagogy and critical translation Studies.

Email: k.afzali@shbu.ac.ir

Ms Atefeh Madani holds a master's degree in the Field of Translation Studies from Sheikhabaee University, Isfahan, Iran. Her master's thesis is about the role of institutions in translation strategies. The interaction between translation and discourse is an area in which she would like to do more research.

Email: a_madani66@yahoo.com