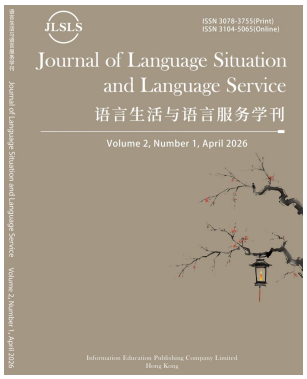


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# Interpreting as Linguistic Entrepreneurship: Migrant Interpreters at a Chinese Border Hospital

**Mengyi Luo, Jia Li, Michelle Mingyue Gu**

**Abstract:** In the context of China's regional integration, China's border provinces become a key site for initiating different forms of multilingual communication. Chinese border hospitals serve an increasing number of foreign migrants crossing the border for medical services, making interpreters essential to healthcare delivery. Based on the ethnographic fieldwork conducted periodically between July 2023 and July 2024 at a Chinese hospital in the China-Vietnam borderland, this study examines how interpreters mobilize their language resources to display their entrepreneurial personhood, how their interpreting skills are appropriated and enacted into the neoliberal logic of human capital development. Drawing on the concept of linguistic entrepreneurship, the study finds that interpreters' multilingual skills in Chinese and Vietnamese help them secure a profitable job, expand their transnational networks and increase Chinese hospital revenue. Findings also reveal that interpreters actively seek to enhance their interpreting skills to adapt to various demanding jobs by strategically investing on the medical terminology, displaying their basic understanding of medical knowledge and managing their emotional labor. Despite their self-investment and self-regulating strategies, their transnational aspirations and entrepreneurial identities are largely structured by their lack of symbolic capital, gendered trajectories and asymmetries in healthcare communication. This study contributes to

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the existing scholarship by adding how gendered language practices and emotional labor constrain grassroots interpreters' entrepreneurial agency, thus extending linguistic entrepreneurship theory beyond educational settings into an under-explored but geographically important borderland healthcare labor market.

**Keywords:** Interpreters; Multilingual healthcare communication; Linguistic entrepreneurship; Chinese border hospital

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**标题：**口译即语言创业：中国边境国门医院的跨境口译员

**摘要：**中国区域一体化进程中，边境省份已成为多种跨语言交流的关键场域。中国边境地区的国门医院正为越来越多跨境就医的流动人口提供服务，这使得口译员成为医疗服务中不可或缺的角色。基于 2023 年 7 月至 2024 年 7 月期间在中越边境某国门医院进行的周期性民族志田野调查，本研究考察了口译员如何调动自身的语言资源来展现其企业家特质，以及他们的口译技能如何被纳入市场驱动的人力资本发展逻辑。借助语言创业这一概念，研究发现，口译员掌握的中越双语能力帮助其获得了高收益工作机会、拓展了跨国人脉网络，并提升了该医院的收入。研究还发现，口译员通过策略性地学习医学术语、展现出对医学知识的基本理解以及对情感劳动的管理，主动提升口译技能，以适应高要求的工作。尽管他们采取了自我投资与自我调节的策略，但其跨国职业抱负与创业者身份在很大程度上受制于象征资本的匮乏、性别化的职业发展轨迹以及医疗沟通中的权力不对称。本研究将语言创业理论从教育领域拓展至一个尚未被充分探索但具有重要地理意义的边境医疗劳动力市场，不仅丰富了现有学术案例，更通过揭示性别化的语言实践与情感劳动如何限制基层口译员的创业能动性，为语言创业理论提供了新的批判性视角与理论贡献。

**关键词：**口译者；医疗健康；语言创业；中国国门医院

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## 1.Introduction

In the context of China's global development and regional integration, China's border provinces have witnessed an increasing number of foreign migrants seeking healthcare services. This is particularly true in Yunnan, China's Southwest province bordering Vietnam, Laos and Myanmar. In 2024, more than 20 Chinese border hospitals have been established in Yunnan to serve cross-border patients (Beijing Daily News, 2024). The border hospitals function as crucial public healthcare institutions facilitating the joint prevention and control of infectious diseases, promoting traditional Chinese medicine, and enhancing regional medical cooperation (Yunnan Net, 2024). Given the multilingual phenomenon of China's border regions, Chinese border hospitals are emerging as a key site for investigating how interpreting becomes a key site for catering to local and transnational people in their access to healthcare resources.

With the increasing presence of China's global status, more and Chinese scholars have started to focus on language-related studies (Wang et al., 2016; Zhang et al., 2020; Teng & Wang, 2025). Most studies tend to focus on the experimental pathology or discourse analysis (Ma & Jin, 2021; Yao et al., 2017; Wang, 2024). While delving into the language used in the doctor-patient communication, the existing studies seem to overlook the broader social-linguistic contexts. Geographically, the existing research predominantly centers on developed cities in China (Li & Gong, 2015), yet research on cross-cultural and cross-border language services in these areas is scarce. This gap means that research has failed to capture the complexity of multilingual healthcare communication in the under-explored regions including borderlands. This scarcity stands in stark contrast to the fact that hundreds of thousands of foreign migrants cross the border (Hekou Immigration Inspection, 2025) and seek medical help at China's border hospitals. In addition to geographical context, this study aims to contribute to the existing scholarship by adding how foreign migrants' language practices are mediated by multiple forces that shape their entrepreneurial agency and upward mobility.

To address the research gap, the present study explores the experiences of a cohort of interpreters in a Chinese border hospital, focusing on how they employ their linguistic repertoire to convert various forms of capital and what tensions emerge in their practice. The study was guided by the following three research questions:

(1) How do interpreters draw on language-related resources to maximize their values and showcase their

entrepreneurial personhood in the China-Vietnam borderland?

(2) How are their language capacities appropriated into the neoliberal logic of healthcare development?

(3) What are the tensions embedded in the process of their interpreting practices?

Answers to these questions can advance healthcare equity for cross-border populations and inform policymakers, healthcare practitioners, and language service providers working toward inclusive healthcare communication along China's borders.

## 2. Literature Review

Traveling abroad for medical treatment has become a distinct manifestation of the international commodification of health (Hopkins et al., 2010; Whittaker & Chee, 2015). Existing sociolinguistic research has explored medical tourism across various national contexts, featuring a global pattern where northern countries cater to wealthy international patients while southern destinations offer value-for-money propositions (Connell, 2011, 2013; Muth, 2015; Smith & Puczkó, 2014). In recent years, the role of language within the medical settings has gained increasing attention in contemporary health systems (Blumczynski & Wilson, 2022; Declercq & Federici, 2020; Liu & Cheung, 2022). In the globalized healthcare market, language has moved beyond its role as a neutral communication medium. Heller (2003) argues that language has undergone the "commodification" process, transforming into a quantifiable economic asset. Paradoxically, the commodification of multilingualism, marketing language as a service, is inherently double-edged. Although it is framed as a tool for inclusivity and market expansion (Connell, 2013), it can simultaneously reinforce and exacerbate structural inequalities. Scholars like Cho (2023) has highlighted the disparities in interpreter availability between the urban and rural hospitals in Australia, where under-resourced regions suffer from a lack of adequate language support. Moreover, Cho (2022) noted that power asymmetries in medical settings further limit interpreters' agency, describing how interpreters working between English and Swahili often defer to doctors' authority, thus reinforcing institutional hierarchies. Unlike the urban–rural divides or interpreter–doctor hierarchies in other contexts, the institutional context of Chinese border hospitals can generate unique dynamics which existing models of medical interpreting inequality do not fully capture.

What makes these dynamics unique becomes clearer when we distinguish cross-border medical service from conventional medical tourism. Compared to transnational migration for medical treatment, cross-border medical mobility is more substantial due to geographic proximity. Along the US-Mexico border, proximity and cost-effectiveness are the main reasons to drive cross-border medical travel (Clement et al., 2024; Horton & Cole, 2011). A similar phenomenon is observed along China's borders, where an increasing number of foreign migrants cross into China to seek medical treatment at its border hospitals. For instance, along the China–Laos border, Mengla County in Xishuangbanna has seen a rising cross-border medical appeal, with the number of Laotian patients treated in local medical institutions reaching almost 13000 in

2025 (Xinhua News, 2026). A similar trend is seen along the China–Myanmar border, at Ruili City People's Hospital, Myanmar patients account for approximately 20% of annual outpatient volume and 15% of annual inpatient volume, predominantly from northern Myanmar and serving a catchment population of over one million (People's Daily Online, 2020). It is important to note that cross-border medical care at China's border hospitals differs from conventional medical tourism in many ways. Unlike the wealthy patients traveling to Switzerland for high-end medical treatment (Muth, 2018), the majority of patients at Chinese border hospitals are ordinary residents from neighboring countries seeking affordable and accessible treatment for chronic or acute conditions, not for luxury medical services (Li et al., 2025; Zhang et al., 2016). These differences in terms of travelling convenience and daily necessity has important implications for how language services should be designed and assessed in these healthcare settings.

Thus, it requires a closer look at the institutional context in which such services are embedded. Chinese border hospitals refer to the county/city hospitals or township health centers located in China's border regions (Beijing Daily News, 2024). As of 2024, 25 Chinese border hospitals in Yunnan Province have participated in the "Guomen Hospital Alliance," enabling collaboration on infectious disease control and healthcare delivery (Beijing Daily News, 2024). These institutions not only serve as essential providers of medical services for local residents but also shoulder responsibilities for cross-border medical care, joint prevention and control of infectious diseases, and public health emergency response (Yunnan Honghe News, 2024). Furthermore, these hospitals are tasked with engaging in foreign-related medical services for neighboring populations, promoting traditional Chinese medicine culture, and establishing cross-border medical care and joint disease-control mechanisms (Yunnan Net, 2024). Positioned at the forefront of international medical exchanges, such hospitals also play a role in regional diplomacy and international cooperation. Similar cross-border medical mechanisms have also been established along other parts of China's borders (Xinhua News, 2024). Across these facilities, linguistic diversity is an everyday reality—yet how it is managed remains underexplored.

This is particularly evident in China's border province, Yunnan, where Chinese border hospital hospitals serve both indigenous minorities and foreign patients from neighboring countries such as Laos, Myanmar, and Vietnam (Dali Bai Autonomous Prefecture People's Government, 2023). Effective communication thus relies on mobilizing multilingual resources, including bilingual staff and local interpreters (Li et al., 2024). Despite the growing number of foreign migrants seeking medical treatment in this border province, little is known about how language services might facilitate foreign patients' access to healthcare resources. To address this gap, this study examines interpreting practices at a Chinese hospital in the China-Vietnam borderland where six interpreters have been recruited as full-time workers and where interpreters have made use of multilingual resources to enhance their interpreting skills while facilitating foreign patients' understanding of Chinese healthcare system.

**3.Linguistic Entrepreneurship as a Theoretical Concept**

The concept of linguistic entrepreneurship was proposed by De Costa et al (2016, 2019, 2021). It is defined as "an act of aligning with the moral imperative to strategically exploit language-related resources for enhancing one's worth in the world." (De Costa et al., 2016, p. 696). It focuses on how language learning is increasingly constructed as a form of entrepreneurship (De Costa et al., 2016). It explores the significance of economic, social, and cultural capital in language learning and use, as well as how individuals can acquire these forms of capital through linguistic entrepreneurship (Wee, 2018). What's more, linguistic entrepreneurship, as the linguistic manifestation of neoliberalism, fosters a particular kind of affective regime, one where individuals are pressed as a moral imperative to adopt attributes of "entrepreneurship, self-reliance, and sturdy individualism" (Evans & Sewell 2013, p. 37). To make it clear, individuals who embark on language learning as a means of entrepreneurial self-development are impelled by the neoliberal imperative of responsibly managing their own market value. Linguistic entrepreneurship describes how an individual's language learning is conceptualized as an external manifestation of an emotional state for "ethical imperative" (De Costa et al., 2016, p. 696). As De Costa et al. point out (2019, p. 388), in the framework of neoliberal ideology, learners feel a sense of obligation to enhance their worth in the market through language learning, treating it as a strategic project for self-advancement. This perceived duty for developing their skills and knowledge in language reflects the neoliberal doctrine that individuals must actively optimize their value within the economic marketplace. This "ethical imperative" embodies the responsibility that an exemplary citizen should have: to manage one's human capital rationally and contribute to society through a conscientious and responsible management approach (De Costa et al., 2019, p. 388).

Research regarding foreign language learning have covered a wide range of languages, critical sociolinguistic scholars have argued that language skills functions as a form of capital which has the potential to be transformed into resources for generating profits (Cameron, 2008; Duchêne & Heller, 2012). Notably, English, given its dominant status in this globalized world, has received particular scholarly attention. As noted by Warriner (2016), the acquisition of English is discursively framed as a ticket of admission for migrants gaining access to the job markets. In South Korea, English is regarded as a necessary skill with substantial economic and social importance with the underlying thought that English proficiency serves as a crucial instrument for invigorating the national economy, improving individual job prospects, and bolstering global competitiveness (Park & Wee, 2012). Apart from English learning, an increasing number of sociolinguistic studies have employed linguistic entrepreneurship as a theoretical concept in various contexts. One of the pioneering projects was conducted by Li & Zheng (2023) who argue that learning Chinese as an international language can generate multilingual entrepreneurship. Other scholars (Yu & Xu, 2024) turn to African students to reveal how learning Chinese might constitute inter-Asia mobility.

In sum, the concept of linguistic entrepreneurship has been increasingly employed in a variety of

national settings. This concept has offered us a useful tool to reveal how language learners/speakers mobilize different resources to enhance their language learning outcome/performance. However, our inquiry seems to confine to university students whereas other language learners' learning trajectories remain largely unknown. This has formed a big contrast with a huge number of language learners/speakers who cross the border and seek their aspirations in a neighboring country. Aligned with the concept of linguistic entrepreneurship, this study selects a cohort of interpreters who have never been to university but who have enhanced their bilingual skills in one way or another to fulfill their cross-border aspirations.

## 4 Methodology

### 4.1 Selection of participants

This study selected six interpreters at a border hospital located in Yunnan province—three Chinese (P2, P3, P4), three Vietnamese (P1, P5, P6) with anonymized names (see Table 1). To gain a comprehensive understanding of hospital interpreting practices, the research also includes a nurse manager and reception desk nurses. The nurse manager provides insights into institutional regulations shaping interpreters' work conditions, while reception nurses, who collaborate closely with interpreters in daily operations, offer valuable perspectives on language use and the interpreters' role in facilitating patient communication and supporting medical services.

Table 1 Background information of participants

| Anonymity | Gender | Age | Nationality | Education | Years of interpreting experience |
|---|---|---|---|---|---|
| P1 | Female | 39 | Vietnamese | High school | 3 Yrs |
| P2 | Female | 43 | Chinese | High school | 2 Yrs |
| P3 | Female | 36 | Chinese | Associate degree | 5 Yrs |
| P4 | Male | 26 | Chinese | Associate degree | 2 Yrs |
| P5 | Female | 32 | Vietnamese | Associate degree | 2 Yrs |
| P6 | Female | 33 | Vietnamese | High school | 3 Yrs |

### 4.2 Data Collection and Data Analysis

This study is based on a large ethnographic project conducted in the China-Vietnam borderland. The authors conducted fieldwork at a Chinese border hospital for two phases. The first visit in July 2023 involved preliminary data collection and built a good relationship with hospital staff. In the more in-depth second phase, the first author obtained the formal permission and worked as a volunteer at the reception desk, thus enabling close engagement with the interpreters and nurses. During the process, multiple forms of ethnographic data were collected, including participant observation, semi-structured interviews, field notes,

informal conversations, multilingual landscapes, and hospital documents. As a volunteer, the first author observed the daily operations and the interpreter-patient interactions. Interviews with interpreters and the head nurse provided detailed insights into their roles and practices. Informal conversations and field notes enriched contextual understanding, while multilingual signage and internal documents illuminated the hospital's approach to translation and cross-border communication, offering a comprehensive view of its linguistic and operational strategies.

To examine how interpreters navigate their multilingual repertoires, this study adopts content analysis, a method well-established in multilingual healthcare research (Li & Zhang, 2024; Li et al., 2026). The analysis was conducted in three steps to extract themes from the raw data. First, an initial review of the entire dataset was performed to identify recurring themes related to the interpreters' experiences. Building on this foundation, a second-round coding was carried out, linking these emergent themes to key theoretical concepts such as "language skills" "entrepreneurial traits" and "social constraints". Finally, in order to provide a structured answer to the research questions, these related codes were synthesized into three overarching themes: (1) "languages and cross-border aspirations" (2) "investments in healthcare communication skills" and (3) "contradictions of linguistic entrepreneurship".

## 5. Findings

### 5.1 Languages and Cross-border Aspirations

#### 5.1.1 Speaking Vietnamese for Employment Opportunities

In this study, both types of interpreters, Chinese interpreters and Vietnamese interpreters, believe that it is useful to transform their bilingual abilities into various forms of capital. For Chinese interpreters, speaking Vietnamese at China's border hospital means job opportunities as the hospital's recruitment announcement for Vietnamese language interpreters explicitly required "fluent Chinese-Vietnamese bilingual oral interpretation skills with preference for candidates who can write Vietnamese" (Hekou County People's Hospital, 2023). Their Vietnamese proficiency thus serves as a valuable form of capital, enabling them to secure hospital positions and facilitating the conversion of linguistic capital into economic capital (Tan & Rubdy, 2008).

However, the aspirations for the interpreters to seek the job are different. P2 and P3 value Vietnamese proficiency for job stability, P2 for balancing work with family responsibilities, P3 for obtaining "bianzhi" (permanent employment). Conversely, P4, who was formerly a nurse, regards language as an investment to establish cross-border networks and future business opportunities, reflecting his linguistic entrepreneurial spirit (De Costa et al., 2016). He reported:

> I had been working as a nurse in the hospital's Traditional Chinese Medicine department until March 2024, after that I transitioned to be an interpreter. In the Traditional Chinese Medicine department, I interacted with many Vietnamese patients and frequently communicated with them in Vietnamese. I realized this was an opportunity for

> me, so I decided to become an interpreter. I see this position as a stepping stone—it helps me practice Vietnamese and allows me to meet more Vietnamese people and build a network. My future plan is to develop my career in Vietnam, so this job is valuable to me both in terms of language skills and career development. (Interview with P4, 25/07/2024)

P4's perception clearly contradicts the views of his Chinese colleagues, who prioritize job security or family concerns. He believes himself as a more aspirational investor, driven by his confidence in the potential of his Vietnamese language ability. These aspirations indicate that how linguistic capital is oriented toward different temporalities of value: immediate security versus potential future benefits.

**5.1.2 Speaking Chinese for Transnational Opportunities**

For Vietnamese interpreters, Chinese proficiency offers access to transnational mobility. P6 has been familiar with Hekou since childhood. She started a business in Chinese, got married there and changed her career to work as a medical interpreter. Her story illustrates how language can both secure livelihood and facilitate settlement.

> I have been coming to Hekou since I was a child because my grandmother ran a business here, selling Vietnamese spring rolls and other food. Every summer and winter holiday, I would come to help her, and it was during these visits that I gradually learned to speak Chinese. After graduating from high school, since I already knew Chinese, I came to Hekou to start a business. I sold things on the street and also opened a small restaurant. My husband is from Hekou, and at the time, he worked as a hotel receptionist. We met when he came to buy food from my stall. Later, P2 learned that I spoke Chinese well, so she introduced me to the hospital to work as an interpreter. I've been living in Hekou for over ten years now, and I have two children. (Interview with P6, 25/07/2024)

Her life trajectory shows that proficiency in Chinese has changed her personal life and professional situation, including her marriage, career and social network.

Another case is P5, who works and organizes cross-border medical tourism activities. As shown in figure 1, She guides groups of Vietnamese patients to China for treatment every day. Her role as the language broker reflects how Chinese fluency enables financial and cross-border opportunities, highlighting language as a bridge to both professional success and cultural integration.

Figure 1 P5 and Vietnamese patients arriving at the hospital[1]

[1] Figures 1 and Figure 2 were photo-taken by the first author during the fieldwork.

Collectively, these cases demonstrate that for Vietnamese interpreters, speaking Chinese facilitates not only employment but also deeper transnational integration and enables cross-border marriage, settlement, entrepreneurship, and economic agency.

**5.1.3 Branding Vietnamese Skills as Institutional Credit**

Beyond individual gain, Vietnamese language proficiency is branded by the Chinese border hospital as an institutional asset. The hospital attracts patients, enhances service quality, and boosts its reputation in a highly competitive medical environment by setting up Vietnamese language signs (Figure 2) and related promotional materials.


Figure 2 The Vietnamese landscape at the hospital

In addition, all the staff are encouraged to learn basic Vietnamese. A head nurse recounts a patient's surprise at being greeted in Vietnamese, she reported:

> One day, I was in the elevator with a very young Vietnamese guy who had probably come here to see the doctor from Vietnam. He saw me greeting a Vietnamese patient in Vietnamese. Then, he asked me how to get to the fourth floor, but he couldn't find it on the third floor. I explained to him in Vietnamese, and he was surprised. He asked, "Why do the doctors here speak Vietnamese?" I replied, "No, I just know a little," and he smiled and said, "How amazing! The doctors at hospital can speak Vietnamese!" I was really happy to hear that. (Interview with the nurse leader, 28/07/2024)

Her experience with the patient proved the hospital's inclusive image. Such interactions help shape the institution's branding image and convert language skills into a marketable trait.

From a more strategic perspective, interpreter like P1 organizes Vietnamese language training for all the medical staff every month, further institutionalizing language learning (see Figures 3 and 4). These measures enable the hospital to have the corresponding capabilities in language and culture which is a useful way to attract cross-border patients.

Figure 3 & Figure 4 P1 is training medical staff for learning medical Vietnamese[1]

In addition, this hospital has developed a "one-stop" service model for Vietnamese patients, covering translation, medical navigation, and administrative support. The interpreter leader, P2, is responsible for coordinating interpretation work and guaranteeing patients to legally stay in China, she needs to handle patients' personal documents and communicates with relevant departments to obtain the official permissions such as "sleep tickets (local term for overnight stay permits for cross-border patients)". These services enhance patient satisfaction to a great extent and strengthen the hospital's institutional image as an international medical center.

> My main work is actually divided into three parts: the first part is Vietnamese interpreting work like everyone else; the second part involves leadership, consultation, and communication with doctors across departments, especially ensuring Vietnamese patients in the inpatient department complete their examinations; the third part is collecting and keeping Vietnamese patients' documents, helping them apply for sleeping tickets, verifying expiration dates, and registering with the Public Security Bureau. (Interview with P2, 25/07/2024)

Therefore, the hospital strategically views Vietnamese language proficiency as an important asset in the highly competitive medical market (De Costa et al., 2019).

To sum up, interpreters in a Chinese border hospital achieve upward mobility by strategically mobilizing their linguistic repertoires to secure stable and full-time positions. Their constant self-investment strategies resonate with the scholarship on linguistic entrepreneurship (De Costa et al., 2016; Li & Zhang, 2020; Yu & Xu, 2024). However, previous studies seem to focus on educational settings, from the perspective of students or lecturers, leaving multilingual migrants' workspace experiences largely unexplored. Our study enriches the understanding of linguistic entrepreneurship by revealing a dual reality for these grassroots migrant interpreters: while they benefit from higher wages and recognition from local healthcare professionals, they are simultaneously regarded as branding capital by the institutions that employ them. This recognition has, in turn, stimulated the local economy by increasing the demand for Vietnamese language services, creating new economic opportunities for local healthcare institutions and for interpreters who leverage their language skills to pursue entrepreneurial ventures. Thus, the demand for language

[1] Figures 3 and Figure 4 were photo-taken by the first author during the fieldwork.

services in this region not only reflects the growing importance of cross-border healthcare but also underscores the broader economic interconnections among healthcare, labor, and entrepreneurship in borderlands.

### 5.2 Investments in Healthcare Communication Skills

#### 5.2.1 Enhancing Vietnamese and Chinese Skills

While language proficiency provides opportunities to employment and financial interest, it is not sufficient on its own in the stratified labor market.

Interpreters at the border hospital continuously improve their language skills to ensure effective communication. For Chinese interpreters, proficiency in Vietnamese, especially medical terminology, is an essential skill. P4, a Chinese interpreter with a background in nursing, is often consulted by colleagues like P3 to explain medical terms.

> P3 will come to me for help if there is anything for medical terminology that she can't translate, because I am a nurse and know more about medical knowledge, and if I know I will explain to P3. (Interview with P4, 25/07/2024)

Similarly, P2, the interpreter team leader, often consults doctors about complex concepts before translating them into Vietnamese.

> When I accompany a Vietnamese patient to the doctor, I can't ask for help, so I usually ask the doctor to explain to me with the medical vocabulary that I can translate, such as what the symptoms are, and which organ about, in this way to explain to the patient (Interview with P2, 27/07/2024)

Chinese language proficiency also cannot be ignored. P6, for instance, independently studies Vietnamese medical terms, creates personal vocabulary lists, and studies in her spare time (Figure 5).

Figure 5 P6 is learning medical Vietnamese words in her leisure time[1]

In addition, P1, a Vietnamese interpreter at the hospital, has worked diligently to distinguish between terms that may be easily confused, such as "rashes"("疹子" in Chinese) and "kidney disease"("肾病" in Chinese).

[1] Figure 5 was photo-taken by the first author with the permission of P1.

She once mistook “疹” (rash) for “真” (truth) and confused “肾病” (nephropathy) with “生病” (being ill) (Field notes, 01/08/2024).

Beyond formal medical terminology, conversational Chinese is also valuable and useful. P4’s relaxed communication style, like joking with acupuncturists or praising doctors in front of patients, have made him popular across departments.

P4 joked with acupuncturists “Boss, I’m here to inspect the work” and complimented doctors in front of patients (Field notes, 26/07/2024).

This proficient mastery in informal communication helps build good relationships with medical staff and patients, making P4 a “model Vietnamese language interpreter” , frequently mentioned in official reports (Figure 6).


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加强“国门医院”建设 提升跨境医疗服务
红河日报 2024年06月27日 李姮睿 王金河
翻译陈太明（中）为越南籍患者（左一）办理住院手续提供帮助

Figure 6 P4’s online report as a role model of interpreter[1]

Interpreters at border hospital continuously enhance both medical terminology and informal fluency, thereby increasing their personal value while advancing institutional service quality and public recognition.

**5.2.2 Displaying Basic Understanding of Medical Knowledge**

For healthcare interpretation, possessing a basic grasp of medical knowledge is the foundational requirement for the interpreters. This rudimentary knowledge enables interpreters to assist patients effectively and collaborate with medical professionals of high quality, this also ensures that the communication exchange is accurate and efficient for contributing to better healthcare outcomes.

A key aspect of medical knowledge is the ability to perform a form of informal triage during initial patient interactions. Interpreters often engage in informal conversations with patients before patients get the medical treatment, this action identifies potential symptoms and determines the appropriate medical department to which the patient should be referred with care and concern expressed. To realize such effect, it requires interpreters to have a basic understanding of various medical conditions and different symptoms, as they help guide the patient through the healthcare process. For instance, when Vietnamese patients arrive,

[1] Figure 6 was retrieved from https://honghe.yunnan.cn/system/2024/06/27/033119135.shtml.

interpreters are to assess their basic symptoms, ask their previous medical history, and identify whether further medical attention such as allergy or high blood pressure is needed. These actions ensure patients to receive the appropriate treatment and care promptly.

> The preparatory work before accompanying patients to seek medical treatment is also crucial. Interpreters often need to ask patients basic questions in advance, such as where they feel uncomfortable and whether they have had any previous examinations. Sometimes, basic diagnostic skills are even required. For example, during an interaction with a patient suffering from a contagious skin disease, P6, a Vietnamese interpreter, cautioned me to protect myself from potential infection. (Field notes, 02/08/2024)

This example highlights the interpreters' understanding of medical knowledge and their basic grasp of the potential risk they have to take by contacting contagious patients.

In addition to their medical knowledge, interpreters also alleviate patients' anxieties by laying stress on the hospital's capabilities. This includes highlighting the hospital's successful treatments and the expertise of medical staff as such practices are part of an institutional branding strategy, where interpreters help build trust between patients and healthcare providers whether for the doctor or the hospital. P3 often reassures Vietnamese patients by emphasizing the hospital's successful record of patients and the qualifications of its medical staff.

> Sometimes, in order to put patients at ease and make them have more trust in the hospital, we need to encourage them. We can tell them about the successful cases in our hospital or mention how authoritative our doctors are. This can make patients feel more reassured. (Interview with P3 27/07/2024)

Thus, effective medical interpreting at the border hospital requires medical knowledge which enables triage, risk awareness, and patient reassurance and transforms interpreters from passive translators into active contributors to clinical outcomes and institutional trust.

**5.2.3 Interpreting as Emotional Capital**

Beyond enhancing their language skills and medical knowledge, interpreters also need to invest a great deal of emotional labor.

> They build trust by greeting patients warmly, using familial terms like "sister"（姐）or "brother"（哥），thus offering emotional support (Field notes, 02/08/2024).

This approach shows the interpreters' warmth and closeness in professional services. Moreover, interpreters also make deeper emotional investments.

> Even outside official hours, they help patients find food, arrange accommodation, and serve as ongoing contacts after discharge, creating long-term patient relationships (Field notes, 02/08/2024).

P4 keeps the patients' contact information to help future communication and expand his personal network. Although the hospital does not offer economic compensation for these actions, this increases patients' satisfaction and loyalty.

> We always keep our phones on us and have to be ready to answer patients'calls at any time. This is mainly for the

convenience of the patients. Some people might find this constant pressure stressful, but I see it as a way to build my network. (Interview with P4, 27/07/2024)

From the hospital's perspective, this personalized care can cultivate patients' loyalty and increase patient retention rates, ultimately benefiting the hospital's economic interests. This emotional investment aligns with China's global medical diplomacy narrative "Love without Boundaries" and showcases the care and inclusiveness of Chinese medical services.


Figure 7 China's national discourse: Dedication without hesitation, love without boundaries[1]

The work of interpreters contributes to the implementation of this soft power strategy. The "linguistic entrepreneurs" who combine care and communication ultimately benefit patients and related institutions.

Taken together, our study aligns with the previous scholarship of linguistic entrepreneurship when it comes to self-investment strategies to enhance one's language skills (De Costa et al., 2016; Li & Zheng, 2023). In our study, interpreters actively engage in mobilizing their borderland repertoires to enhance their medical interpreting skills and construct their desirable identities by working hard and acting friendly and cooperative. Interpreters possess unique resources including the command of both formal and informal language skills, daily-built trust, and basic medical knowledge that enables informal triage and risk awareness for enabling entrepreneurial agency, but their most labor-intensive investments, especially surplus emotional labor, remain directly uncompensated. Instead, these efforts are subsumed within China's "Love without Boundaries" discourse, positioning interpreters as grassroots diplomatic ambassadors. In sum, this study thus shows that interpreters' entrepreneurship operates at the intersection of market-driven healthcare and state-led diplomacy, revealing upward mobility as conditional: interpreters advance by absorbing the costs of emotional labor that the institution recognizes symbolically but does not remunerate directly.

**5.3 Tensions Between Individual Empowerment and Social Constraints**

Neoliberal discourse promotes the view that language skills can be easily commodified, but this view neglects structural factors such as immigration status and institutional exclusion, which prevent people from converting their linguistic capital into economic mobility (Li & Zheng, 2023). In border areas like Hekou,

[1] Figures 7 was photo-taken by the first author during the fieldwork.

many Chinese people can speak Vietnamese fluently, but they lack formal recognition of their skills. Someone like P4, who was once a nurse and later became an interpreter, stated that due to not having received professional Vietnamese language training, he could not obtain certification, which limited his ability to seek higher-paying jobs in big cities like Guangzhou.

> Vietnamese seems to be very useful in Hekou, this border area. Many Chinese people here can speak Vietnamese very fluently, but there is no certification to prove their ability. I switch to working with Vietnamese interpreters from being a nurse. You know, I'm not a Vietnamese major, I can't take the Vietnamese language certification exams. I also know that there are opportunities related to Vietnamese in big cities like Guangzhou. I've thought about going there before, but they all require certificates. I can speak and write in Vietnamese, but I have no way to prove it. (Interview with P4, 27/7/2024)

P4's situation particularly illustrates the point: this language professional, who was also confident in envisioning a future career in Vietnam, was unable to obtain relevant opportunities in the surrounding areas due to China's certification system, which refused to recognize the skills he acquired through informal means.

Similarly, the medical staff also feel career instability due to limited English proficiency, although this has no direct relation to their job roles. For example, P3 attributed the stagnation of her career to her poor performance in the English exam, reflecting the symbolic significance of English in the professional field.

> I only got about 40, If I scored more than 20 or 30 in English on my college entrance exam, I would not be working here in Hekou. (Interview with P3, 27/07/2024)

Even within the healthcare system, interpreters face limited career trajectories. For P4, the head nurse position is the ceiling of her advancement. Despite having language expertise, interpreters still cannot hold leadership positions in the hospital, and their potential has not been recognized. The interpreters mainly view this role as a stepping stone to other careers, reflecting the disconnect between the prospects of linguistic entrepreneurship and institutional limitations.

> The highest position I can reach in this job is the head nurse, and there's no further room for promotion. Plus, the salary is just so-so. That's why I only see this job as a stepping-stone. I can get to know more Vietnamese people through it, and later I plan to do business in Vietnam. (Interview with P4, 29/7/2024)

Gender factors further affect an individual's opportunities for career advancement. For P2, as a mother and caregiver, she was unable to continue pursuing a further degree or relocate for better job opportunities. Her case shows that traditional gender roles limit women's ability to utilize their linguistic capital.

> My husband is often away from home, mostly working in the countryside. Both of our children are still young and they need my care. If I'm not at home, there will be no one to help them with their homework. Besides, my mother has problems with her legs, and I also need to take care of her. I did consider pursuing a further degree so that I can have better opportunities, but there's no way I can do it now. Being a mother means having these responsibilities. (Interview with P2, 24/7/2024)

Similarly, P6, a Vietnamese interpreter (who married a Chinese man), despite having a stable legal status, still faces the problem of unstable employment. Due to her limited education level, she can only rely on self-study to engage in medical interpreting work. Even during her pregnancy, she continued to work in order to secure this job that many others were competing for. This gender-based restriction highlights how structural expectations limit women's possibilities in language entrepreneurship, especially in caregiving roles

> I'll keep working even when I'm pregnant. I plan to work until a week before my due date. This job is really good for me. In Hekou, other jobs usually pay at most 2,500 yuan, but I can earn around 4,000 yuan. What's more, I can take care of my children. My eldest child is already in primary school. This job allows me to earn a decent salary and take care of my family at the same time. It's really great, so I must do my best to keep this job. Many people, especially Vietnamese, want to do this job. (Interview with P6, 29/7/2024)

Cultural stigma also affects interpreters. the three Vietnamese interpreters, are judged whether for their appearance or dressing outside work, being labeled with the derogatory term "越南妹" (Vietnamese sister), which reflects sexist and xenophobic stereotypes. Despite their professional competence, their identity as the Vietnamese women subjects them to discrimination and diminishes her symbolic capital.

> P6 faces criticism from hospital staff, particularly regarding her choice of clothing. After work, she opts for a youthful and fashionable appearance, wearing short skirts and tight-fitting clothes. However, this choice of attire has subjected her to judgment, with some staff referring to her as "Vietnamese sister" ("越南妹" in Chinese), a derogatory term associated with young Vietnamese women working in lower-end massage parlors or the sex industry. This label is also used for other Vietnamese interpreters sometimes. (Field notes, 03/08/2024)

To sum up, the aftermentioned cases reveal that language skills alone cannot overcome the structural barriers including the institutional exclusion, gender norms, and cultural stigma, which systematically hinders interpreters' capacity to convert linguistic capital into upward mobility. Our findings align with those of Li & Zheng (2023), who similarly demonstrate that structural factors restrict the free mobility of linguistic repertoires. Different from Li and Zheng's study which does not foreground gender and labor exploitation as central constraints, our study identifies these two dimensions as equally critical. Specifically, gendered care obligations limit women interpreters' availability for entrepreneurial pursuits, while labor exploitation, manifested in unpaid emotional labor and precarious working conditions, further undermines their long-term professional sustainability. Importantly, these two constraints have remained largely invisible in previous linguistic entrepreneurship studies. Furthermore, applying a linguistic entrepreneurship lens to such specific demographic, grassroots migrant interpreters, one of the most vulnerable groups within the borderland labor hierarchy, reveals a broader and more severe spectrum of structural constraints than those documented in studies focusing on more privileged language workers (Alonso & Villa, 2020; Duchêne, 2009; Muth, 2017). These grassroots migrants are particularly susceptible to exploitation and gendered divisions of labor. Their experiences reflect a fundamental tension between the neoliberal discourse of individual

empowerment and the persistent barriers embedded in formal labor markets. These constraints not only shape their daily work but also impede their entrepreneurial endeavors.

## 6. Conclusion

This study has explored the life trajectories of migrant interpreters who function as linguistic entrepreneurs within the cross-border medical market. Drawing on critical ethnography, three principal conclusions contribute to a nuanced understanding of how grassroots interpreters convert their linguistic capital, how they strategically exercise agency to adapt to the healthcare market, and what tensions are embedded in their professional trajectories. First, our findings indicate that multilingual skills empower interpreters not only to secure employment and pursue transnational aspirations but also to be recognized as a form of institutional capital. Second, our analysis highlights the interpreters' entrepreneurial spirit, as they actively enhance their multilingual abilities, expand their medical knowledge, and mobilize consistent emotional labor to their advantage. Nevertheless, despite this agency, the study reveals that interpreters continue to experience structural constraints, whether stemming from gender dynamics, family burdens, certification systems, or cultural stigma.

Based on these research results, future studies can further explore how to better support interpreters in the medical system of border areas which may include exploring professional training programs, ensuring fair compensation and benefits, and formally defining the role of interpreters to enhance their sense of integration and recognition. It is suggested that a Vietnamese language proficiency certification system be established to enhance the professional recognition of interpreters. In order to promote professional development, specific measures should be taken, such as the creation of formal positions and structured career promotion opportunities for interpreters. In addition, addressing the issue of gender disparity trajectories in the language service sector requires the formulation of policies aimed at mitigating the impact of gender bias on career development and ensuring a fairer professional environment for interpreters. These measures not only help improve service efficiency but also promote the fairness of medical services in the medical environment. This, in turn, can meet the growing demand of foreign groups in the border areas for effective medical services that meet their language and cultural needs.

This study has also contributed to enriching the research inquiry of linguistic entrepreneurship theory by focusing on a cohort of grassroots interpreters' employment trajectories in a multilingual healthcare setting. Given the increasing prominence of language services in China's borderlands, future research could be expanded to other workplaces including cross-border trade markets, wholesale stores, border tourism service sectors, cross-border brokerage service centers, etc. It would be desirable if more language studies could be conducted in China's borderlands for facilitating foreign migrants' social mobility and enhancing cross-border and regional development.

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