



Report: The Global Workforce Survey of Healthcare Interpreters

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1. Introduction

This report¹ presents the findings of the first-ever Global Workforce Survey of Healthcare Interpreters, conducted by the Certification Commission for Healthcare Interpreters (CCHI). CCHI is a national nonprofit organization founded in July 2009 and operates as a 501(c)(6) corporation. Its purpose is to develop and administer a comprehensive national interpreter certification program in order to assess medical interpreters' competence and to help ensure the quality of interpreting in any healthcare setting and in any modality of interpreting. CCHI brings together medical interpreters, representatives from national and regional non-profit interpreting associations, language companies, community-based organizations, educational institutions, healthcare providers, and advocates for individuals with limited English proficiency (LEP). CCHI is the only organization certifying healthcare interpreters in the U.S. to have earned accreditation through the National Commission for Certifying Agencies.

CCHI is governed by elected volunteer Commissioners, many of whom are practicing medical interpreters and CCHI certificants. Current Commissioners are:

Commissioner	Employer Affiliation	State
Vonessa P. Costa, Chair	Paras and Associates/Health Care Interpreter Network	FL
Amanda M. David	University of Texas Austin Dell Medical School	TX
Danilo Formolo	Atrium Health	NC
William Giller	University of California San Diego Health	CA
Shawn M. Norris	Associated Interpreters for the Deaf	FL
Johanna Parker, Vice Chair	Stanford Health Care	CA
Michael Paasche-Orlow	Tufts Medical Center and Tufts University School of Medicine	MA
Maris Rueda Will	Mayo Clinic; Tica Interpreter Training and Translations	MN
Yasha Saebi	Freelance Medical and Legal Interpreter	VA
Fabio de Oliveira Torres	Lango	TX
Mara Youdelman	National Health Law Program (NHeLP)	DC
Alegna Zavatti	Boston Medical Center	MA

The Global Workforce Survey of Healthcare Interpreters was a groundbreaking effort aimed at bringing clarity and fostering transparency within the healthcare interpreting profession. Its core purpose was to understand the demographic makeup and practice of healthcare interpreters who serve U.S. patients and providers. It sought to accomplish this purpose with data about the day-to-day work reality of healthcare interpreters, focusing on such aspects of practice as where they work, whom they work for, their working conditions, and compensation structures. The survey collected information from currently practicing interpreters who serve U.S. healthcare and health systems, as well as any field that interacts with medical providers, regardless of whether the interpreters reside in the U.S. or in another country. By collecting and analyzing comprehensive data from this workforce, CCHI seeks to empower certifying bodies, interpreting associations, staff and freelance interpreters, academic programs, training organizations, employers, and contractors to make evidence-based decisions that will ultimately improve working conditions for interpreters everywhere.

¹ The **Executive Summary** of this report is available at <https://cchicertification.org/global-workforce-survey-hci/>.

1.1 Survey Design

The creation of the Global Workforce Survey was made possible through the expertise, time, and insights of the **Survey Advisory Council**, volunteer beta-testers, CCHI Commissioners, a survey statistician and analyst, and the project principal. The project principal, Natalya Mytareva, MA, ICE-CCP, is CCHI's Executive Director. She provided leadership and administrative support in all phases of the project. The project consultant, James P. Henderson, PhD, Credentialing Examination Consulting, LLC, provided suggestions prior to the survey's launch and, with the cooperation of Ms. Mytareva, analyzed the survey data and prepared the report.

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Katharine Allen	Boostlingo	CA
Richard Antoine	MAGNUS	CA
John Arroyave	Cross-Cultural Communications	MD
Jodi L. Bralow	Language Services Associates, Inc.	PA
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Andy Schwieter	Cincinnati Children's	OH
Gabriela Siebach	National Council on Interpreting in Health Care	NC
Meredith Stegall	Health Care Interpreter Network	TX
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The survey used a variety of question formats, including:

- Single-choice selections.
- Multiple-choice selections ("Check all that apply").
- Frequency scales (e.g., Always, Frequently, About Half the Time, Occasionally, Never).
- Ranking scales.
- Numerical input (e.g., for hours of training or percentage of prescheduled assignments).
- Open-text boxes for qualitative feedback or details (e.g., for "Other" responses, cities of residence, additional income sources, or reasons for responses).
- Conditional logic, where respondents were presented with different follow-up questions based on their previous answers (e.g., U.S. vs. overseas location, employment status, interpreting modality, or experience not interpreting in healthcare in 2024).

The full survey text is provided in *Appendix A*.²

² Please note that all *Appendices* are published as two separate documents: *Appendices A-K(8)* and *Appendices L(1)-U(6)*, accessible at <https://cchicertification.org/global-workforce-survey-hci/>.

1.2 Sampling Plan, Administration, and Data Collection

Given the stated purpose of the Global Workforce Survey, CCHI desired to include all members of the healthcare interpreting profession, within and outside the U.S., who serve U.S. patients and their providers. The goal was to reach as broadly as possible, even though there is no single database that includes all healthcare interpreters. The sampling strategy included CCHI's certificant databases as well as a listing of approximately 17,000 individuals who have an interest in its work. Additionally, the plan included the membership of several associations that healthcare interpreters are affiliated with. However, there are members of the profession who are not listed in any of these sources, and as long as they interpret in healthcare for U.S. patients and providers, they were eligible to participate. Several questions to verify that respondents worked as healthcare interpreters for U.S. patients and providers were built into the survey to ensure that the individuals providing data were members of the target population.

Launched on January 20, 2025, with announcements sent by CCHI and cooperating associations, the survey was powered by Formstack and administered online. Respondents were able to save their responses and return to completing the survey later. Follow-up announcements were sent on 01/31/25, 02/06/25, 02/21/25, and 03/04/25. Ultimately, when data collection ended on March 5, 2025, and data validation work had been completed (see below), 1,485 total responses had been obtained and of these, 1,444 were retained (see below), and 41 records were screened out as duplicates. Given that the size of the population was not known, it is not possible to compute a response rate, per se; however, the number of valid responses was thought to be large. Further, 1,372 individuals answered the last question, indicating a very low level of attrition. Ultimately, CCHI determined that the quantity of data and general demographic characteristics of respondents were sufficiently representative of the intended population and justified generalizing from the findings.

All responses collected were completely anonymous with no personally identifying information being collected.

1.3 Analysis

Data validation involved identifying instances where a respondent submitted more than a single response. The respondents' IP address was used for this purpose. There were several instances in which employees at the same location used the same computer to complete the survey, so not every duplicate IP address meant that the same person had submitted more than one record. When response records with the same IP address were found, they were inspected for similarity, and if, in the best judgment of the analysis, they were obviously from the same person, the most complete record was retained. Forty records were removed from the data set through this strategy. One additional duplicate response was discovered early in the analysis when the language of several free responses was found to be identical, even though the IP address for the records was not the same. After the data validation step had been completed, there were 1,444 valid response records.

The analysis focused primarily on the number and percentage of respondents selecting each of the response options provided in the survey. There were two questions in which additional descriptive statistics could be computed, and these included the mean (average) response, median (middle) response, standard deviation (range that includes about 68% of the responses), and the minimum and maximum values recorded. Qualitative responses from open-text questions were collected and listed in various appendices. Some questions in the survey were targeted toward small portions of the respondents, and caution is advised when interpreting findings from questions when the number of responses is small.

2. Understanding the Healthcare Interpreter Workforce

This section offers a critical lens into the diverse professional landscape of healthcare interpreters serving U.S. health systems and patients. By cross-analyzing survey responses across various parameters and subgroups, we aim to illuminate key characteristics of this vital workforce.

As noted earlier, the survey incorporated a variety of question types to gather a comprehensive dataset. Recognizing the varied and multifaceted nature of an interpreter's work, for several key questions, such as those concerning interpreting modality, healthcare settings, and typical assignment durations, we utilized a "frequency scale" approach. Unlike simple multiple-choice questions that force a single answer, this approach allowed us to capture the nuances of professional experience. For example, an interpreter might work predominantly in-person but also take remote calls, or they might serve in multiple types of healthcare settings with one or two being most common. By allowing respondents to indicate the *degree* to which they engage in a particular activity, we obtained a more detailed and accurate picture of the profession, moving beyond a simplistic "either/or" understanding to reveal the complex blend of responsibilities and environments that constitute a typical interpreter's workload. This richer, more refined data is essential for developing a comprehensive and realistic view of the challenges and demands faced by healthcare interpreters.

Numerical input questions, for example, were used for specific quantifiable data, such as the number of training hours completed or the precise percentage of prescheduled assignments, providing hard numbers where exact figures were required. Additionally, open-ended questions were included to offer respondents a platform for qualitative feedback. These provided valuable context and rich detail that a structured survey might miss, allowing interpreters to elaborate on "other" responses, for example, describe unique interpreting settings, specify additional income sources, or explain the reasoning behind their choices. This multi-method approach ensures we captured a balanced mix of quantitative and qualitative data, offering a more complete picture of the interpreting profession.

A Note on Data Interpretation: When reviewing the findings, it's important to recognize that results may vary depending on the specific cross-analysis and filters applied, as participation in all survey questions was optional, and not all respondents provided answers to every question. Additionally, we strongly advise exercising caution and considering the inherent variability when interpreting values for subgroups and subcategories with fewer than 40 responses.

For a comprehensive view of all survey data presented sequentially, please refer to **Section 3: Survey Responses**.

2.1 Professional Background and Demographics

This section provides a foundational overview of the professional background and demographics of the survey respondents. A comprehensive understanding of the interpreter population's characteristics is essential for contextualizing the findings presented in later sections of this report. This chapter will profile interpreters based on their **geographic location**, the **languages they represent**, their **employment and work environments**, their **educational and certification status**, and **general demographic** characteristics.

By examining these key characteristics, we can better define the professional identity of healthcare interpreters and understand how these foundational elements may influence their experiences. The findings presented here serve as a critical baseline, allowing for a more nuanced analysis of the challenges and opportunities of the profession.

2.1.1 Geographic Diversity

Geographic representation of survey respondents is vital for understanding the healthcare interpreting profession because practices, regulations, and market conditions can vary significantly by location. The majority of survey respondents are based in the United States (84%); however, a substantial number of respondents reside outside the United States (232 or 16%).³

The U.S.-based respondents reside in 46 states, District of Columbia, and Puerto Rico. The absence of respondents from the states of Alaska, Delaware, Montana, and Wyoming is consistent with CCHI certificants data⁴ which shows no CCHI certificants in Alaska, only 3 each in Montana and Wyoming, and 10 in Delaware.

The **top ten (10) states** represent slightly over half of respondents. Considering the U.S. regions, 35% reside in the West, 30% in the South, 21% in the Midwest, and 14% in the Northeast.

Table 1. Top Ten States of U.S.-based Respondents

State	N	%
1. California	230	15.9%
2. Texas	94	6.5%
3. Massachusetts	70	4.9%
4. North Carolina	60	4.2%
5. Illinois	52	3.6%
6. Wisconsin	51	3.5%
7. Florida	50	3.5%
8. Oregon	46	3.2%
9. Minnesota	43	3.0%
10. Colorado	43	3.0%
Total	739	51.2%

Table 2. Respondents by the U.S. regions

State	N	%
Northeast		
Connecticut	5	0.4%
Maine	6	0.5%
Massachusetts	70	5.8%
New Hampshire	6	0.5%
New Jersey	13	1.1%
New York	39	3.2%
Pennsylvania	23	1.9%
Rhode Island	7	0.6%
Vermont	1	0.1%
Total	170	14.0%

State	N	%
West		
Arizona	21	1.7%
California	230	19.0%
Colorado	43	3.6%
Hawaii	1	0.1%
Idaho	5	0.4%
Nevada	7	0.6%
New Mexico	8	0.7%
Oregon	46	3.8%
Utah	24	2.0%
Washington	37	3.1%
Total	422	34.8%

³ See full data on geographic diversity in *Section 3. Survey Responses* of this report, specifically, the tables labeled **Questions 2, 2.1.a, and 2.1.b.**

⁴ Search by state the *CCHI Healthcare Interpreter Registry* at <https://cchi.learningbuilder.com/Search/Public/MemberRole/Registry>

Midwest		
Illinois	52	4.3%
Indiana	10	0.8%
Iowa	7	0.6%
Kansas	7	0.6%
Michigan	21	1.7%
Minnesota	43	3.6%
Missouri	13	1.1%
Nebraska	3	0.3%
North Dakota	1	0.1%
Ohio	37	3.1%
South Dakota	3	0.3%
Wisconsin	51	4.2%
Total	248	20.5%

South		
Alabama	11	0.9%
Arkansas	2	0.2%
District of Columbia	4	0.3%
Florida	50	4.1%
Georgia	33	2.7%
Kentucky	23	1.9%
Louisiana	4	0.3%
Maryland	15	1.2%
Mississippi	1	0.1%
North Carolina	60	5.0%
Oklahoma	5	0.4%
South Carolina	24	2.0%
Tennessee	19	1.6%
Texas	94	7.8%
Virginia	19	1.6%
West Virginia	2	0.2%
Total	366	30.2%

The survey collected **232 responses from overseas interpreters representing 59 countries**. While the number of respondents is far from reflecting the number of overseas interpreters serving the U.S. health care and patients, it is large enough for drawing some comparisons. The top ten (10) countries represent 63% of the overseas respondents.

Table 3. Top Ten Countries of Overseas Respondents

Country	N	%
1. Argentina	34	14.7%
2. Peru	23	9.9%
3. Brazil	19	8.2%
4. Mexico	15	6.5%
5. Colombia	13	5.6%
6. Ecuador	11	4.7%
7. Canada	10	4.3%
8. Bangladesh	7	3.0%
9. Guatemala	7	3.0%
10. Costa Rica	6	2.6%
Total	145	62.5%

Since we'll be comparing **freelancers and staff interpreters of healthcare organizations** (further as HCO staff) later in this report, the table below provides their distribution by residence. We can safely state that staff interpreters reside in the U.S. (99%). At the same time, almost three quarters (74%) of freelancers reside in the U.S., and a quarter (26%) of them reside overseas.

Table 4. Freelancers vs Staff of Healthcare Organizations by Residence

Status	All N	U.S. N	U.S. %	Overseas N	Overseas %
Staff interpreter (employee) in a healthcare organization	464	459	98.9%	5	1.1%
Freelancer (independent contractor)	644	478	74.2%	166	25.8%

2.1.2 Language Representation

The survey's language representation reflects the diversity of the interpreting profession. A total of 1,414 respondents identified their **primary non-English language of interpreting**, collectively representing **55 languages**.⁵ Variation in the language distribution by residence is demonstrated in the next table. Due to the relatively low sample size of overseas respondents, caution should be exercised when analyzing language distribution within that subgroup, particularly beyond Spanish.

Table 5. Top Ten Languages by Residence

U.S.-based Interpreters			Overseas Interpreters		
Language	N	%	Language	N	%
1. Spanish	817	68.9%	1. Spanish	135	59.2%
2. American Sign Language (ASL)	51	4.3%	2. Portuguese	20	8.8%
3. Arabic	46	3.9%	3. Arabic	11	4.8%
4. Mandarin	40	3.4%	4. Bengali	4	1.8%
5. Portuguese	34	2.9%	5. Cantonese	4	1.8%
6. Russian	30	2.5%	6. Farsi	4	1.8%
7. Cantonese	19	1.6%	7. Haitian Creole	4	1.8%
8. French	13	1.1%	8. Pashto/Pushtu	4	1.8%
9. Haitian Creole	12	1.0%	9. Russian	4	1.8%
10. Vietnamese	12	1.0%	10. Somali	4	1.8%
Total	1074	90.6%	Total	194	85.1%

The state distribution of the top five⁶ languages in the U.S. is presented in the next table.

Table 6. Top Five Languages by State

Language	States (starting with highest)
1. Spanish	45 states, top 6: CA (154), TX (76), NC (54), WI (40), CO (35), MA (35)
2. American Sign Language (ASL)	26 states, top 6: CA (5), NH (4), TX (4), AZ (3), IL (3), OR (3)
3. Arabic	19 states, top 6: CA (8), MA (4), OH (4), CO (3), OR (3), PA (3)
4. Mandarin	19 states, top 6: CA (10), WA (4), FL (3), MI (3), OH (3), MA (2)
5. Portuguese	12 states, top 6: MA (16), FL (3), IL (3), CA (2), CO (2), NY (2)

It is interesting to note, that **84% of interpreters work in one non-English language**, 12% - in two, and only 4% - in three or more.⁷ 327 respondents (23% of all) provided information about their **second non-English language of service**.⁸ The following are the most common secondary languages (in the order of frequency): Spanish, French, Portuguese, Mandarin, Cantonese, and Hindi.

Consistent with CCHI data about its certificants, **77% of respondents are native speakers** of their non-English working language. **Heritage speakers represent 7% of respondents**, with a slight majority of them representing those who has learned a non-English language informally by being exposed to it at home (4%), compared to heritage speakers who immigrated to the U.S. as children (3%).⁹

⁵ See full data on language representation in *Section 3. Survey Responses* of this report, specifically, tables labeled **Questions 6, 7, and 8**.

⁶ The rest of the language groups are not analyzed due to low sample size.

⁷ See table **Question 6** in *Section 3*.

⁸ See table **Question 8** in *Section 3*.

⁹ See table **Question 9** in *Section 3*.

2.1.3 Employment, Work Environment, and Experience Distribution

By **employment status**,¹⁰ the prevalent options among respondents are **freelancer** (46%) and **staff interpreter in a healthcare organization** (33%). The remaining respondents represent much smaller segments of the profession such as staff in a language service company (9%), combination of a healthcare organization staff and freelancer (6%), and dual-role interpreters (2% combined clinical and non-clinical).

Thus, respondents who identified themselves as “staff” interpreters (678 or 49%) represent three subgroups in the workforce:

- staff of a healthcare organization,
- staff of a language service company, and
- staff who also practices as freelance interpreters (“combination staff-freelancer”).

However, by the nature of their job requirements, staff of a language service company (who are practicing interpreters and not management), as a group, are closer to freelancers than to staff of a healthcare organization. Most language service companies serve not only health care but other settings, and their staff interpreters, as a rule, perform interpreting in settings outside health care.

The next two tables present data about employment status per residence and language.

Table 7. Employment Status by Residence (Question 4)

Status	All N	All %	U.S. N	U.S. %	Overseas N	Overseas %
Staff interpreter (employee) in a healthcare organization	464	33.2%	459	38.7%	5	2.2%
Staff interpreter (employee) in a language service company	124	8.9%	89	7.5%	35	15.4%
Freelancer (independent contractor)	644	46.1%	478	40.3%	166	72.8%
Combination of a staff interpreter in a healthcare organization and freelancer	90	6.4%	77	6.5%	13	5.7%
Bilingual clinical healthcare professional (dual-role interpreter)	25	1.8%	22	1.9%	3	1.3%
Bilingual non-clinical healthcare staff (dual-role interpreter)	0	0.0%	16	1.4%	0	0.0%
Other	51	3.6%	45	3.8%	6	2.6%
Total	1398	100.0%	1186	100.0%	228	100.0%

Table 8. Employment Status by Language (Question 4)

Status	All N	All %	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Staff interpreter (employee) in a healthcare organization	464	33.2%	372	39.1%	84	20.4%	8	15.7%
Staff interpreter (employee) in a language service company	124	8.9%	57	6.0%	54	13.1%	13	25.5%
Freelancer (independent contractor)	644	46.1%	387	40.7%	234	56.9%	23	45.1%
Combination of a staff interpreter in a healthcare organization and freelancer	90	6.4%	57	6.0%	28	6.8%	5	9.8%
Bilingual clinical healthcare professional (dual-role interpreter)	25	1.8%	22	2.3%	3	0.7%	0	0.0%
Bilingual non-clinical healthcare staff (dual-role interpreter)	0	0.0%	16	1.7%	0	0.0%	0	0.0%
Other	51	3.6%	41	4.3%	8	2.0%	2	3.9%
Total	1398	100.0%	952	100.0%	411	100.0%	51	100.0%

Respondents were also asked to define their working status in terms of hours worked per week and their satisfaction with it.¹¹ Almost three quarters of respondents **interpret in healthcare settings full-time** (30-40 hours per week). This ratio is relatively consistent between the U.S.-based and overseas interpreters.

¹⁰ See table **Question 4** in *Section 3*.

¹¹ See tables **Questions 15** and **15.1** in *Section 3*.

Those respondents who do *not* work full-time were asked if they were satisfied with that amount of work. Almost 80% reported being satisfied with their work status, regardless of their residence.

Table 9. Working Status by Residence (Question 15)

Primary working status	N	%	U.S. N	U.S. %	Overseas N	Overseas %
I work full-time. (= I interpret in healthcare settings 30-40 hours per week.)	464	74.8%	436	75.4%	29	67.4%
I work part-time. (= I interpret in healthcare settings fewer than 30 hours per week.)	87	14.0%	81	14.0%	6	14.0%
I work as-needed (i.e., on-demand, on-call, per diem).	69	11.1%	61	10.6%	8	18.6%
Total	620	100.0%	578	100.0%	43	100.0%

Interpreters of different **languages** show notable variations in their working status. **A greater percentage of ASL (81%) and Spanish (77%) interpreters work full-time compared to interpreters of other spoken languages (63%).** Although just 63% of interpreters of other spoken languages work full time, they are more likely to work part-time (27%), a rate substantially higher than for Spanish (10%) or ASL (14%) interpreters.

Table 10. Working Status by Language (Question 15)

Primary working status	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
I work full-time. (= I interpret in healthcare settings 30-40 hours per week.)	464	74.8%	320	77.7%	88	62.9%	17	81.0%
I work part-time. (= I interpret in healthcare settings fewer than 30 hours per week.)	87	14.0%	39	9.5%	38	27.1%	3	14.3%
I work as-needed (i.e., on-demand, on-call, per diem).	69	11.1%	53	12.9%	14	10.0%	1	4.8%
Total	620	100.0%	412	100.0%	140	100.0%	21	100.0%

The data on interpreter work patterns reveals a noticeable variation between employment types and locations. While **nearly half of respondents work for a single organization¹² (47%)**, a clear distinction exists between interpreters based on their location. Overseas interpreters are more likely to work for two organizations (31%), while the U.S.-based interpreters are more likely to work for more than three organizations (24%). **For freelancers, working for more than three organizations is the most common arrangement (38%).** In contrast, most respondents who are staff of healthcare organizations (HCO staff) work for one employer (78%).

Table 11. Number of Employers by Residence (Question 53)

Number of organizations	N	%	U.S. N	U.S. %	Overseas N	Overseas %
1	618	46.9%	526	47.5%	93	43.5%
2	278	21.1%	211	19.1%	67	31.3%
3	131	9.9%	109	9.9%	23	10.8%
More than 3	290	22.0%	261	23.6%	31	14.5%
Total	1317	100.0%	1107	100.0%	214	100.0%

¹² See table **Question 53** in **Section 3**.

Table 12. Number of Employers: Freelancers vs Staff of Healthcare Organizations (Question 53)

Number of organizations	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
1	618	46.9%	128	21.1%	336	78.0%
2	278	21.1%	160	26.3%	59	13.7%
3	131	9.9%	88	14.5%	16	3.7%
More than 3	290	22.0%	232	38.2%	20	4.6%
Total	1317	100.0%	608	100.0%	431	100.0%

The **types of organizations**¹³ interpreters work for vary widely, though a few categories dominate the field. **Over half of all respondents (51%) work for language companies, while more than one-third (36%) are employed by hospitals and health systems.** The next most common types of employers – outpatient clinics or physician’s offices – are a distant third at just 5%. The least common employers are home health and long term care facilities, and attorney’s offices for workers’ compensation, each accounting for just 0.1% of respondents. Other rare employers include health insurance plans (0.2%) and physicians’ offices for workers’ compensation (0.7%).

The next table illustrates the distribution of freelancers and staff of healthcare organizations across various kinds of organizations. Not surprisingly, **freelancers are predominantly employed by Language Companies (82%)**, where they constitute a sizable majority of the workforce. In contrast, **staff of healthcare organizations are primarily employed by Hospitals or Health Systems (83%)**, representing the largest proportion of staff within those organizations.

Table 13. Employing Organization Kind by Freelancer vs Staff of Healthcare Organizations (Question 54)

Kind of organization	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Language Company	680	50.9%	498	81.5%	20	4.5%
Hospital or Health system	477	35.7%	43	7.0%	366	83.0%
Outpatient Clinic or Physician’s Office (including specialties, labs, neighborhood health centers)	65	4.9%	16	2.6%	27	6.1%
Public Health Department	28	2.1%	5	0.8%	18	4.1%
Physician’s Office for Workers’ Compensation	9	0.7%	7	1.1%	1	0.2%
Workers’ Compensation Insurance Company directly or through their vendor	27	2.0%	22	3.6%	1	0.2%
Attorney’s Office for Workers’ Compensation	2	0.1%	2	0.3%	0	0.0%
Health Insurance Plan	3	0.2%	0	0.0%	2	0.5%
Home Health	2	0.1%	0	0.0%	0	0.0%
Long Term Care	1	0.1%	1	0.2%	0	0.0%
Other	42	3.1%	17	2.8%	6	1.4%
Total	1336	100.0%	611	100.0%	441	100.0%

Filtering the data by the primary language of service demonstrates that staff positions in the U.S. hospitals and health systems are mostly available for Spanish interpreters. Spanish interpreters almost equally work with language companies and hospitals/health systems: 42% and 41% respectively. In contrast, interpreters of other spoken languages and ASL primarily work with language companies - over two thirds of each group (70% and 67% respectively). Less than a quarter of interpreters of other spoken languages (24%) are employed by hospitals, and almost a third of ASL interpreters (31%) are employed by hospitals/health systems.¹⁴

¹³ See table **Question 54** in *Section 3*.

¹⁴ Since the ASL interpreters represent a small number of respondents, caution should be exercised when interpreting data related to this group.

Table 14. Employing Organization Kind by Language (Question 54)

Status	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Language Company	680	50.9%	382	42.1%	268	69.8%	32	66.7%
Hospital or Health system	477	35.7%	372	41.0%	92	24.0%	15	31.3%
Outpatient Clinic or Physician's Office (including specialties, labs, neighborhood health centers)	65	4.9%	60	6.6%	5	1.3%	---	---
Public Health Department	28	2.1%	26	2.9%	2	0.5%	---	---
Physician's Office for Workers' Compensation	9	0.7%	9	1.0%	0	0.0%	---	---
Workers' Compensation Insurance Company directly or through their vendor	27	2.0%	24	2.6%	3	0.8%	---	---
Attorney's Office for Workers' Compensation	2	0.1%	1	0.1%	1	0.3%	---	---
Health Insurance Plan	3	0.2%	2	0.2%	1	0.3%	---	---
Home Health	2	0.1%	2	0.2%	0	0.0%	---	---
Long Term Care	1	0.1%	0	0.0%	1	0.3%	---	---
Other	42	3.1%	30	3.3%	11	2.9%	1	2.1%
Total	1336	100.0%	908	100.0%	384	100.0%	48	100.0%

The survey asked a series of follow-up questions about the respondent's employing organization characteristics. These questions varied depending on whether the respondent selected a language company or hospital/health system as their main option. For details, see tables for **Questions 54.a, 54.b, 54.1.1 – 54.1.4, 54.2.1 – 54.2.5, 54.3.1.** in Section 3 of this report.

One example of these follow-up questions is the **type of hospital** respondents are employed by (the question¹⁵ was asked only of those who selected the Hospital/Health System option as their employing organization kind). Filtering by employment status shows that about half of staff interpreters (54.4%) are employed by General Hospitals/Health systems, and a little less than a quarter – by University Hospitals/Health systems.

Table 15. Hospital/Health System Kind by Freelancer vs Staff of Healthcare Organizations (Question 54.2.5)

Kind of organization	N	%	Freelancers N	Freelancers %	HCO Staff + Combined N	HCO Staff + Combined %
General Hospital/Health system	265	56.6%	28	68.3%	203	54.4%
Specialty Hospital	21	4.5%	4	9.8%	16	4.3%
Children's Hospital	69	14.7%	2	4.9%	60	16.1%
University Hospital/Health system	96	20.5%	3	7.3%	85	22.8%
I don't know	5	1.1%	3	7.3%	0	0.0%
Other	12	2.6%	1	2.4%	9	2.4%
Total	468	100.0%	41	100.0%	373	100.0%

Respondents who work for a language company were asked to estimate the **size of their company** in terms of the number of interpreters.¹⁶ 41% of respondents reported working for an organization with 1,000 or more interpreters. The remaining interpreters are spread relatively evenly across companies of smaller sizes, with each size range from "fewer than 25" to "500-999" accounting for approximately 8% to 15% of responses. This finding suggests that **while the largest language companies are a significant part of the industry, the majority interpreters work for a wide array of smaller and medium-sized organizations.**

Understanding the **patterns of different interpreting modalities** (in-person, over-the-phone, and video remote) is crucial for understanding the healthcare interpreting profession and differences in its workforce. Because many interpreters work in multiple modalities, we used a frequency-based scale to

¹⁵ See table **Question 54.2.5** in Section 3.

¹⁶ See table **Question 54.1.3** in Section 3.

ask about their work. This approach allowed respondents to describe the extent to which they use each modality, providing a more detailed and accurate picture of their professional experience than simple yes/no answers. The analysis of the modality-related survey questions and filtering the data by modality of respondents is aimed to inform implementation of best practices tailored to specific delivery methods, strategic planning for resource allocation, curriculum development for interpreter training programs, and overall enhancing the quality.

The three tables¹⁷ below provide data about **modality of interpreting** of respondents based on their residence. As expected, the overseas respondents work primarily in remote modalities: 92% work in the Over-the-phone (OPI) modality always, frequently, and “about half the time,” and 66% do so in the Video Remote (VRI) modality. The data about the U.S.-based respondents is more interesting. A little over a quarter of interpreters (28%) work in the in-person modality only occasionally or never, and constitute the remote interpreting cohort in the U.S. The number of respondents who work exclusively in the OPI and VRI modalities is 8% and 7% respectively.

Table 16. Modality of Interpreting By Residence
In-Person Interpreting (Question 12.a)

Frequency	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Always (100%)	397	28.2%	387	32.6%	12	5.3%
Frequently (67-99%)	363	25.8%	358	30.2%	6	2.7%
About half the time (34-66%)	115	8.2%	110	9.3%	5	2.2%
Occasionally (1-33%)	240	17.1%	198	16.7%	42	18.7%
Never (0%)	292	20.8%	133	11.2%	160	71.1%
Total	1407	100.0%	1186	100%	225	100%

Over-the-phone Interpreting (OPI) (Question 12.b)

Frequency	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Always (100%)	214	15.1%	95	8.0%	119	52.2%
Frequently (67-99%)	188	13.3%	123	10.4%	64	28.1%
About half the time (34-66%)	145	10.3%	118	9.9%	27	11.8%
Occasionally (1-33%)	596	42.2%	585	49.3%	13	5.7%
Never (0%)	270	19.1%	265	22.3%	5	2.2%
Total	1413	100.0%	1186	100%	228	100%

Video Remote Interpreting (VRI) (Question 12.c)

Frequency	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Always (100%)	142	10.0%	87	7.3%	55	24.1%
Frequently (67-99%)	173	12.2%	114	9.6%	59	25.9%
About half the time (34-66%)	140	9.9%	104	8.8%	36	15.8%
Occasionally (1-33%)	550	38.9%	496	41.8%	54	23.7%
Never (0%)	408	28.9%	385	32.5%	24	10.5%
Total	1413	100.0%	1186	100%	228	100%

The majority of respondents (63%) have experienced a change in their work modality in the last five years,¹⁸ i.e., starting with the Covid-19 pandemic. Only 38% of the U.S.-based interpreters and 31% of the overseas ones have not experienced any change. And that change was mostly about working more in remote modalities. Interestingly, the OPI modality appears to be quite relevant despite technological advances in video communication platforms. See the table below for details.

¹⁷ See tables **Questions 12a, 12b, and 12c** in Section 3.

¹⁸ See table **Question 13** in Section 3.

Table 17. Change in Modality in the last 5 years (Question 13)

Change	N	%	U.S. N	U.S. %	Overseas N	Overseas %
No change	508	36.6%	441	37.7%	69	31.2%
Started doing more Telephonic/over the Phone Interpreting (OPI)	161	11.6%	121	10.3%	40	18.1%
Started doing more Video Remote Interpreting (VRI)	227	16.4%	188	16.1%	40	18.1%
Started doing more Remote interpreting (both OPI and VRI)	264	19.0%	205	17.5%	60	27.1%
Started doing more In-person interpreting	182	13.1%	175	14.9%	7	3.2%
Other	46	3.3%	41	3.5%	5	2.3%
Total	1388	100.0%	1171	100.0%	221	100.0%

The survey informs us about the **employment status differences by modality of interpreting**. As expected, majority of **staff interpreters** (85%) work in-person at least half the time, with 41% of them working in-person exclusively. Interestingly, 36% of staff interpreters have never worked in the VRI modality. **Freelancers**, on the other hand, demonstrate a more balanced distribution of work modalities, which in itself, adds more complexity to their work experience. See the following three tables for the specific data.

Table 18. Modality of Interpreting: Freelancers vs Staff of Healthcare Organizations In-Person Interpreting (Question 12.a)

Frequency	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Always (100%)	397	28.2%	157	24.4%	190	40.9%
Frequently (67-99%)	363	25.8%	140	21.8%	159	34.3%
About half the time (34-66%)	115	8.2%	43	6.7%	44	9.5%
Occasionally (1-33%)	240	17.1%	122	19.0%	45	9.7%
Never (0%)	292	20.8%	181	28.1%	26	5.6%
Total	1407	100.0%	643	100%	464	100.0%

Over-the-phone Interpreting (OPI) (Question 12.b)

Frequency	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Always (100%)	214	15.1%	133	20.7%	28	6.0%
Frequently (67-99%)	188	13.3%	107	16.6%	42	9.1%
About half the time (34-66%)	145	10.3%	56	8.7%	56	12.1%
Occasionally (1-33%)	596	42.2%	224	34.8%	259	55.8%
Never (0%)	270	19.1%	124	19.3%	79	17.0%
Total	1413	100.0%	644	100%	464	100.0%

Video Remote Interpreting (VRI) (Question 12.c)

Frequency	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Always (100%)	142	10.0%	58	9.0%	29	6.3%
Frequently (67-99%)	173	12.2%	83	12.9%	38	8.2%
About half the time (34-66%)	140	9.9%	69	10.7%	43	9.3%
Occasionally (1-33%)	550	38.9%	282	43.8%	185	39.9%
Never (0%)	408	28.9%	152	23.6%	169	36.4%
Total	1413	100.0%	644	100%	464	100.0%

For the purposes of further analyses presented below for some questions, we define a respondent as working in an **“in-person modality”** if they selected one of the first three options – “always”, “frequently”, or “about half the time” - in Question 12.a about the in-person modality. Since some responses overlapped for the OPI and VRI modalities, to be conservative, we chose just the VRI modality responses to define a respondent as working in a **“remote modality,”** i.e., they selected the same first three options in Question 12.c about the VRI modality.

Another important characteristic of any profession is **years of experience of its workforce**. A truly strong profession and workforce often benefit most from a balanced mix of experience levels, where seasoned

professionals can guide and mentor, while newer talent brings fresh energy and innovative thinking. At the same time, professional workforce with a substantial proportion having over 5 years of experience is characterized by deeper knowledge, more refined skills, and a broader understanding of the nuances within the field.

Considering years of **professional experience**¹⁹ as a healthcare interpreter, three ranges received about a quarter of respondents each: 2 to 5 years (24%), 6 to 10 years (25%), and 11 to 20 years (28%).

Overall, **68% of the healthcare interpreting workforce have work experience over 5 years.**

Healthcare interpreting is a **profession of loyalty**, with **43% of all** respondents having practiced for **11 years or more**.

However, the picture is markedly different for **overseas interpreters: 56% represent the group with 2 to 5 years of experience**, and **27% have over 5 years** of experience (of which only 11% have 11 or more years of experience).²⁰ At the same time, **three-quarters of the U.S.-based interpreters (76%) have work experience of over 5 years and 49% - 11 years and more**. This may be one of the factors contributing to a perceived higher quality of interpreting in health care provided by the U.S.-based interpreters. See the table below for details.

Table 19. Experience by Residence (Question 5)

Years of Experience	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Less than 2 years	118	8.4%	81	6.8%	37	16.3%
2 to 5 years	335	23.7%	207	17.5%	128	56.4%
6 to 10 years	357	25.3%	319	26.9%	38	16.7%
11 to 20 years	391	27.7%	373	31.5%	18	7.9%
21 or more	211	14.9%	205	17.3%	6	2.6%
Total	1412	100.0%	1185	100.0%	227	100.0%

Comparison of freelancers and staff interpreters further exemplifies the professional loyalty argument.

Freelancers with 11 and more years of experience represent 35% of respondents. This percentage is higher (44%) for **U.S.-based freelancers** (who constitute 74% of all freelancers). This level of experience is higher among **staff interpreters**, with over half of them (52%) having 11 years of experience or more. The proportion is similar for the remote and in-person interpreters; in these subgroups, respondents with 11 or more years of experience represent 37% and 50% respectively. See the two tables below for specific data.

Table 20. Experience: Freelancers vs Staff of Healthcare Organizations (Question 5)

Years of Experience	N	%	Freelancers N	Freelancers %	U.S.-based Freelancers N	U.S.-based Freelancers %	HCO Staff N	HCO Staff %
Less than 2 years	118	8.4%	54	8.4%	34	7.1%	30	5.9%
2 to 5 years	335	23.7%	196	30.5%	97	20.3%	89	17.5%
6 to 10 years	357	25.3%	165	25.7%	136	28.5%	123	24.2%
11 to 20 years	391	27.7%	150	23.3%	137	28.7%	171	33.7%
21 or more	211	14.9%	78	12.1%	74	15.5%	95	18.7%
Total	1412	100.0%	643	100%	478	100%	508	100%

Table 21. Experience by Remote vs In-person Modality (Question 5)

Years of Experience	N	%	Remote N	Remote %	In-person N	In-person %
Less than 2 years	118	8.4%	34	7.5%	52	5.9%
2 to 5 years	335	23.7%	133	29.2%	160	18.3%
6 to 10 years	357	25.3%	121	26.6%	223	25.5%
11 to 20 years	391	27.7%	112	24.6%	286	32.6%
21 or more	211	14.9%	55	12.1%	155	17.7%
Total	1412	100.0%	455	100.0%	876	100.0%

¹⁹ See table **Question 5** in *Section 3*.

²⁰ One of the possible reasons could be the fact that remote interpreting grew substantially during the COVID-19 pandemic, bringing many new overseas interpreters into the field for the first time.

2.1.4 Education and Certification Status

General Education

The survey findings indicate that **healthcare interpreters are a profession of mostly college educated practitioners**, a conclusion consistent with CCHI Job Task Analysis²¹ data. Only 15% of respondents reported their highest level of general education at a high school level. The most frequent education level is a bachelor's degree (41%).²²

Comparison by the primary language of service shows that interpreters of Spanish have a higher percentage of high school graduates (17%). Yet, even among Spanish interpreters, over three quarters of respondents (79%) have obtained education beyond the high-school level. Among other languages, including ASL, 90% of respondents have general education level beyond high school. Interestingly, around 5% of spoken language interpreters have doctoral degrees. See the next table.

Table 22. General Education by Language (Question 10)

Highest Level of Formal Education	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
High school diploma or its equivalent (GED, etc.)	205	14.6%	164	17.4%	37	9.1%	4	7.8%
U.S. Associate's degree (any major)	177	12.6%	127	13.5%	36	8.9%	15	29.4%
Bachelor's degree (any major)	577	41.2%	378	40.0%	183	45.1%	19	37.3%
Master's degree (any major)	321	22.9%	191	20.2%	123	30.3%	12	23.5%
Doctoral degree (any major)	68	4.9%	46	4.9%	22	5.4%	0	0.0%
Did not complete high school	3	0.2%	1	0.1%	2	0.5%	0	0.0%
Other	50	3.6%	37	3.9%	3	0.7%	1	2.0%
Total	1401	100.0%	944	100.0%	406	100.0%	51	100.0%

The following three tables filter the general education of respondents by residence, employment status, and modality. All subgroups reveal the pattern very similar to the general distribution of respondents.

Table 23. General Education by Residence (Question 10)

Highest Level of Formal Education	N	%	U.S. N	U.S. %	Overseas N	Overseas %
High school diploma or its equivalent (GED, etc.)	205	14.6%	162	13.8%	43	19.2%
U.S. Associate's degree (any major)	177	12.6%	166	14.1%	13	5.8%
Bachelor's degree (any major)	577	41.2%	464	39.4%	117	52.2%
Master's degree (any major)	321	22.9%	283	24.0%	44	19.6%
Doctoral degree (any major)	68	4.9%	65	5.5%	3	1.3%
Did not complete high school	3	0.2%	3	0.3%	0	0.0%
Other	50	3.6%	34	2.9%	4	1.8%
Total	1401	100.0%	1177	100.0%	224	100.0%

²¹ See Figure 5 (p.12) of the *Report on CCHI's 2022 Job Task Analysis Study* (at https://cchicertification.org/uploads/CCHI_Job_Analysis_Report_2022.pdf)

²² See table **Question 10** in Section 3.

Table 24. General Education: Freelancers vs Staff of Healthcare Organizations (Question 10)

Highest Level of Formal Education	N	%	Freelancers N	Freelancers %	U.S.-based Freelancers N	U.S.-based Freelancers %	HCO Staff N	HCO Staff %
High school diploma or its equivalent (GED, etc.)	205	14.6%	88	13.8%	57	12.0%	73	15.8%
U.S. Associate's degree (any major)	177	12.6%	80	12.6%	73	15.4%	56	12.1%
Bachelor's degree (any major)	577	41.2%	267	42.0%	184	38.8%	197	42.6%
Master's degree (any major)	321	22.9%	151	23.7%	115	24.3%	96	20.8%
Doctoral degree (any major)	68	4.9%	31	4.9%	29	6.1%	26	5.6%
Did not complete high school	3	0.2%	1	0.2%	1	0.2%	1	0.2%
Other	50	3.6%	18	2.8%	15	3.2%	13	2.8%
Total	1401	100.0%	636	100.0%	474	100.0%	462	100.0%

Table 25. General Education by In-person vs Remote Modality (Question 10)

Highest Level of Formal Education	N	%	In-person N	In-person %	Remote N	Remote %
High school diploma or its equivalent (GED, etc.)	205	14.6%	126	14.4%	72	16.1%
U.S. Associate's degree (any major)	177	12.6%	117	13.4%	59	13.2%
Bachelor's degree (any major)	577	41.2%	347	39.7%	196	43.9%
Master's degree (any major)	321	22.9%	212	24.3%	88	19.7%
Doctoral degree (any major)	68	4.9%	41	4.7%	21	4.7%
Did not complete high school	3	0.2%	2	0.2%	2	0.4%
Other	50	3.6%	28	3.2%	8	1.8%
Total	1401	100.0%	873	100.0%	446	100.0%

Specialized Education

The survey asked respondents five questions²³ about **specialized education related to healthcare interpreting** they have received. The college path to the profession is not yet a common one, with only **14% of respondents receiving college-level education** in healthcare interpreting at any level. Most respondents (77%) have received between 40 to 60 hours of training. It is concerning that 6% of practicing healthcare interpreters have received less than 40 hours of professional training or none at all.

The fact that a college path to the healthcare interpreter profession is not widely available in the U.S. necessitated asking a series of questions regarding the type and amount of training related to healthcare interpreting, linguistics and health care respondents have received. The intent was to capture the real knowledge base of practicing interpreters as closely as possible.

The average (mean) training hours in healthcare interpreting²⁴ completed by respondents are 188.8, but the median is 100 hours, and the range is vast (0 to 5000), indicating large diversity in the **amount of healthcare interpreting training** respondents received. Filtering the data by residence, employment status, and primary language of service reveals that **U.S.-based respondents have almost double the average number of training hours compared to overseas respondents, and a similar outcome exists for staff interpreters vs freelancers**. However, the difference in training hours depending on the primary language is rather small: Spanish interpreters have about 26% more training hours compared to other spoken language interpreters and about 8% more compared to ASL interpreters. At the same time, **the median number of training hours** among the subgroups is **100 hours** with relatively small variation. (Caution should be exercised when interpreting the data regarding the ASL interpreter subgroup since the total number of respondents for this question is very low (23).) See the next table.

²³ See tables **Questions 17, 17.1, 18, 18.1, and 18.1.a** in Section 3.

²⁴ See table **Question 17.1** in Section 3.

Table 26. Hours of Training in Healthcare Interpreting (Question 17.1)

	All	Residence		Employment		Primary Language		
		US	Overseas	Freelance	Staff	Spanish	ASL	Other
N	396	344	52	186	154	284	23	100
Mean (Average)	188.8	200.3	112.7	126.2	267.2	186.1	171.5	137.6
Median	100	100	95	100	120	100	120	80
SD	413.6	42.6	113.9	101.5	637.3	347.6	135.9	151.8
Min	0	0	0	0	0	0	50	0
Max	5000	5000	700	700	5000	5000	650	1000

The next four tables provide data about the type of healthcare interpreting training received by respondents. The most disturbing finding here is that **5% of overseas respondents have not received any formal training in healthcare interpreting and an additional 5% have less than 40 hours** of such training. The percentages of the U.S.-based respondents in these categories are 2% and 3% respectively. The data also shows that overseas respondents are more likely to receive *up to 40-60 hours* of specialized training while their U.S.-based counterparts are more likely to receive *over 40-60 hours* of training. Thus, as a cohort, the U.S.-based interpreters have obtained more training in healthcare interpreting than overseas ones. Filtering by the primary language of service, employment status, or modality does not demonstrate such differences among subgroups.

Table 27. Formal Healthcare Interpreting Training By Residence (Question 17)

Amount of Formal Healthcare Interpreting Training	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Less than 40 instructional hours	50	3.7%	39	3.4%	11	5.1%
A 40-60-hour interpreter training course through a private company	512	37.7%	406	35.4%	109	50.2%
Multiple individual workshops, webinars, or courses totaling 40 instructional hours	94	6.9%	79	6.9%	15	6.9%
Multiple individual workshops, webinars, or courses totaling more than 40 instructional hours	435	32.0%	408	35.6%	54	24.9%
One-semester college/ university certificate program	48	3.5%	45	3.9%	3	1.4%
Multi-semester college/university certificate program or associate's degree in healthcare interpreting	113	8.3%	114	9.9%	5	2.3%
Bachelor's degree in healthcare interpreting	11	0.8%	9	0.8%	2	0.9%
Master's degree in healthcare interpreting	12	0.9%	10	0.9%	2	0.9%
I have not received any formal training in healthcare interpreting	27	2.0%	16	1.4%	11	5.1%
Other	56	4.1%	21	1.8%	5	2.3%
Total	1358	100.0%	1147	100.0%	217	100.0%

Table 28. Formal Healthcare Interpreting Training By Language (Question 17)

Amount of Formal Healthcare Interpreting Training	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Less than 40 instructional hours	50	3.7%	27	2.9%	19	4.9%	4	7.8%
A 40-60-hour interpreter training course through a private company	512	37.7%	344	37.3%	170	43.6%	1	2.0%
Multiple individual workshops, webinars, or courses totaling 40 instructional hours	94	6.9%	54	5.9%	32	8.2%	8	15.7%
Multiple individual workshops, webinars, or courses totaling more than 40 instructional hours	435	32.0%	321	34.8%	116	29.7%	24	47.1%
One-semester college/ university certificate program	48	3.5%	40	4.3%	8	2.1%	0	0.0%
Multi-semester college/university certificate program or associate's degree in healthcare interpreting	113	8.3%	87	9.4%	24	6.2%	8	15.7%
Bachelor's degree in healthcare interpreting	11	0.8%	9	1.0%	1	0.3%	1	2.0%
Master's degree in healthcare interpreting	12	0.9%	9	1.0%	2	0.5%	1	2.0%
I have not received any formal training in healthcare interpreting	27	2.0%	16	1.7%	9	2.3%	2	3.9%
Other	56	4.1%	16	1.7%	9	2.3%	2	3.9%
Total	1358	100.0%	923	100.0%	390	100.0%	51	100.0%

Table 29. Formal Healthcare Interpreting Training: Freelancers vs Staff of Healthcare Organizations (Question 17)

Amount of Formal Healthcare Interpreting Training	N	%	Freelancers N	Freelancers %	U.S.-based Freelancers N	U.S.-based Freelancers %	HCO Staff N	HCO Staff %
Less than 40 instructional hours	50	3.7%	18	2.9%	12	2.6%	13	2.9%
A 40-60-hour interpreter training course through a private company	512	37.7%	255	40.9%	170	36.6%	154	34.8%
Multiple individual workshops, webinars, or courses totaling 40 instructional hours	94	6.9%	47	7.5%	35	7.5%	24	5.4%
Multiple individual workshops, webinars, or courses totaling more than 40 instructional hours	435	32.0%	204	32.7%	168	36.2%	160	36.2%
One-semester college/ university certificate program	48	3.5%	21	3.4%	18	3.9%	19	4.3%
Multi-semester college/university certificate program or associate's degree in healthcare interpreting	113	8.3%	40	6.4%	37	8.0%	50	11.3%
Bachelor's degree in healthcare interpreting	11	0.8%	2	0.3%	1	0.2%	6	1.4%
Master's degree in healthcare interpreting	12	0.9%	6	1.0%	5	1.1%	3	0.7%
I have not received any formal training in healthcare interpreting	27	2.0%	19	3.0%	11	2.4%	2	0.5%
Other	56	4.1%	11	1.8%	7	1.5%	11	2.5%
Total	1358	100.0%	623	100.0%	464	100.0%	442	100.0%

Table 30. Formal Healthcare Interpreting Training by In-person vs Remote Modality (Question 17)

Amount of Formal Healthcare Interpreting Training	N	%	In-person N	In-person %	Remote N	Remote %
Less than 40 instructional hours	50	3.7%	33	3.9%	17	3.9%
A 40-60-hour interpreter training course through a private company	512	37.7%	284	33.6%	177	40.2%
Multiple individual workshops, webinars, or courses totaling 40 instructional hours	94	6.9%	58	6.9%	35	8.0%
Multiple individual workshops, webinars, or courses totaling more than 40 hours	435	32.0%	298	35.3%	154	35.0%
One-semester college/ university certificate program	48	3.5%	43	5.1%	7	1.6%
Multi-semester college/university certificate program or associate's degree in healthcare interpreting	113	8.3%	87	10.3%	28	6.4%
Bachelor's degree in healthcare interpreting	11	0.8%	8	0.9%	2	0.5%
Master's degree in healthcare interpreting	12	0.9%	8	0.9%	5	1.1%
I have not received any formal training in healthcare interpreting	27	2.0%	10	1.2%	7	1.6%
Other	56	4.1%	16	1.9%	8	1.8%
Total	1358	100.0%	845	100.0%	440	100.0%

The survey also looked at the **healthcare interpreter training issue from the perspective of a hiring (contracting) requirement**.²⁵ Only 43% of employers require interpreter job applicants to complete a course in healthcare interpreting or present proof of completion. In 38% of such cases, the training was provided by the employer, and 18% of respondents did not know who provided the required training. Thus, a third-party training organization was selected by only 43% of respondents.²⁶

The survey confirmed an empirical assumption that many healthcare interpreters receive **additional education and training relevant to their job** yet not specifically *in* healthcare interpreting. Question 18 (which allowed selection of multiple options)²⁷ asked respondents about any additional *professional* training related to linguistics/language or health care. And in fact, **82% of responses indicate that respondents have completed additional relevant professional training beyond the training related to healthcare interpreting** discussed above. At the same time, the *academic* path in *interpreting specifically* is still not a prevalent one, with only 20% of respondents choosing this option. The same trends are evident when filtering by residence. See the next table.

Table 31. Additional Professional Education By Residence (Question 18)

Type of Additional Education in Linguistics or Health Care	N	%	U.S. N	U.S. %	Overseas N	Overseas %
1. Academic education in linguistics and/or language (e.g., major in linguistics, journalism, or major in English, Spanish...)	475	35.3%	394	23.0%	84	25.0%
2. Academic training related to provision of clinical health care (e.g., medicine, nursing, dentistry...)	264	19.6%	232	13.6%	32	9.5%
3. <i>Academic</i> education in interpreting (at least one semester at a college/ university)	265	19.7%	227	13.3%	38	11.3%
4. <i>Non-academic</i> training in interpreting (for any setting or specialty)	473	35.1%	400	23.4%	75	22.3%
5. Academic education in translation (at least one semester at a college/university)	214	15.9%	166	9.7%	51	15.2%
6. None of the above	240	17.8%	197	11.5%	40	11.9%
7. Other	109	8.1%	94	5.5%	16	4.8%
Total (Responses)	2040	100.0%	1710	100.0%	336	100.0%
Total (Individuals)	1347					

²⁵ See table **Question 46** in Section 3.

²⁶ See also **Section 2.3.3 Employer Requirements and Monitoring** for more analysis.

²⁷ See table **Question 18** in Section 3.

Notably, 31% of respondents selected more than one option of education they received *in addition* to their education in healthcare interpreting. See the table below.

Table 32. Number of Additional Education Options Selected (Question 18)

Number of Educational Options	N Indiv	%
5 options	17	1.3%
4 options	49	3.6%
3 options	123	9.1%
2 options	232	17.2%
1 option	926	68.7%
Total	1347	100.0%

The survey also explored the **level of language-related and healthcare-related academic education** respondents received.²⁸ This question was posed to two different cohorts of respondents depending on their responses to Question 18. The first cohort, representing 71% of all responses which include options 1, 3 and 5 of Question 18, was asked about their *language*-related academic education level. The second cohort, representing 20% of all responses and consisting of option 2 responses to Question 18, was asked about their *healthcare*-related academic education level.

Overall, **the majority of healthcare interpreters (60% of all respondents) possess academic education either in language- or healthcare-related areas in addition to interpreter training specific to healthcare settings**, thus demonstrating that the healthcare interpreter is a well educated profession. Of 1,444 survey respondents, **43% (621) have academic education in a language-related area** (e.g., major in Spanish, linguistics, interpreting, translation). Additionally, **17% (247) of survey respondents have academic education related to provision of clinical health care** (e.g., medicine, nursing, dentistry, speech therapy, pharmacy, mental health).

Filtering **by residence** shows that the proportion of respondents with an academic degree (B.A., M.A., or Ph.D.) related to the language areas is somewhat higher for overseas respondents (62%) compared to the U.S.-based (54%). However, caution should be exercised in such comparison due to the lower number of overseas respondents overall. Additionally, over a quarter of respondents in each subgroup have completed an academic certificate program in a language-related area. A similar comparison for academic education in healthcare areas cannot be made since the number of overseas respondents is too low (30) for a statistically meaningful analysis. See the next two tables for details.

Table 33. Level of Academic Education in Language-related Majors by Residence (Question 18.1.a)

Level of Education in Linguistics	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Academic certificate program	170	27.4%	143	27.6%	27	25.7%
Associate's degree	53	8.5%	50	9.6%	3	2.9%
B.A. degree	217	34.9%	170	32.9%	47	45.7%
M.A. degree	118	19.0%	101	19.7%	17	16.2%
Ph.D. degree	6	1.0%	6	1.2%	0	0.0%
Other	57	9.2%	47	9.1%	10	9.5%
Total	621	100.0%	517	100.0%	104	100.0%

Table 34. Level of Academic Education in Healthcare Majors by Residence (Question 18.1.a)

Level of Education in Linguistics	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Academic certificate program	84	34.0%	75	34.9%	9	30.0%
Associate's degree	29	11.7%	26	12.1%	3	10.0%
B.A. degree	39	15.8%	29	13.5%	9	30.0%
M.A. degree	35	14.2%	31	14.4%	3	10.0%
Ph.D. degree	15	6.1%	14	6.5%	1	3.3%
Other	45	18.2%	40	18.6%	5	16.7%
Total	247	100.0%	215	100.0%	30	100.0%

²⁸ See table **Question 18.1.a** in Section 3.

Filtering the survey data **by modality** demonstrates that the proportions of respondents with an academic degree (B.A., M.A., or Ph.D.) in a language-related area are relatively similar among the subgroups. This is due to the share of U.S.-based interpreters working in remote modalities. 53% of in-person and 57% of remote interpreters have a graduate or postgraduate degree in a language-related area. Additionally, over a quarter of respondents in each subgroup have completed an academic certificate program related to language.

Table 35. Level of Academic Education in Language-related Majors by Modality (Question 18.1.a)

Level of Education in Linguistics	N	%	In-person N	In-person %	Remote N	Remote %
Academic certificate program	170	27.4%	110	28.7%	53	26.8%
Associate's degree	53	8.5%	38	9.9%	18	9.1%
B.A. degree	217	34.9%	128	33.4%	70	35.4%
M.A. degree	118	19.0%	71	18.5%	38	19.2%
Ph.D. degree	6	1.0%	3	0.8%	4	2.0%
Other	57	9.2%	33	8.6%	15	7.6%
Total	621	100.0%	383	100.0%	198	100.0%

A trend similar to the one demonstrated above for language-related academic education is present for academic degrees in clinical healthcare-related areas. 36% of in-person and 35% of remote interpreters have a degree (B.A., M.A., or Ph.D.) related to provision of clinical health care. Additionally, over a third of respondents in each subgroup have completed an academic certificate program related to health care.

Table 36. Level of Academic Education in Healthcare Majors by Modality (Question 18.1.a)

Level of Education in Linguistics	N	%	In-person N	In-person %	Remote N	Remote %
Academic certificate program	84	34.0%	57	33.9%	27	36.0%
Associate's degree	29	11.7%	20	11.9%	12	16.0%
B.A. degree	39	15.8%	21	12.5%	10	13.3%
M.A. degree	35	14.2%	28	16.7%	11	14.7%
Ph.D. degree	15	6.1%	11	6.5%	5	6.7%
Other	45	18.2%	31	18.5%	10	13.3%
Total	247	100.0%	168	100.0%	75	100.0%

Language proficiency in both working languages is another vital component of the interpreter job, and a predictor of quality of interpreting. The survey found that **26% of organizations hiring or contracting with healthcare interpreters do not require interpreter job applicants to take a language proficiency test**²⁹. Additionally, 12% of respondents are unaware if such a requirement exists in their organization. When a language proficiency test was required, in 47% of cases it was administered by the hiring organization itself. These findings underscore the need for requiring a national healthcare interpreter certification credential as a means to ascertain qualifications of interpreters.

Certification Status

A total of 1,414 respondents answered the question about **certification status**, which allowed for multiple selections. For subsequent analyses related, we limited the **subgroup of “certified” respondents** to individuals who hold any credentials from the following certifying bodies: CCHI (853 respondents), AIIC (1), ATA (16), BEI (13), Court Interpreter Certification federal or state programs (30), NAATI (1), RID (44), and the CMI credentials only of NBCMI (133).

Filtering the data by modality, **over two-thirds (69%) of certified respondents work in the in-person modality. This proportion drops dramatically for remote interpreting modalities:** 30% of respondents work in the OPI modality, and 28% work in the VRI modality³⁰. This finding suggests that the higher certification rates among in-person interpreters may be a factor in **the higher level of interpreting quality and consumer satisfaction achieved for that modality.**

²⁹ See more detailed analysis in **Section 2.3.3 Employer Requirements and Monitoring** and tables **Questions 45 and 45.1** in **Section 3**.

³⁰ A reminder: a respondent is included in a specific modality group if they selected one of the first three options defining their work modality, i.e., “always,” “frequently,” or “about half the time.”

**Table 37. Certification Status and Modality
In-Person Interpreting (Question 12.a)**

Frequency	Certified N	Certified %	Non-certified N	Non-certified %
Always (100%)	279	30.1%	120	24.8%
Frequently (67-99%)	283	30.5%	81	16.7%
About half the time (34-66%)	79	8.5%	36	7.4%
Occasionally (1-33%)	167	18.0%	73	15.1%
Never (0%)	119	12.8%	174	36.0%
Total	927	100.0%	484	100.0%

Over-the-phone Interpreting (OPI) (Question 12.b)

Frequency	Certified N	Certified %	Non-certified N	Non-certified %
Always (100%)	81	8.7%	133	27.3%
Frequently (67-99%)	105	11.3%	82	16.8%
About half the time (34-66%)	90	9.7%	55	11.3%
Occasionally (1-33%)	441	47.6%	157	32.2%
Never (0%)	210	22.7%	60	12.3%
Total	927	100.0%	487	100.0%

Video Remote Interpreting (VRI) (Question 12.c)

Frequency	Certified N	Certified %	Non-certified N	Non-certified %
Always (100%)	71	7.7%	71	14.6%
Frequently (67-99%)	98	10.6%	75	15.4%
About half the time (34-66%)	87	9.4%	53	10.9%
Occasionally (1-33%)	384	41.4%	166	34.1%
Never (0%)	287	31.0%	122	25.1%
Total	927	100.0%	487	100.0%

Staff interpreters of healthcare organizations have a higher proportion of certified interpreters (76%) than freelancers do (59%).

Table 38. Certification Status: Freelancers vs Staff of Healthcare Organizations (Question 4)

Status	All N	Certified N	Certified %	Non-certified N	Non-certified %
Staff interpreter (employee) in a healthcare organization	464	354	76.3%	110	23.7%
Freelancer (independent contractor)	644	379	58.9%	265	41.1%

However, as a group, certified interpreters work as staff or freelancers almost equally, 38% and 41% respectively. Non-certified interpreters are more than twice as likely to work as freelancers (54%) than in staff positions (23%). See the next table.

Table 39. Certification Status and Employment (Question 4)

Status	N	%	Certified N	Certified %	Non- certified N	Non- certified %
Staff interpreter (employee) in a healthcare organization	464	33.2%	354	38.2%	110	22.6%
Staff interpreter (employee) in a language service company	124	8.9%	78	8.4%	46	9.4%
Freelancer (independent contractor)	644	46.1%	379	40.9%	265	54.4%
Combination of a staff interpreter in a healthcare organization and freelancer	90	6.4%	60	6.5%	30	6.2%
Bilingual clinical healthcare professional (dual-role interpreter)	25	1.8%	11	1.2%	14	2.9%
Bilingual non-clinical healthcare staff (dual-role interpreter)	0	0.0%	9	1.0%	7	1.4%
Other	51	3.6%	36	3.9%	15	3.1%
Total	1398	100.0%	927	100.0%	487	100.0%

The next table provides the data filtered by **certification and language**. The proportion of certified respondents is higher among Spanish interpreters than among respondents of other spoken languages. However, ASL interpreters count a substantially higher proportion of certified respondents compared to all spoken languages.

Table 40. Certification Status by Language (Question 7)

Language	N of all respondents	Certified N	Certified %	Non-certified N	Non-certified %
Spanish	952	634	66.6%	318	33.4%
Other Spoken Languages	411	245	59.6%	166	40.4%
American Sign Language (ASL)	51	48	94.1%	3	5.9%

The survey asked respondents who are *not* certified a series of follow-up questions.³¹ Notably, 77% would be interested in certification, with 63% of them citing cost as the main barrier. Respondents who were *not* interested in certification cited cost (38%) and absence of differential pay for certification (32%) as their reasons.

The survey also asked a question about **certification as a requirement for hiring or contracting**³² with healthcare interpreters. Currently, **over a third of employers (35%) require certification** of their staff or freelance interpreters. Unfortunately, **48% of the respondents indicated that certification is not required by their organization, and additional 14% did not know.**

2.1.5 Personal Characteristics

The survey collected core demographic data: **gender**³³ (75% women), **age range**³⁴ (52% are between 41 and 60 years, and 10% - under 30), and **race or ethnicity**³⁵ (over half are Hispanic or Latino (55%), followed by the next largest groups, White (30%) and Asian (11%)).

Filtering the data by gender³⁶ and employment status in the next two tables demonstrates similarity of employment types. Men represent a slightly higher proportion among staff of language services companies compared to other employment types (26% vs 20-22%).

Table 41. Gender and Employment Status (Question 4)

Status	N	%	Woman N	Woman %	Man N	Man %
Staff interpreter (employee) in a healthcare organization	464	33.2%	341	33.1%	91	30.4%
Staff interpreter (employee) in a language service company	124	8.9%	86	8.3%	32	10.7%
Freelancer (independent contractor)	644	46.1%	469	45.5%	142	47.5%
Combination of a staff interpreter in a healthcare organization and freelancer	90	6.4%	63	6.1%	20	6.7%
Bilingual clinical healthcare professional (dual-role interpreter)	25	1.8%	17	1.6%	4	1.3%
Bilingual non-clinical healthcare staff (dual-role interpreter)	0	0.0%	14	1.4%	1	0.3%
Other	51	3.6%	41	4.0%	9	3.0%
Total	1398	100.0%	1031	100.0%	299	100.0%

³¹ See tables **Questions 11.1 – 11.4.b** in Section 3.

³² See table **Question 42** in Section 3.

³³ See table **Question 55** in Section 3.

³⁴ See table **Question 56** in Section 3.

³⁵ See table **Question 57** in Section 3.

³⁶ The gender question options “Non-binary (or another gender not listed above)” and “Prefer not to answer” contain 8 and 29 respondents respectively. Due to such low numbers in these subgroups further analyses were not performed.

Table 42. Gender Distribution among 4 Employment Statuses (Question 4)

Status	All N	Woman N	Woman %	Man N	Man %
Staff interpreter (employee) in a healthcare organization	464	341	73.5%	91	19.6%
Staff interpreter (employee) in a language service company	124	86	69.4%	32	25.8%
Freelancer (independent contractor)	644	469	72.8%	142	22.0%
Combination of a staff interpreter in a healthcare organization and freelancer	90	63	70.0%	20	22.2%

Looking at working hours (status) by gender shows that men are slightly more likely to work full-time as healthcare interpreters (by approximately 6%) compared to women.

Table 43. Gender and Working Status (Question 15)

Primary working status	N	%	Woman N	Woman %	Man N	Man %
I work full-time. (= I interpret in healthcare settings 30-40 hours per week.)	464	74.8%	337	74.4%	102	79.7%
I work part-time. (= I interpret in healthcare settings fewer than 30 hours per week.)	87	14.0%	66	14.6%	11	8.6%
I work as-needed (i.e., on-demand, on-call, per diem).	69	11.1%	50	11.0%	15	11.7%
Total	620	100.0%	453	100.0%	128	100.0%

Examining the relationship between **age and working status** reveals a notable trend: the proportion of full-time interpreters generally increases with age, peaking in the 51-60 age group. **A substantial 84% of interpreters in this age range report working full-time**, a far higher percentage than any other group. In contrast, interpreters aged 30 and under show the lowest rate of full-time employment at 67%, indicating that **younger interpreters are more likely to work part-time or on an as-needed basis**.

Table 44. Age and Working Status (Question 15)

Age range	I work full-time, N	I work full-time, %	I work part-time, N	I work part-time, %	I work as-needed, N	I work as-needed, %
18 to 30 years	30	66.7%	5	11.1%	10	22.2%
31 to 40 years	81	71.1%	22	19.3%	11	9.6%
41 to 50 years	110	74.3%	19	12.8%	19	12.8%
51 to 60 years	167	83.9%	15	7.5%	17	8.5%
61 years and over	67	70.5%	18	18.9%	10	10.5%

2.2. Interpreting Job Complexity

This section delves into the inherent complexity of the healthcare interpreting profession. Interpreting is a high-stakes, cognitively demanding task that requires significant mental effort, focus, and a unique language-processing skill set. Furthermore, healthcare interpreters consistently operate in emotionally charged environments, witnessing patient vulnerability, trauma, pain, and fear, which can have a profound impact on their own well-being.

This chapter analyzes the **cognitive demands**, **emotional impact**, and **additional roles and responsibilities** of the job. The findings will serve as a foundation for understanding the challenges healthcare interpreters face and the support structures needed to ensure their professional sustainability and interpreting quality.

2.2.1 Cognitive Demands

The cognitive demands of a profession refer to the specific mental effort, skills, and processes required to effectively perform the essential tasks and duties of a job.³⁷ Understanding the cognitive demands of a profession is crucial for training, optimizing workflows, and ensuring practitioners' well-being, which in turn lead to talent retention.

Healthcare interpreting is a profession with exceptionally high cognitive demands, often operating under immense pressure and with critical consequences. The healthcare interpreter is like a linguistic chameleon, constantly changing its colors and patterns to match its environment, a process that is incredibly demanding on the brain. The cognitive demands are exacerbated by the following factors (in addition to the actual meaning conversion cognitive load):

- Number of healthcare specialties the interpreter interprets for
- Number of healthcare settings the interpreter works in
- Number of settings other than healthcare the interpreter works in
- Interpreting for different age groups of patients
- Lack of advance information about an interpreting encounter (session, call)

Cognitive complexity involves more than just knowing terminology in two languages; it's about shifting entire knowledge domains, communication patterns, and environmental demands. The "switch cost" is high, requiring interpreters to rapidly re-contextualize their mental frameworks.

The primary reason for increased cognitive load when switching healthcare specialties or settings is the mental exertion required to transition between different "schemas" or "mental sets."³⁸

- **Schema Activation/Deactivation:** Each time an interpreter moves from, e.g., a cardiology appointment in a hospital ED to a dermatology visit in an outpatient clinic, they must rapidly deactivate the "cardiology/ED" schema (terminology, common scenarios, communication patterns) and activate the "dermatology/clinic" schema. This mental "reboot" consumes significant cognitive resources.
- **Reduced Automaticity:** When an interpreter works repeatedly within one specialty or setting, certain processes become more automatic (e.g., anticipating common questions, recalling frequently used terms). Frequent switching prevents this automaticity from fully developing, meaning the interpreter operates at a more conscious, effortful level more often.
- **Increased Risk of Errors:**³⁹ Information from the previous specialty or setting can inadvertently "bleed" into the current one (e.g., using cardiology terms in a dermatology context), increasing the risk of errors. The interpreter must actively suppress this interference.

³⁷ The concept is discussed in Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands-Resources model of burnout. *Journal of Applied Psychology*, 86(3), 499-512.

³⁸ For general explanation, see Rogers, R. D., & Monsell, S. (1995). The cost of a predictable switch between simple cognitive tasks. *Journal of Experimental Psychology: General*, 124(2), 207-231. Also, see Macnamara, Brooke (2012) "Interpreter Cognitive Aptitudes," *Journal of Interpretation: Vol. 19: Iss. 1, Article 1*, 9-32.

³⁹ See this study demonstrating that increasing the interpreter's cognitive demands affects quality of interpreting: Hao Yan, Yi Zhang, Yanqin Feng, Yang Li, Yueting Zhang, Yujun Lee, Maoqing Chen, Zijuan Shi, Yuan Liang, Yuqin Hei, Xu Duan (2024). Assessing mental demand in consecutive interpreting: Insights from an fNIRS study. *Acta Psychologica, Volume 243*.

- **Faster Fatigue:** The constant demand to adapt, re-contextualize, and manage multiple, distinct knowledge domains and communication styles leads to faster cognitive fatigue⁴⁰ and can increase the likelihood of errors or reduce overall performance quality over a workday.

The survey asked a series of questions about the factors exacerbating the interpreter's cognitive demands.

Each **healthcare specialty** is essentially its own universe of knowledge, language, and typical patient scenarios. One of the important findings⁴¹ of the survey is the fact that **the majority of healthcare interpreters (58%) regularly interpret for 6 or more healthcare specialties or settings on a weekly basis**. 84% interpret for more than two specialties or settings.

Filtering this data by modality shows that **remote interpreters regularly switch specialties and settings at a higher proportion than in-person interpreters** do: **71%** of remote respondents interpret for 6 and more specialties/settings compared to **56%** of their in-person counterparts.

Table 45. Number of Healthcare Specialties by Modality (Question 22)

Number of Specialties/Settings	N	%	In-person N	In-person %	Remote N	Remote %
1 specialty/setting	97	7.1%	54	6.3%	12	2.7%
2 specialties/settings	119	8.8%	83	9.8%	17	3.9%
3-5 specialties/settings	357	26.3%	241	28.3%	100	22.8%
6-10 specialties/settings	330	24.3%	209	24.6%	122	27.9%
Over 10 specialties/settings	455	33.5%	264	31.0%	187	42.7%
Total	1358	100.0%	851	100.0%	438	100.0%

Interestingly, **staff of healthcare organizations switch specialties/settings at a higher proportion than freelancers** do: **77%** of staff respondents interpret for 6 and more specialties/settings compared to **45%** of freelancers. The gap is smaller if we look at respondents who interpret for more than 2 specialties/settings: 92% of staff interpreters do so compared to 82% of freelancers.

Table 46. Number of Healthcare Specialties: Freelancers vs Staff of Healthcare Organizations (Question 22)

Number of Specialties/Settings	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
1 specialty/setting	97	7.1%	50	8.0%	17	3.8%
2 specialties/settings	119	8.8%	64	10.2%	18	4.0%
3-5 specialties/settings	357	26.3%	230	36.7%	70	15.7%
6-10 specialties/settings	330	24.3%	131	20.9%	130	29.1%
Over 10 specialties/settings	455	33.5%	152	24.2%	212	47.4%
Total	1358	100.0%	627	100.0%	447	100.0%

The environment in which interpreting takes place (i.e., **healthcare settings**) has cognitive implications due to varying pace, urgency, types of interactions, environmental distractions and stressors.

The table below provides data about **frequency of interpreting in different healthcare settings**⁴² by respondents. Respondents were asked to rate frequency of interpreting in different healthcare settings on a five-point scale. Clearly, the **most common setting is Outpatient clinics**, with **97%** of respondents interpreting there at least occasionally. (Interestingly, only 4% of respondents state that they are directly

⁴⁰ More on cognitive and mental fatigue in Hockey, Glyn. (2013). The Psychology of Fatigue: Work, Effort and Control. Additionally, here are examples of webpages dedicated to interpreter fatigue:

<https://www.interactio.com/post/how-to-prevent-interpreter-fatigue>, <https://thesosagency.com/interpreter-fatigue-and-burnout-recognizing-it-and-combating-it-before-it-takes-over/>, <https://www.tomedes.com/translator-hub/long-interpretation-session-tips>

⁴¹ See table **Question 22** in Section 3.

⁴² See table **Question 23** in Section 3.

employed by or contract with outpatient clinics.⁴³⁾⁴⁴ **The second most common setting is Hospitals (inpatient), with 90% of respondents interpreting there at least occasionally. The third most common setting is Mental Health and Behavioral Health Facilities (87%).** The best way to further analyze this data is to look at the “never” option as it will clarify which settings are *least* common to all respondents. The three *least* common settings are Correctional Facilities (39%), School-based Health Clinics (48%), and Insurance Plans (49%). Different settings (e.g., outpatient clinic vs. emergency room vs. mental health) demand different skill sets and preparation, which contributes to complexity of the healthcare interpreter job and its cognitive (as well as emotional) demands.

Table 47. Frequency of Interpreting in Various Healthcare Settings (Question 23)

Healthcare Settings	Always (100%)	Frequently (67-99%)	About half the time (34-66%)	Occasionally (1-33%)	Never (0%)	Total %	Total N, Responses
Outpatient clinic (including hospital-based clinics, labs), neighborhood health centers, specialties and specialized care)	21.0%	38.9%	20.6%	16.5%	2.9%	100.0%	1295
Hospital (inpatient)	18.0%	27.1%	15.4%	29.2%	10.3%	100.0%	1260
Mental Health and Behavioral Health Facilities	5.2%	12.3%	14.4%	54.6%	13.4%	100.0%	1184
Workers' Compensation (medical appointments)	7.3%	10.1%	9.7%	43.9%	29.0%	100.0%	1143
Hospice and Palliative Care	2.7%	5.8%	6.4%	52.1%	32.9%	100.0%	1105
Home Health	3.9%	6.6%	7.4%	46.7%	35.4%	100.0%	1093
Workers' Compensation (medical-legal)	5.0%	8.2%	7.1%	33.9%	45.7%	100.0%	1096
Long Term Care	3.4%	4.3%	6.5%	39.7%	46.2%	100.0%	1054
Insurance Plans	4.2%	7.3%	8.1%	29.3%	51.1%	100.0%	1060
School-Based Health Clinics	2.6%	5.1%	5.7%	34.5%	52.2%	100.0%	1087
Correctional Facilities	1.2%	2.4%	3.6%	31.8%	60.9%	100.0%	1046
Other	5.0%	6.7%	8.0%	42.6%	37.7%	100.0%	741

The next table compares **frequency of interpreting in different healthcare settings by in-person and remote modalities**. In it, we compare respondents who have indicated that they interpret in a specific setting occasionally or more often. The in-person cohort follows the general tendency discussed above. However, remote interpreters work in almost all settings equally, and the lowest frequency is still rather high at 61% (Correctional Facilities). Freelancers follow the pattern of remote interpreters, while staff interpreters follow that of in-person interpreters. **Therefore, this data indicates the cognitive demands of remote and freelance interpreters are higher than of their in-person and staff counterparts in this area.** See the next two tables.⁴⁵

⁴³ See table **Question 54** in Section 3.

⁴⁴ This finding can likely be explained by the fact that many hospitals and health systems, which directly employ interpreters, also operate on-site outpatient clinics.

⁴⁵ The percentages in these tables are calculated based on the total number of respondents for each specific healthcare setting, rather than the overall survey population. For example, the option "Outpatient clinic..." was answered by 1,295 respondents. The 97.1% figure represents the portion of those 1,295 who indicated they work in that setting “always” through “occasionally,” i.e., excluding those who “never” work in this setting. The percentages for each subgroup - in-person (795 responses), remote (428), freelance (584), and staff (426) interpreters, - are similarly calculated using their respective response totals for that same option.

Table 48. Healthcare Settings by Modality (Excluding the Option "Never")

Healthcare Settings	All responses	In-person	Remote
Outpatient clinic (including hospital-based clinics, labs), neighborhood health centers, specialties and specialized care)	97.1%	97.2%	97.4%
Hospital (inpatient)	89.7%	88.6%	96.4%
Mental Health and Behavioral Health Facilities	86.6%	83.5%	95.4%
Workers' Compensation (medical appointments)	71.0%	67.3%	80.4%
Hospice and Palliative Care	67.1%	61.6%	83.1%
Public Health	65.6%	55.7%	81.0%
Home Health	64.6%	51.7%	81.7%
Workers' Compensation (medical-legal)	54.3%	47.0%	66.3%
Long Term Care	53.8%	40.7%	75.5%
Insurance Plans	48.9%	32.6%	66.2%
School-Based Health Clinics	47.8%	38.0%	61.5%
Correctional Facilities	39.1%	22.7%	61.0%
Other	62.3%	56.0%	74.4%

Table 49. Healthcare Settings: Freelancers vs Staff of Healthcare Organizations (Excluding the Option "Never") (Question 23)

Healthcare Settings	All responses	Freelancers	HCO Staff
Outpatient clinic (including hospital-based clinics, labs), neighborhood health centers, specialties and specialized care)	97.1%	97.3%	97.2%
Hospital (inpatient)	89.7%	86.7%	95.1%
Mental Health and Behavioral Health Facilities	86.6%	88.7%	86.5%
Workers' Compensation (medical appointments)	71.0%	83.0%	50.8%
Hospice and Palliative Care	67.1%	59.9%	78.2%
Public Health	65.6%	81.0%	81.0%
Home Health	64.6%	71.4%	48.0%
Workers' Compensation (medical-legal)	54.3%	68.7%	28.2%
Long Term Care	53.8%	57.8%	41.0%
Insurance Plans	48.9%	58.6%	27.8%
School-Based Health Clinics	47.8%	58.0%	26.6%
Correctional Facilities	39.1%	48.7%	17.7%
Other	62.3%	72.4%	47.2%

The above data analysis related to healthcare specialties/settings highlights **the importance of providing more healthcare-related training to freelance and remote interpreters** since their cognitive demands are even higher than of those of their staff and in-person counterparts. And familiarity with the subject matter of interpreting is one of the main approaches to easing the cognitive load. The most effective mechanism of ensuring freelancers and remote interpreters receive such training is certification which requires continuing education for its maintenance.

The survey took a deeper look at **job complexity of remote interpreters (703) and freelancers working in in-person modality in multiple settings (607)**. **Remote interpreters** were segmented as those who work in over-the-phone or video-remote modalities "always," "frequently," or "about half the time," based on their responses to *Questions 12.b and 12.c*. **Freelancers** were segmented by two parameters: a) those who indicated the employment status as "freelancer," "combination of a staff interpreter in a healthcare organization and freelancer," and "staff interpreter (employee) in a language

service company,”⁴⁶ based on the responses to *Question 4*, and b) those who do work in multiple settings based on their response to *Question 24.1*.⁴⁷

The table below contains response data of those who indicated that they work in a particular setting “always,” “frequently,” or “about half the time.” This data confirms the accepted assumptions that during a typical work week, **remote interpreters and freelancers switch interpreting domains** (e.g., from health care to education to banking) **in addition to switching healthcare specialties and settings** (e.g., from hospital to public health to workers’ compensation).

Table 50. Interpreting Settings by Modality and Frequency of Always/Frequently (Questions 24.2.abcd combined)

Setting	Remote Interpreters (n=703)			Freelancers who work in multiple settings in-person (n=607)		
	N (Responses)	% of individuals	% Responses	N (Responses)	% of individuals	% Responses
Health Care	538	76.5%	45.0%	210	92.9%	46.4%
Pharmacy	159	22.6%	13.3%	27	11.9%	6.0%
Social Services	156	22.2%	13.0%	44	19.5%	9.7%
Education	79	11.2%	6.6%	60	26.5%	13.2%
Banking & Retail	49	7.0%	4.1%	11	4.9%	2.4%
Legal & Police (not Court)	46	6.5%	3.8%	19	8.4%	4.2%
Court	43	6.1%	3.6%	34	15.0%	7.5%
Business	39	5.5%	3.3%	14	6.2%	3.1%
Government	31	4.4%	2.6%	12	5.3%	2.6%
Entertainment & Sports	14	2.0%	1.2%	5	2.2%	1.1%
Other	42	6.0%	3.5%	17	7.5%	3.8%

Patient age dramatically exacerbates a healthcare interpreter’s cognitive load, primarily because it **necessitates constant adaptation of communication style, content, and the mental frameworks** used for interpreting. The challenge is magnified when interpreters switch between different age groups frequently within a workday or workweek, requiring rapid and diverse cognitive adjustments, such as:⁴⁸

- **Mental Model Shifting:** Each age group requires a different “mental model” for interpreting. Switching from simple, concrete language used by providers for a child to complex, nuanced discussions for a frail elder, and then to rapid, technical jargon for an adult in an emergency, demands rapid and complete shifts in cognitive strategy during interpreting.
- **Vocabulary and Register Adjustment:** The interpreter’s internal lexicon and stylistic register must be constantly reset when interpreting for providers who use “child speak” (“tummy ache”) in one encounter and respectful euphemisms in the next one (“abdominal discomfort”).
- **Attentional Flexibility:** Interpreters must constantly adapt their attentional focus. With a child, they might focus more on non-verbal cues and simplified language; with an elder, more on potential hearing/cognitive issues and clear pacing.

⁴⁶ The subgroup of “staff interpreter (employee) in a language service company” was included in this cohort because most language service companies serve not only healthcare but other settings, thus their staff interpreters should be prepared to perform interpreting in settings outside healthcare. To ensure that we are not including language company staff who work exclusively in health care, a second parameter (response to *Question 24.1*) was added.

⁴⁷ See table **Question 24.1** in *Section 3*.

⁴⁸ To our knowledge, there are no studies related to differences of interpreting for different age groups. However, differences in age-related speech patterns have been researched. For example, see Horton W.S., Spieler D.H., Shriberg E. (2010). A corpus analysis of patterns of age-related change in conversational speech. *Psychol Aging, Sep*;25(3), 708-13. Additionally, see this study related to interpreting in different situations: Li, S., Wang, Y., & Rasmussen, Y. Z. (2022). Studying interpreters’ stress in crisis communication: evidence from multimodal technology of eye-tracking, heart rate and galvanic skin response. *The Translator, 28*(4), 468–488.

- **Emotional Resilience:** Managing the emotional impact of a sick child versus a terminally ill elderly patient is vastly different and requires distinct emotional regulation strategies, adding to mental fatigue.
- **Increased Error Potential:** Each switch introduces a moment where the interpreter's brain must reorient, increasing the likelihood of cognitive slips, hesitations, or even minor inaccuracies if the transition isn't seamless. This "switch cost" is a known phenomenon in cognitive psychology.
- **Fatigue Accumulation:** The constant cognitive re-calibration throughout a workday or workweek, moving from one challenging age group to another, leads to faster accumulation of mental fatigue and burnout.

The survey data⁴⁹ shows that **most respondents (at least 90%) work with more than one age group**. Less than one percent of respondents (0.7%) has never interpreted for adult patients, 4% have never interpreted for older adults, and 9% have never interpreted for children. The percentages are even lower for remote interpreters. See the next table.

Table 51. Patient Age Groups by In-person vs Remote Modality (Question 21)

Frequency of Interpreting	Children (0-18 years)		Adults (19-65 years)		Older Adults (over 65)	
	N	%	N	%	N	%
All respondents						
1. Always (100%)	107	8.2%	325	24.0%	155	12.0%
2. Frequently (67-99%)	217	16.7%	581	42.9%	402	31.1%
3. About half the time (34-66%)	201	15.5%	301	22.2%	299	23.1%
4. Occasionally (1-33%)	650	50.1%	138	10.2%	388	30.0%
5. Never (0%)	122	9.4%	9	0.7%	49	3.8%
Total	1297	100.0%	1354	100.0%	1293	100.0%
In-person Interpreters						
1. Always (100%)	80	10.0%	215	25.6%	108	13.6%
2. Frequently (67-99%)	144	18.0%	348	41.5%	231	29.1%
3. About half the time (34-66%)	134	16.7%	192	22.9%	170	21.4%
4. Occasionally (1-33%)	369	46.0%	79	9.4%	246	31.0%
5. Never (0%)	75	9.4%	5	0.6%	39	4.9%
Total	802	100.0%	839	100.0%	794	100.0%
Remote Interpreters						
1. Always (100%)	35	8.3%	117	26.9%	57	13.5%
2. Frequently (67-99%)	74	17.5%	202	46.4%	156	37.1%
3. About half the time (34-66%)	84	19.9%	88	20.2%	101	24.0%
4. Occasionally (1-33%)	206	48.8%	28	6.4%	102	24.2%
5. Never (0%)	23	5.5%	0	0.0%	5	1.2%
Total	422	100.0%	435	100.0%	421	100.0%

Overseas respondents, unlike any other subgroups, are presented with an additional cognitive demand to distinguish between the English language and healthcare system variants depending on the country of calls' origin. Question 54.b⁵⁰ of the survey asked this subgroup which countries they receive calls from. And while the majority interpret for the U.S. healthcare systems, a third of respondents interpret calls for Canada (39%) and the United Kingdom (33%). The impact of switching between the various healthcare systems is similar to switching between specialties and settings discussed above.

Another factor affecting the healthcare interpreter's cognitive load is **presence or absence of advance information about an interpreting encounter**. Advance information allows the interpreter to shift

⁴⁹ See table **Question 21** in Section 3.

⁵⁰ See table **Question 54.b** in Section 3.

cognitive effort from "on-the-fly" processing (which is highly demanding on working memory) to more efficient, schema-driven processing. When interpreters receive little to no information about an encounter ("sight unseen" assignments), the cognitive load skyrockets due to increased uncertainty and guesswork, higher demands on working memory, increased stress and fatigue which may lead to greater risk of errors. When the interpreter enters the encounter not knowing the topic, the speakers, the setting, or the purpose, every piece of incoming information is new and requires immediate, effortful processing. They are constantly trying to build context and predict what might come next, which diverts valuable cognitive resources from the core interpreting task. The constant state of unpreparedness and the high cognitive demands lead to faster mental fatigue and increased stress, potentially contributing to burnout.

It is disheartening to learn from the survey results⁵¹ that **20% of respondents *never* get advance information about their assignments/calls**, and **28% receive such information only *occasionally***. The data shows that **almost two-thirds of remote interpreters receive advance information about their calls only *occasionally or not at all* (61%)**, and **over one-third of in-person interpreters are in the same disadvantaged position (36%)**.

Table 52. Receiving Advance Information by In-person vs Remote Modality (Question 29)

Number of Specialties/Settings	N	%	In-person N	In-person %	Remote N	Remote %
1. Always (100%)	219	16.4%	159	19.2%	51	11.8%
2. Frequently (67-99%)	312	23.4%	255	30.8%	72	16.6%
3. About half the time (34-66%)	169	12.7%	117	14.1%	47	10.8%
4. Occasionally (1-33%)	373	28.0%	210	25.3%	136	31.3%
5. Never (0%)	260	19.5%	88	10.6%	128	29.5%
Total	1333	100.0%	829	100.0%	434	100.0%

A similar tendency is found when filtering the data by employment status. **Over half of freelancers receive advance information about their assignments only *occasionally or not at all* (56%), and almost one-third of staff interpreters are in the same disadvantaged position (32%)**. Looking at the same data from another angle shows that the majority of staff interpreters (56%) receive advance information always or frequently compared to less than a third of freelancers (32%).

Table 53. Receiving Advance Information: Freelancers vs Staff of Healthcare Organizations (Question 29)

Number of Specialties/Settings	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
1. Always (100%)	219	16.4%	81	13.2%	98	22.4%
2. Frequently (67-99%)	312	23.4%	115	18.7%	148	33.9%
3. About half the time (34-66%)	169	12.7%	74	12.0%	51	11.7%
4. Occasionally (1-33%)	373	28.0%	202	32.8%	102	23.3%
5. Never (0%)	260	19.5%	143	23.3%	38	8.7%
Total	1333	100.0%	615	100.0%	437	100.0%

The survey asked respondents in an open-ended question⁵² to identify the kind of advance information they would like to receive about their assignment/call. The following common themes emerge from the 572 responses.

- **Context and Purpose of the Encounter:** A predominant request is for a clear understanding of what the session or call is about, including its goals, overall context, including the reason for the visit (e.g., consultation, follow-up, procedure).
- **Patient-Specific Medical and Personal Information:** Interpreters want relevant details about the patient's health and background to anticipate language and understand the situation. This includes:
 - **Diagnoses and Medical Conditions:** This is especially crucial for complex, rare, or sensitive diagnoses.
 - **Medical History, Medications, and Treatments**
 - **Patient Demographics:** Basic information such as the patient's name, age, and gender.

⁵¹ See table **Question 29** in **Section 3**.

⁵² See **Appendix H(2)** which contains responses to **Question 29.2** What kind of information would you like to receive prior to an assignment/call?

- **Communication Challenges:** Awareness of any special needs or communication difficulties the patient may have, such as patient's dialect, being hard of hearing, having a cognitive impairment, speech irregularities, or being illiterate, is highly valued.
- **Logistical Details of the Assignment:**
 - **Location and Setting**
 - **Provider Information:** The name and specialty of the provider (doctor, nurse, PT, OT, tech).
 - **Duration and Attendees:** Information on the approximate duration of the appointment and the number of people present in the room (including family members) is also helpful.
- **Sensitive or Emotionally Challenging Situations:** This includes:
 - **Delivering difficult news:** Such as cancer diagnoses, terminal illness, or end-of-life planning discussions.
 - **High-stress situations:** Including palliative care, emergency room settings, mental health crises, or cases involving trauma (e.g., assault, human trafficking).
- **Access to Preparatory Materials and Terminology:** Many interpreters wish for resources that help them prepare linguistically and professionally:
 - **Vocabulary and Terminology:** Access to specialized **medical vocabulary, jargon, glossaries**, or specific terms that will be used is frequently requested, especially for rare conditions or complex procedures.
 - **Documents and Scripts:** Receiving copies of slides, papers, common scripts, consent forms, or other documents in advance would allow interpreters to review and prepare for sight translation.
 - **Safety Measures:** Information about necessary PPE (Personal Protective Equipment) or other safety precautions (e.g., radiation exposure, isolation protocols) is also desired.

Overall, interpreters seek information that allows them to anticipate the content, terminology, emotional demands, and practical logistics of an assignment, thereby enhancing their ability to provide accurate, culturally sensitive, and professional interpretation.

2.2.2 Emotional Impact

The healthcare setting is often a place of vulnerability, where individuals confront illness, injury, and profound emotional distress. Healthcare interpreters not only bear witness to the raw pain, fear, and suffering of patients and their families, like other healthcare professionals do, but they transmit them after internalizing and processing. They meticulously convey every word, every cry, every agonizing detail of a patient's trauma, effectively absorbing the emotional weight of those experiences.

While interpreters are essential for ensuring equitable access to care, their constant exposure to traumatic narratives and emotionally charged environments, coupled with the ethical imperative to remain neutral while deeply empathizing, can come at a significant personal cost. This can manifest as **secondary traumatization**, a phenomenon where individuals develop trauma symptoms not from direct exposure to a traumatic event, but from empathic engagement with those who have experienced trauma. For healthcare interpreters, this can mean absorbing the emotional weight of medical emergencies, end-of-life discussions, abuse disclosures, and the profound grief of others, leading to a silent burden that can impact their mental, emotional, and even physical well-being.

Despite the critical nature of their work and the inherent emotional demands, the impact of secondary traumatization among healthcare interpreters has historically been underrecognized.⁵³

⁵³ We've identified the following publications related to this subject: 1) Geiling A, Knaevelsrud C, Böttche M, Stammel N. (2021), Mental Health and Work Experiences of Interpreters in the Mental Health Care of Refugees: A Systematic Review. *Front Psychiatry*, Oct 18;12:710789; 2) Hancox JA, McKiernan CF, Martin AL, Tomas J, MacArtney JI. (2023) The emotional effects on professional interpreters of interpreting palliative care conversations for adult patients: A rapid review. *Palliat Med*, Jul; 37(7), 931-946; 3) White, Jennifer W. (2012) Interpreting trauma : exploring the experience of compassion fatigue among professional medical interpreters : a project based on responses from the voluntary participation of professional medical interpreters at several major urban health care facilities. Master's Thesis, Smith College, Northampton, MA.

This survey asked a question about experiencing symptoms associated with secondary traumatization⁵⁴. **Responses reveal a stark reality: a mere 17% of interpreters report *not* experiencing secondary traumatization symptoms, leaving the vast majority to contend with its challenging effects.**

Filtering the data **by modality** reveals that **a higher percentage of remote interpreters have experienced symptoms of secondary traumatization** compared to their in-person counterparts (86% and 82% respectively). **Remote interpreters also have a higher percentage of experiencing such symptoms “somewhat often”:** 16% compared to 10% of in-person interpreters. **Thus, remote interpreters experience a higher emotional burden on the job and need more employer support in this area.**

Table 54. Secondary Traumatization by Modality (Question 60)

Frequency of Symptoms⁵⁵	N	%	In-person N	In-person %	Remote N	Remote %
I've never experienced anything like that.	231	16.8%	157	18.4%	62	14.0%
I've experienced some of these feelings a couple of times.	458	33.4%	288	33.7%	140	31.6%
I experience such feelings from time to time.	506	36.9%	324	37.9%	169	38.1%
I experience such feelings somewhat often.	177	12.9%	86	10.1%	72	16.3%
Total	1372	100.0%	855	100.0%	443	100.0%

The next table presents data filtered **by freelance/staff employment status**. In these subgroups, staff of healthcare organizations display a tendency similar to that of the remote interpreters discussed above. **86% of staff interpreters have experienced symptoms of secondary traumatization compared to 81% of freelancers.** Staff interpreters also have a higher percentage of experiencing such symptoms “somewhat often” and “from time to time.”

Table 55. Secondary Traumatization: Freelancers vs Staff of Healthcare Organizations (Question 60)

Frequency of Symptoms	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
I've never experienced anything like that.	231	16.8%	120	19.3%	66	14.5%
I've experienced some of these feelings a couple of times.	458	33.4%	214	34.3%	129	28.4%
I experience such feelings from time to time.	506	36.9%	209	33.5%	201	44.2%
I experience such feelings somewhat often.	177	12.9%	80	12.8%	59	13.0%
Total	1372	100.0%	623	100.0%	455	100.0%

The survey asked a follow-up question⁵⁶ about **which symptoms of secondary traumatization respondents experienced**. Over three quarters of respondents **(79%) experienced emotional exhaustion** (feeling drained or overwhelmed after witnessing patients' suffering). More than half **(53%)**

⁵⁴ See table **Question 60** in Section 3.

⁵⁵ To avoid any bias due to potential stigma associated with any mental health issues in some cultures, the survey question was asked in the following manner: **Question 60. In your role as a healthcare interpreter, how often do you experience any of these feelings after a session (assignment, call)?**

- Anxiety
- Emotional exhaustion (feeling drained or overwhelmed after witnessing patients' suffering)
- Sleep difficulties
- Difficulty concentrating or staying focused
- Physical symptoms (headaches, fatigue, or tension)
- Repetitive thoughts about the interpreted emotionally difficult content
- Loss of empathy or feeling detached from clients or colleagues
- Avoidance of assignments or topics related to the witnessed patients' suffering

⁵⁶ See table **Question 60.a** in Section 3.

experienced **physical symptoms** (headaches, fatigue, or tension), and half of the respondents (**50%**) experienced **anxiety**. Over **a third of respondents** experienced **repetitive thoughts** about the interpreted emotionally difficult content and **difficulty concentrating or staying focused**.

Notably, **63% of respondents experienced three (3) or more symptoms, including 13% who experienced six (6) or more symptoms** and 3% who experienced *all* symptoms listed in the question. See the next table.

Table 56. Number of Symptoms of Secondary Traumatization Experienced

Number of Symptoms of Secondary Traumatization	N Indiv	% Indiv
8 symptoms	23	3.4%
7 symptoms	25	3.7%
6 symptoms	42	6.2%
5 symptoms	77	11.3%
4 symptoms	113	16.6%
3 symptoms	150	22.0%
2 symptoms	128	18.8%
1 symptom	124	18.2%
Total	682	100.0%

An important mechanism for coping with secondary traumatization is taking breaks, especially after interpreting encounters with exposure to traumatic experiences of patients. The survey asked the question⁵⁷ whether respondents are allowed to take a break or finish/leave their shift early after an emotionally hard session/call. **A quarter of all respondents (26%) are not permitted to take such breaks.** This underscores the emotional toll as an inherent complexity of the healthcare interpreter's job. Establishing clear policies about such breaks or early leaving would go a long way to mitigating the effects of secondary traumatization which would lead to better quality of interpreting and factor in interpreter retention.

Filtering by modality and employment type demonstrates a similar finding: a slightly lower percentage of remote interpreters and staff of healthcare organizations (23%) have no ability to take breaks after emotionally heavy encounters/calls.

Table 57. Time Out after Emotionally Hard Sessions by Modality (Question 33.2)

Allowed or Not	N	%	In-person N	In-person %	Remote N	Remote %
Yes	722	60.3%	430	59.1%	247	61.8%
No	308	25.7%	197	27.1%	93	23.3%
Other	168	14.0%	100	13.8%	60	15.0%
Total	1198	100.0%	727	100.0%	400	100.0%

Table 58. Time Out after Emotionally Hard Sessions: Freelancers vs Staff of Healthcare Organizations (Question 33.2)

Allowed or Not	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Yes	722	60.3%	305	56.7%	279	68.2%
No	308	25.7%	150	27.9%	95	23.2%
Other	168	14.0%	83	15.4%	35	8.6%
Total	1198	100.0%	538	100.0%	409	100.0%

Analysis of the 136 **comments** provided by respondents who chose the option “**Other**”⁵⁸ reveals that more often than not these responses are *de facto* a variation of the “No” option. **Thus, increasing the proportion of respondents who are not allowed to take the discussed breaks to about 36%.** The following common themes are listed here, from the most to least common:

⁵⁷ See table **Question 33.2** in *Section 3*.

⁵⁸ See **Appendix I(4)**

- **Lack of Clear Policy or Personal Experience:** This is by far the most frequently expressed sentiment. Many interpreters do not know if they are allowed to take such breaks or leave early, or state that they have never been in a situation where they felt the need to do so. Some explicitly mention that there is no official guideline in writing at their workplace.
- **Unpaid Time and Financial Implications:** A large number of interpreters highlight their status as independent contractors or freelancers, which grants them considerable control over their schedule. They often state they can log off whenever they want, and manage their time as convenient. At the same time, they note that taking a break or leaving early results in unpaid time. This can lead to the feeling that it "works against me" as it means missed income. Some mention that any missed hours "have to be compensated before the month ends", implying a financial penalty or additional workload later.
- **Scheduling and Workload Constraints:** The ability to take a break or leave is frequently contingent on the current workload, scheduled assignments, or adherence policies. Interpreters state they cannot leave if they have other appointments or assignments scheduled back-to-back. There might be a need to meet a "minute quota by month", meaning frequent or long breaks could lead to falling behind.
- **Support and Flexibility:** While less dominant than the above three themes, a notable number of comments suggest that flexibility and support can be available if interpreters communicate their needs. This includes options like "Volunteer time off", a generally "flexible" work environment, or the ability to "communicate with the team" for guidance. Some report that the agency "would support me" if needed, or that it's a "relatively new concept and practice that we have pushed to get with some amount of success". Interpreters might be "given the opportunity and encouraged" to take breaks for heavy assignments.
- **Requirement for Supervisor/Manager Approval:** For many, particularly those who are not freelancers, permission from a supervisor, manager, or director is necessary to take a break or leave early. This often involves communicating the need or submitting a request. While approval is often granted, access to decision-makers "is not easy".
- **Negative Perceptions or Consequences:** Even when technically allowed, taking breaks or leaving early is sometimes frowned upon or counted negatively. It might "affect attendance" or result in penalties after a few occurrences. Some feel that while management says it's allowed, there are often "negative comment[s] about it", or that they are expected to "unwind in 30 seconds before the next call comes in". The work environment itself can also "make it difficult".
- **Distinction Between Taking a Break and Leaving the Shift:** Several comments differentiate between being able to take a short break versus finishing an entire shift early. While taking a shorter break might be more permissible, leaving the shift entirely is often more restricted or explicitly stated as "not allowed" or "not usually leave from shift".

The survey found that **organizational support** to help interpreters process the emotional impact of their work and cope with secondary traumatization symptoms is remarkably low.⁵⁹ **Across all respondents, less than 10% have access to debriefing opportunities or mental health counseling, while a mere 6% receive physical well-being services.**

The disparity in support is particularly stark when filtered **by employment status**. **Staff interpreters are slightly more likely to receive support**, with 12% having debriefing opportunities and 13% having access to mental health services. These critical resources are virtually nonexistent for freelancers, with only 7% having debriefing opportunities and a mere 1% having access to mental health services. See the next two tables.

This data underscores a widespread failure to provide interpreters with the necessary tools to mitigate cognitive and emotional demands of their work, leaving a large portion of the profession, especially freelancers, vulnerable to burnout and compassion fatigue.

⁵⁹ See additional narrative regarding the full data set for **Question 35** in *Section 2.3.2 Organizational Support* and *Section 3*.

Table 59. Organizational Support by Modality (relevant options in Question 35)

Kind of support	N	%	In-person N	In-person %	Remote N	Remote %
Opportunity to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient's trauma, pain, fear, emotional turmoil)	457	9.9%	326	10.7%	141	8.8%
Access to mental health services/counseling	422	9.1%	324	10.6%	117	7.3%
Access to physical well-being services (e.g., gym, meditation practice, etc.)	272	5.9%	220	7.2%	69	4.3%

Table 60. Organizational Support: Freelancers vs Staff of Healthcare Organizations (relevant options in Question 35)

Kind of support	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Opportunity to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient's trauma, pain, fear, emotional turmoil)	457	9.9%	85	6.7%	267	11.7%
Access to mental health services/counseling	422	9.1%	18	1.4%	303	13.2%
Access to physical well-being services (e.g., gym, meditation practice, etc.)	272	5.9%	9	0.7%	210	9.2%

2.2.3 Additional Roles and Responsibilities

Complexity and variety of the healthcare interpreter profession is further exemplified by the fact that **over 40% of all survey respondents take additional jobs and roles**⁶⁰ outside of direct interpretation in healthcare settings. This demonstrates that many interpreters are not solely focused on healthcare interpreting tasks but juggle multiple professional identities and duties, such as (listed in the order of respondents' choices):

- Translator
- Interpreter in other settings
- Trainer of healthcare interpreters
- Language instructor
- Manager/supervisor of healthcare interpreters at a healthcare organization
- Bilingual clinical healthcare professional (e.g., physician, nurse, radiology technician, i.e., anyone providing direct patient care)
- Bilingual healthcare staff member (any non-clinical healthcare personnel, e.g., receptionist, accounting specialist, custodian)

The next four tables demonstrate adoption of the above additional roles by freelancer/staff interpreter employment status, modality, and residence. Staff interpreters of healthcare organizations are more likely to take on additional roles in the course of their work compared to freelancers: 55% do vs 30% of freelancers. A similar tendency exists for certified, in-person, and U.S.-based interpreters who are more likely to perform additional roles compared to their non-certified, remote, and overseas counterparts respectively.

Table 61. Additional Roles: Freelancers vs Staff of Healthcare Organizations (Question 16)

Perform additional roles	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	580	41.5%	192	30.1%	253	54.9%
No	818	58.5%	447	70.0%	208	45.1%
Total	1398	100.0%	639	100%	461	100%

⁶⁰ See table **Question 16** in **Section 3**.

Table 62. Additional Roles by Certification Status (Question 16)

Perform additional roles	N	%	Certified N	Certified %	Non-certified N	Non-certified %
Yes	580	41.5%	406	44.1%	176	36.6%
No	818	58.5%	515	55.9%	305	63.4%
Total	1398	100.0%	921	100.0%	481	100.0%

Table 63. Additional Roles by Modality (Question 16)

Perform additional roles	N	%	In-person N	In-person %	Remote N	Remote %
Yes	580	41.5%	385	44.2%	170	37.8%
No	818	58.5%	487	55.8%	280	62.2%
Total	1398	100.0%	872	100.0%	450	100.0%

Table 64. Additional Roles by Residence (Question 16)

Perform additional roles	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	580	41.5%	499	42.4%	83	37.1%
No	818	58.5%	679	57.6%	141	63.0%
Total	1398	100.0%	1178	100.0%	224	100.0%

Respondents who answered that they do take on other roles in addition to healthcare interpreting were asked the follow-up question⁶¹ to clarify the nature of their additional role(s). **The most common additional role (53%) is that of a translator, followed by an interpreter in other settings (37%), and healthcare interpreter trainer (27%).**

Almost half of respondents (48%) take on more than one additional role. See the table below.

Table 65. Number of Roles in Addition to Healthcare Interpreting

Number of Additional Roles	N Indiv	% Indiv	Certified N	Certified %	HCO Staff N	HCO Staff %
6 additional roles	3	0.5%	2	0.5%	1	0.4%
5 additional roles	15	2.6%	10	2.5%	1	0.4%
4 additional roles	35	6.0%	17	4.2%	10	4.0%
3 additional roles	69	11.9%	47	11.6%	22	8.8%
2 additional roles	154	26.6%	114	28.2%	64	25.5%
1 additional roles	303	52.3%	214	53.0%	153	61.0%
Total individuals	579	100.0%	404	100.0%	251	100.0%

Filtering the data by certification and employment status highlights a key finding: **certification is the main factor associated with an interpreter's likelihood to take on (or be assigned) additional roles.** Certified interpreters constitute 70% of all respondents who perform extra roles and nearly 69% of those who perform more than one additional role. In contrast, filtering by employment status shows that it is not as strong a predictor of this behavior, with only 44% of staff and 33% of freelancers taking on at least one additional role. The data on those with more than one additional role further supports this, as staff interpreters make up only 36% of this group. This comparison underscores the critical role of certification in shaping an interpreter's professional responsibilities beyond core interpreting tasks. See the next two tables.

⁶¹ See table **Question 16.1** in *Section 3*.

Table 66.

Yes, Perform additional roles⁶²	N	% of All
Certified	406	70.0%
Non-certified	176	30.3%
HCO staff	253	43.6%
Freelancers	192	33.1%
All respondents	580	100.0%

Table 67.

More than 1 additional role⁶³	N	% of All
Certified	190	68.8%
HCO staff	98	35.5%
All respondents	276	100.0%

Based on the above information, certification appears to be a valent indicator of an interpreter's versatility and contribution within an organization. Certification not only validates an interpreter's core linguistic skills but also strongly aligns with their capacity and willingness to take on additional roles, thereby enhancing their overall value and utility to an employer. From the interpreter's perspective, certification offers a clear advantage as it directly correlates with increased opportunities for professional growth and broader engagement within their roles. In essence, **certification empowers interpreters not just to perform their primary function effectively, but also to become more integral and valuable assets, leading to a more fulfilling and robust career trajectory.**

It is a common practice for some interpreters in *any* setting to also do translation. The survey asked the question⁶⁴ whether **translation of written documents from English is part of the respondents' job description** as a healthcare interpreter. Data reveals that **translation is a significant, distinct task for over a quarter of respondents (28%)**, adding considerable complexity, since written translation requires a special skill set and training.

Filtering the data by different parameters demonstrates the same tendency as the question about any additional roles. Namely, **certified interpreters are by far more likely to have translation as part of their job description or job duties**: 73% of certified interpreters do. See the next two tables.

Table 68. Written Translation as Part of Job (Question 50)

Response	N	%	Certified N	Certified %	Non-certified N	Non-certified %	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	376	27.7%	273	30.5%	103	22.2%	99	15.9%	216	48.0%
No	929	68.4%	576	64.3%	355	76.3%	505	81.1%	213	47.3%
Other	54	4.0%	47	5.2%	7	1.5%	19	3.0%	21	4.7%
Total	1359	100.0%	896	100.0%	465	100.0%	623	100.0%	450	100.0%

⁶² Data is presented only for these two subgroups because certified interpreters are part of other subgroups, such as in-person or U.S.-based respondents, in a similar proportion as they are part of the staff respondents' subgroup. Therefore, we believe one example is sufficed.

⁶³ Similarly to the previous table, we believe comparing these two subgroups reveals the proportion that is present and similar in other comparisons.

⁶⁴ See table **Question 50** in *Section 3*.

Table 69.

Yes, Perform Translation	N	% of All
Certified	273	72.6%
Non-certified	103	27.4%
HCO staff	216	57.4%
Freelancers	99	26.3%
All respondents	376	100.0%

Respondents who confirmed they perform translation on the job were presented a series of follow-up questions to better understand the nature and extent of their translation duties. In terms of **frequency**⁶⁵, responses indicate that translation is a regular task, with **73% performing it at least once a month or more frequently, and 22% performing it at least once a day**.

Regarding the **types of documents**⁶⁶ translated by interpreters, the two most common ones are **discharge and medication instructions** (69% and 65% of respondents do those). Translation of these documents, which are patient-specific, could be viewed as an appropriate extension of the interpreter's task as long as the interpreter has received adequate training in translation and their translation skills have been assessed. However, the next two most common document types are **consent forms and patient education materials** (58% and 57% respectively). Those are very complex documents that are utilized for large audiences, and the impact of potential errors is significant, potentially leading to medical malpractice claims or adverse health outcomes.

To mitigate critical risks that translation of healthcare documents involves, it is absolutely essential that interpreters who perform translation are fully supported by their organizations, receiving not only additional training in translation but also access to the appropriate tools needed to ensure accuracy and minimize errors. Yet, responses to the training question⁶⁷ demonstrate that **only 59% of respondents receive specialized training in written translation**. Among certified interpreters who perform translation, this percentage is slightly higher at 62%. As far as **utilization of machine-translation or translation memory tools**⁶⁸, respondents indicate that only 37% use any. This percentage is the same among certified respondents.

The final layer of complexity of the healthcare interpreter job relates to practices of adding auxiliary tasks related to an interpreted encounter. Tasks like navigating patients, data entry, or other support roles add administrative or non-interpretive burdens to their primary function. This provides insight into the **expanding scope of interpreter roles**.

Over a quarter of respondents (28%) perform such non-interpreting tasks.⁶⁹ Analysis of respondents who undertake additional tasks (378 positive responses) reveals that such tasks are more likely to be performed by in-person, certified, and staff interpreters compared to their respective remote, non-certified and freelancer counterparts. See the next table.

⁶⁵ See table **Question 50.1** in *Section 3*.

⁶⁶ See table **Question 50.3** in *Section 3*.

⁶⁷ See table **Question 50.2** in *Section 3*.

⁶⁸ See table **Question 50.4** in *Section 3*.

⁶⁹ See table **Question 51** in *Section 3*.

Table 70.

Yes, Perform additional tasks	N	% of All
HCO Staff	177	46.8%
Freelancers	119	31.5%
In-person interpreters	256	67.7%
Remote interpreters	110	29.1%
Certified interpreters	244	64.6%
Non-certified interpreters	136	36.0%
All respondents	378	100.0%

These 378 respondents were asked a follow-up question⁷⁰ to describe these tasks. The following several common themes emerge:

- **Patient Navigation**
 - A highly frequent task involves accompanying patients to various locations within and outside the hospital. This includes guiding patients to the lab, pharmacy, different specialty services, x-ray and MRI rooms, physical therapy, occupational therapy, and speech therapy. Interpreters also escort patients to other departments, the billing office, the bus or garage (especially for Deafblind individuals), and even the food bank or financial assistance departments.
- **Data Entry, Charting, and Documentation**
 - A large portion of tasks involves entering information in job tracking software.
 - Some interpreters also chart encounters in electronic medical records (EMRs) like Epic, documenting interpreter services used.
- **Scheduling and Appointment Management**
 - Interpreters frequently assist with scheduling appointments, including future visits and follow-up appointments.
 - They may also be involved in confirming appointments for patients and verifying the need for an interpreter.
 - "Dial-outs" are a commonly mentioned task, which involves making outbound calls to patients or clients. These calls can be for appointment reminders, providing results, or leaving messages.
- **Administrative and Clerical Support**
 - Some interpreters perform various administrative and clerical duties, such as processing badges, creating invoices, and general office work when not actively interpreting.
- **Patient Advocacy and Resource Provision**
 - Interpreters may also help with applications for Medicaid, food stamps, or birth certificates.
 - Advocating for language access within the healthcare system is also noted.
- **Training and Education Roles**
 - Many interpreters are involved in training newly hired interpreters, developing educational materials, and giving presentations. Mentoring new-hires is also a task.
 - They educate medical and clinical staff on how to request and properly utilize interpreter services, best practices when working with an interpreter, and cultural competence.
 - Some conduct or evaluate language proficiency assessments for interpreters and bilingual providers.
- **Technical Support**
 - Some interpreters are responsible for checking and maintaining video remote interpretation (VRI) equipment, delivering auxiliary aids like hearing amplifiers, and handling interpreting equipment updates and setups.

These tasks highlight that healthcare interpreters often fulfill a multifaceted role, extending beyond direct linguistic interpretation to encompass significant logistical, administrative, educational, and patient support functions within the healthcare system.

⁷⁰ See **Appendix P(2)** which contains responses to **Question 51.1** What other non-interpreting job tasks do you perform?

To gauge the potential **impact of artificial intelligence (AI)** in healthcare interpreting, the survey asked a series of questions. The first question focused on current AI usage,⁷¹ to which only **18% of all respondents** answered yes at the time of the survey. This low percentage suggests that while AI is a topic of discussion in the field, it was not a widely utilized tool for most interpreters at that point.

The data, filtered by both residence and employment status, reveals that the adoption of AI varies across different segments of the profession. **A higher percentage of overseas interpreters (23%) use AI in their work compared to their U.S.-based counterparts (17%).** A similar, though less pronounced, trend is seen when filtering by employment status, with **staff interpreters (19%)** using AI slightly more often than **freelancers (17%)**. See the next two tables.

Table 71. AI Usage by Residence (Question 49)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	238	17.6%	189	16.6%	50	22.8%
No	1117	82.4%	950	83.4%	169	77.2%
Total	1355	100.0%	1139	100.0%	219	100.0%

Table 72. AI Usage: Freelancers vs Staff of Healthcare Organizations (Question 49)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	238	17.6%	105	16.9%	83	18.7%
No	1117	82.4%	516	83.1%	362	81.3%
Total	1355	100.0%	621	100.0%	445	100.0%

Respondents who do utilize AI in their work were asked about its specific **purpose**. **The majority of all respondents (51%) utilize AI for research and knowledge acquisition** outside of actual interpreting, such as for terminology or grammar inquiries.

However, a noticeable difference emerges when filtering **by residence**. **Overseas interpreters are far more likely than their U.S.-based counterparts to use AI for assistance *during* interpreting.** Specifically, 20% of overseas interpreters use AI *solely* for real-time assistance (e.g., live transcription), and an additional 46% use it for *both* real-time assistance and research. In contrast, only 6% of U.S.-based interpreters use it solely for real-time assistance, and 30% use it for both purposes. While staff interpreters use AI for research more often than freelancers (60% vs. 48%), **freelancers are more likely to use it for both purposes (40% vs. 23%).** This suggests that while research is the primary use for AI across the board, **overseas and freelance interpreters are more inclined to integrate it into the active interpreting process.** See the next two tables.

Table 73. Purpose for AI by Residence (Question 49.1)

Purpose for AI	N	%	U.S. N	U.S. %	Overseas N	Overseas %
For research/knowledge (outside actual interpreting, e.g., terminology, idioms, grammatical collocation)	119	51.3%	103	56.3%	17	34.0%
For assistance while I am interpreting (e.g., live transcription/close captioning while I am interpreting)	20	8.6%	10	5.5%	10	20.0%
For both of the above	78	33.6%	55	30.1%	23	46.0%
Other	15	6.5%	15	8.2%	0	0.0%
Total	232	100.0%	183	100.0%	50	100.0%

⁷¹ See table **Question 49** in *Section 3*.

Table 74. Purpose for AI: Freelancers vs Staff of Healthcare Organizations (Question 49.1)

Purpose for AI	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
For research/knowledge (outside actual interpreting, e.g., terminology, idioms, grammatical collocation)	119	51.3%	49	47.6%	47	59.5%
For assistance while I am interpreting (e.g., live transcription/close captioning while I am interpreting)	20	8.6%	10	9.7%	4	5.1%
For both of the above	78	33.6%	41	39.8%	18	22.8%
Other	15	6.5%	3	2.9%	10	12.7%
Total	232	100.0%	103	100.0%	79	100.0%

Recognizing the imperative for **human oversight of AI tools being deployed in interpreting**, the survey asked respondents who use AI if they had ever been asked to provide such monitoring. **Only 6% of all respondents reported they had.** The actual number of interpreters providing this monitoring is very low: 9 interpreters in the U.S. and 4 overseas. When filtered by residence and employment status, the percentages remain low across all groups, with no meaningful differences observed. This suggests that while AI is being used in the profession, formal human monitoring protocols are not yet a widespread practice.

Table 75. AI Monitoring by Residence (Question 49.2)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	13	5.6%	9	4.9%	4	8.3%
No	218	94.0%	175	94.6%	44	91.7%
Other	1	0.4%	1	0.5%	0	0.0%
Total	232	100.0%	185	100.0%	48	100.0%

Table 76. AI Monitoring: Freelancers vs Staff of Healthcare Organizations (Question 49.2)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	13	5.6%	4	3.8%	4	5.0%
No	218	94.0%	100	96.2%	75	93.8%
Other	1	0.4%	0	0.0%	1	1.3%
Total	232	100.0%	104	100.0%	80	100.0%

2.3. Working Environment

This section of the report shifts focus from the internal demands of interpreting to the external factors that shape the profession: the working environment. The effectiveness and sustainability of healthcare interpreters are heavily influenced by the organizational structures and policies surrounding their work. We will examine three critical aspects of the work environment: **workload, organizational support, and employer requirements**.

By analyzing workload management, the availability and extent of organizational support, and the nature of employer requirements and monitoring mechanisms, we can identify how these factors directly impact interpreter well-being, job satisfaction, and the overall quality of interpreting services. The findings will highlight areas where policies and practices can be improved to better support the interpreting community.

2.3.1. Workload and Autonomy

Interpreter workload is a critical factor influencing both the well-being of healthcare interpreters and the quality of interpreting services provided. Understanding the workload of healthcare interpreters is crucial for assessing their capacity, identifying potential burnout risks, and ensuring sustainable language access in healthcare settings. This section delves into the various aspects of interpreter workload:

- Weekly working hours
- Fixed or flexible working shifts and their duration
- Volume of assignments or calls per day or shift
- Duration of assignments or calls
- Autonomy and workload control

Weekly Working Hours

Our survey data⁷² reveals a diverse range of working hours among healthcare interpreters. **Only 42% reported working 30 or more hours per week** specifically in healthcare settings, indicating a common full-time commitment. At the same time, **almost a third reported working fewer than 10 hours per week**: 7% worked less than 2 hours, 11% worked 3-5 hours, and 11% worked 6-10 hours.⁷³

Further insights into these patterns emerge when examining the data **filtered by interpreting modality** (in-person vs. remote), **employment status** (staff vs. freelancer), and **language** (Spanish vs other spoken languages vs ASL). Two factors seem to be more meaningful in determining the number of weekly work hours – the employment status and primary language of service. **69% of staff interpreters work 30 or more hours per week in health care compared to 25% of freelancers**. Also, staff interpreters are three times less likely to work fewer than 10 hours compared to freelancers (11% vs 36%). **And the proportion of Spanish interpreters who work 30 and more hours is higher** than that of interpreters of ASL or other spoken languages (Spanish – 45%, ASL – 38%, and other languages – 35%). See the next three tables.

Table 77. Typical Weekly Hours of Interpreting in Health Care: Freelancers vs Staff of Healthcare Organizations (Question 19)

Hours per week	N	%	Freelancers N	Freelancers %	HCO Staff N	HCO Staff %
Less than 2 hours	101	7.4%	58	9.2%	7	1.6%
3-5 hours	143	10.5%	83	13.2%	18	4.0%
6-10 hours	150	11.0%	86	13.7%	24	5.4%
11-20 hours	197	14.4%	129	20.5%	36	8.1%
21-29 hours	208	15.2%	116	18.5%	53	11.9%
30-40 hours	378	27.7%	89	14.2%	223	50.1%
41 hours and over	190	13.9%	67	10.7%	84	18.9%
Total	1367	100.0%	628	100.0%	445	100.0%

⁷² See table **Question 19** in **Section 3**.

⁷³ See **Section 2.5. Job Satisfaction and Future Outlook** for information about how satisfied respondents are with the number of hours they work per week.

Table 78. Typical Weekly Hours of Interpreting in Health Care by Language (Question 19)

Hours per week	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Less than 2 hours	101	7.4%	68	7.3%	30	7.7%	3	6.0%
3-5 hours	143	10.5%	76	8.2%	56	14.3%	11	22.0%
6-10 hours	150	11.0%	98	10.5%	47	12.0%	5	10.0%
11-20 hours	197	14.4%	129	13.9%	63	16.1%	6	12.0%
21-29 hours	208	15.2%	143	15.4%	60	15.3%	6	12.0%
30-40 hours	378	27.7%	288	31.0%	75	19.2%	16	32.0%
41 hours and over	190	13.9%	128	13.8%	60	15.3%	3	6.0%
Total	1367	100.0%	930	100.0%	391	100.0%	50	100.0%

Table 79. Typical Weekly Hours of Interpreting in Health Care by Modality (Question 19)

Hours per week	N	%	In-person N	In-person %	Remote N	Remote %
Less than 2 hours	101	7.4%	36	4.2%	13	2.9%
3-5 hours	143	10.5%	75	8.8%	32	7.2%
6-10 hours	150	11.0%	105	12.3%	39	8.8%
11-20 hours	197	14.4%	134	15.7%	53	12.0%
21-29 hours	208	15.2%	134	15.7%	73	16.5%
30-40 hours	378	27.7%	261	30.7%	142	32.1%
41 hours and over	190	13.9%	106	12.5%	90	20.4%
Total	1367	100.0%	851	100.0%	442	100.0%

Fixed or Flexible Working Shifts and Their Duration

Beyond the overall distribution of hours, understanding whether these hours are fixed or variable provides further insight into the stability and predictability of an interpreter's workload. Fixed hours, often associated with staff positions, typically offer a consistent schedule and income, while variable hours, more common among freelancers, can provide greater flexibility but also introduce uncertainty regarding work availability.

Our survey reveals that **52% of healthcare interpreters work fixed hours per day**,⁷⁴ suggesting a near even split between those with structured schedules and those with more flexible arrangements. A similar pattern remains when filtering **by modality** (in-person vs remote), with a somewhat **higher proportion of remote interpreters working fixed hours compared to their in-person counterparts** (60% and 52% respectively). Unsurprisingly, filtering by employment status shows that **89% of staff interpreters work structured schedules, and only 20% of freelancers do so**. See the next two tables.

Table 80. Fixed Hours by Modality (Question 27)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	716	51.6%	451	52.0%	266	59.5%
No	671	48.4%	416	48.0%	181	40.5%
Total	1387	100.0%	867	100.0%	447	100.0%

Table 81. Fixed Hours: Freelancers vs Staff of Healthcare Organizations (Question 27)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	716	51.6%	126	19.8%	405	88.6%
No	671	48.4%	510	80.2%	52	11.4%
Total	1387	100.0%	636	100.0%	457	100.0%

Another crucial aspect of workload predictability is **the extent to which interpreting assignments are prescheduled**. Prescheduled assignments offer interpreters the advantage of knowing their upcoming work, allowing for better time management and potentially reducing stress associated with last-minute requests. Conversely, a high reliance on on-demand assignments can contribute to a more unpredictable and potentially more demanding workload.

⁷⁴ See table **Question 27** in **Section 3**.

All respondents were asked to estimate the percentage of prescheduled assignments on a typical workday or week.⁷⁵ When looking at the overall results, we found the **average (mean) of 38.8%** and a large standard deviation of 42.6%, with a wide range of 0% to 100% of prescheduled appointments. Therefore, a **median value, which is 10% for all respondents, provides a more realistic representation of what is typical.** This median value remains the same when filtered by employment status, but varies drastically when filtered by modality. **The median for remote interpreters is 0 (zero)% of prescheduled appointments while it is 60% for in-person interpreters.** The averages for these groups also demonstrate the same level of difference: 20% (remote) and 52% (in-person). **This data highlights previous observations that the level of job complexity is higher for remote interpreters, and they need more support from their organizations.**

Table 82. Percentage of Prescheduled Assignments by Employment Type and Modality (Question 32)

	All	Employment		Modality	
		Freelance	Staff	In-person	Remote*
N	1220	570	500	651	463
Mean (Average)	38.8	41.1	36.9	51.5	19.6
Median	10	10	10	60	0
SD	42.6	44.4	40.6	43.0	34.6
Min	0	0	0	0	0
Max	100	100	100	100	100

*NOTE: Remote statistics are based on *Always* and *Frequently* options for either OPI or VRI, or both, even though both (n=185) violates the way the question was asked.

To further analyze the interpreters' workload, all respondents were asked about the **duration either of their shifts** (if they work fixed hours) or **healthcare interpreting sequential hours** (if they do *not* work fixed hours). Respondents were asked to rate frequency of the shifts or hours they work on a five-point scale.

The most frequent shift duration⁷⁶ was 8 hours: 55% work it always, and if we combine respondents who work such a shift at least occasionally (and more often), the percentage is 84%. The second most common shift is 4 hours: 14% work it always, and 65% work it occasionally and more frequently. See the next table.

Table 83. Fixed Hours Duration (Question 27.1.a)

Shift duration	Always (100%)	Frequently (67-99%)	About half the time (34-66%)	Occasionally (1-33%)	Never (0%)	Total %	Total N (Resp)	Always-Occasionally
1 hour	8.0%	11.5%	6.1%	20.8%	53.6%	100.0%	375	46.4%
2 hours	5.3%	12.7%	7.2%	26.3%	48.5%	100.0%	377	51.5%
3 hours	6.3%	9.8%	9.3%	22.6%	52.0%	100.0%	367	48.0%
4 hours	14.0%	15.9%	9.6%	25.2%	35.3%	100.0%	428	64.7%
8 hours	55.3%	13.3%	4.7%	10.6%	16.1%	100.0%	615	83.9%
12 hours	4.8%	3.5%	3.7%	25.4%	62.6%	100.0%	374	37.4%
Other	14.4%	5.4%	4.2%	11.5%	64.5%	100.0%	313	35.5%

The next table compares shift duration by modality (each column represents combined percentages of those who work a specific shift "always," "frequently," "about half the time," or "occasionally." The in-person interpreters tend to work more frequently in 8-hour shifts (88%) compared to their remote counterparts (83%). Remote interpreters seem to have a wider range of shift durations: 83% work 8-hour shifts, 75% work 4-hour shifts, 54% - two-hour shifts, and 50% - 3-hour shifts.

⁷⁵ See table **Question 32** in *Section 3*.

⁷⁶ See table **Question 27.1.a** in *Section 3*.

Table 84. Fixed Hours Duration by Modality ("Always" - "Occasionally")

Shift duration	All responses	In-person	Remote
1 hour	46.4%	42.9%	43.8%
2 hours	51.5%	45.5%	54.7%
3 hours	48.0%	44.3%	50.0%
4 hours	64.7%	58.1%	74.6%
8 hours	83.9%	88.1%	83.4%
12 hours	37.4%	39.4%	38.4%
Other	35.5%	34.4%	41.5%

Respondents who work flexible hours⁷⁷ work almost evenly in 2-hour, 3-hour, 4-hour or 1-hour sets which most likely correspond to the duration of an assignment in case of in-person interpreters. Only 9% work 8 hours always, and this percentage increases to 62% if we include any frequency except "never." The tendency remains the same when the data is filtered by modality. See the next two tables.

Table 85. Flexible Hours Duration (Question 27.1.b)

Flexible hours	Always (100%)	Frequently (67-99%)	About half the time (34-66%)	Occasionally (1-33%)	Never (0%)	Total %	Total N (Resp)	Always-Occasionally
1 hour	17.7%	15.5%	11.1%	37.2%	18.5%	100.0%	497	81.5%
2 hours	12.4%	20.9%	18.1%	35.3%	13.2%	100.0%	507	86.8%
3 hours	8.6%	15.0%	18.6%	40.9%	16.9%	100.0%	479	83.1%
4 hours	12.2%	24.0%	14.7%	31.7%	17.4%	100.0%	524	82.6%
8 hours	8.9%	10.5%	10.1%	32.1%	38.3%	100.0%	504	61.7%
12 hours	3.7%	2.6%	3.0%	20.6%	70.1%	100.0%	428	29.9%
Other	6.1%	4.2%	0.6%	16.4%	72.7%	100.0%	311	27.3%

Table 86. Flexible Hours Duration by Modality (Question 27.1.b)

Flexible hours	All responses	In-person	Remote
1 hour	81.5%	84.1%	80.3%
2 hours	86.8%	89.8%	81.1%
3 hours	83.1%	86.1%	84.1%
4 hours	82.6%	85.6%	87.2%
8 hours	61.7%	65.0%	67.6%
12 hours	29.9%	28.3%	39.3%
Other	27.3%	27.6%	31.4%

Respondents who answered "Other" about either the fixed or flexible hours duration were given an opportunity to explain their work pattern.⁷⁸ The most frequent other *shift* durations were 6-7 hours, 10 hours and 5 hours. The most common flexible hours durations were 30 minutes to 1 hour, 15 to 40 minutes. Other frequent responses were "vary daily" with "no set schedule," depending on "availability."

Volume of Assignments or Calls per Day or Shift

While understanding the diverse duration of working shifts is crucial, it provides only one piece of the puzzle. To gain a more complete picture of an interpreter's workload and the pace of their job, it is equally important to examine the *volume* of assignments they handle on a typical workday or shift. The survey asked respondents to report on the number of in-person assignments or remote calls they complete, offering a direct measure of the overall intensity and rhythm of their work. To understand typical daily volume better, we combined the "always" and "frequently" responses for each assignment or call range.

⁷⁷ See table **Question 271.b** in *Section 3*.

⁷⁸ See **Appendix G(2)** which contains responses to **Question 27.2** IF in the previous question you ranked "Other" as "about half the time" or more frequently, please tell us how long your typical worktime in healthcare settings lasts.

The typical daily volume of in-person assignments is noticeably different between freelancers and staff interpreters. The vast majority of **freelancers (77%)** typically handle **1-5 in-person assignments per day** or shift. While this volume is also common for staff interpreters, its proportion is somewhat lower (56%), and their workday pattern is more likely to have any number of assignments from 5 to 20. **Staff interpreters are more likely to have a higher-intensity workday, with a nearly equal probability of having 11-15 assignments (26%) or 16-20 assignments (23%),** compared to 6% frequency for either of these ranges among freelancers. The concentration of a staff interpreter's workload in these higher ranges highlights the heightened cognitive demands of their role. Constantly switching between patients and providers – even within the same specialty – requires significant mental focus and "rebooting" that can quickly exhaust cognitive resources.⁷⁹ **Therefore, robust organizational support,⁸⁰ particularly in the form of clear break policies, is essential for staff interpreters.**

Notably, the same intensity is typical for all remote interpreters regardless of their employment status. Remote interpreters are almost equally likely to have *any* range of calls between 1 to 40 per day or shift. Staff interpreters are slightly more likely than freelancers to have 1-5 calls (41% vs 30% respectively), but all other ranges frequency are very similar. See the next two tables.

Table 87. In-Person Assignments per Day/Shift: Freelancers vs Staff of Healthcare Organizations (Question 28.a)

Number of assignments	Always (100%)	Frequently (67-99%)	About half the time (34-66%)	Occasionally (1-33%)	Never (0%)	Total %	Total N (Resp)	Always & Frequently Combined
All respondents								
1-5 assignments	38.6%	28.0%	10.1%	15.0%	8.2%	100.0%	731	66.6%
6-10 assignments	14.2%	18.1%	11.1%	28.3%	28.3%	100.0%	640	32.3%
11-15 assignments	6.0%	10.7%	9.0%	21.8%	52.5%	100.0%	569	16.7%
16-20 assignments	9.3%	4.8%	3.9%	18.8%	63.2%	100.0%	568	14.1%
Other	6.5%	2.5%	1.1%	8.2%	81.6%	100.0%	354	9.0%
Freelancers								
1-5 assignments	47.9%	28.9%	8.9%	7.9%	6.3%	100.0%	315	76.8%
6-10 assignments	9.2%	7.6%	5.5%	26.5%	51.3%	100.0%	238	16.8%
11-15 assignments	4.0%	1.8%	4.5%	10.7%	79.0%	100.0%	224	5.8%
16-20 assignments	4.5%	1.3%	2.2%	5.8%	86.2%	100.0%	224	5.8%
Other	3.2%	0.6%	1.3%	7.7%	87.1%	100.0%	155	3.8%
HCO Staff								
1-5 assignments	29.9%	25.8%	10.3%	24.7%	9.3%	100.0%	291	55.7%
6-10 assignments	19.2%	26.5%	16.2%	29.5%	8.6%	100.0%	302	45.7%
11-15 assignments	9.1%	17.0%	13.4%	31.2%	29.2%	100.0%	253	26.1%
16-20 assignments	15.5%	7.8%	5.4%	29.1%	42.2%	100.0%	258	23.3%
Other	7.9%	3.6%	0.7%	10.1%	77.7%	100.0%	139	11.5%

⁷⁹ See **Section 2.2.1 Cognitive Demands** for additional information about the interpreting job complexity.

⁸⁰ See **Section 2.3.2 Organizational Support** for additional information.

Table 88. Calls per Day/Shift: Freelancers vs Staff of Healthcare Organizations (Question 28.b)

Number of assignments	Always (100%)	Frequently (67-99%)	About half the time (34-66%)	Occasionally (1-33%)	Never (0%)	Total %	Total N (Resp)	Always & Frequently Combined
All respondents								
1-5 calls	21.6%	10.8%	8.5%	27.0%	32.0%	100.0%	518	32.4%
6-10 calls	14.2%	16.8%	13.8%	27.7%	27.5%	100.0%	494	31.0%
11-15 calls	13.3%	18.3%	17.1%	26.5%	24.7%	100.0%	502	31.6%
16-25 calls	12.7%	19.2%	18.1%	23.6%	26.4%	100.0%	504	31.9%
26-35 calls	10.0%	16.7%	12.2%	20.6%	40.5%	100.0%	491	26.7%
35-40 calls	10.1%	10.8%	6.1%	16.7%	56.3%	100.0%	474	20.9%
Other	6.7%	2.0%	2.0%	11.0%	78.3%	100.0%	299	8.7%
Freelancers								
1-5 calls	19.1%	11.1%	9.9%	30.5%	29.4%	100.0%	262	30.2%
6-10 calls	12.9%	14.9%	15.7%	29.8%	26.6%	100.0%	248	27.8%
11-15 calls	14.7%	18.7%	15.5%	27.5%	23.5%	100.0%	251	33.4%
16-25 calls	11.8%	20.1%	19.7%	21.7%	26.8%	100.0%	254	31.9%
26-35 calls	8.9%	16.1%	15.7%	19.8%	39.5%	100.0%	248	25.0%
35-40 calls	7.9%	10.0%	5.9%	19.2%	56.9%	100.0%	239	17.9%
Other	3.9%	2.0%	2.0%	9.9%	82.2%	100.0%	152	5.9%
HCO Staff								
1-5 calls	30.2%	11.1%	9.5%	20.6%	28.6%	100.0%	126	41.3%
6-10 calls	17.2%	22.1%	13.1%	26.2%	21.3%	100.0%	122	39.3%
11-15 calls	12.4%	14.9%	19.8%	32.2%	20.7%	100.0%	121	27.3%
16-25 calls	16.3%	15.4%	14.6%	26.0%	27.6%	100.0%	123	31.7%
26-35 calls	10.8%	15.0%	6.7%	23.3%	44.2%	100.0%	120	25.8%
35-40 calls	10.9%	10.9%	2.7%	13.6%	61.8%	100.0%	110	21.8%
Other	7.9%	0.0%	4.8%	12.7%	74.6%	100.0%	63	7.9%

Duration of Assignments or Calls

Following the analysis of working hours, the predictability and the volume of assignments, another essential element of an interpreter's workload is the duration of interpreting sessions. The length of a typical appointment or call directly impacts an interpreter's day-to-day work, influencing factors like the number of assignments they can handle, the potential for mental fatigue, and the need for breaks between sessions. Short, high-volume sessions demand quick transitions and sustained focus, while longer appointments require greater endurance and stamina. Understanding these patterns is essential for organizations and interpreters themselves to schedule effectively, manage interpreter well-being, and ensure that the quality of interpretation remains high throughout the workday.

To understand the typical duration of interpreting sessions, the survey used a frequency-based scale, with data filtered by the respondent's primary modality. **For in-person assignments,⁸¹ the most common duration is 31-60 minutes**, with over half of respondents (51%) saying they "always" or "frequently" experience sessions of this length. It is notable, however, that all other session durations are also quite common. For example, 10-30 minute appointments are frequent for a third of respondents (33%), and even sessions lasting less than 10 minutes or over two hours are a regular occurrence for at least 11-13% of respondents. This data shows that in-person interpreting sessions vary widely in length. See the next table.

⁸¹ See table **Question 25.a** in *Section 3*.

Table 89. Duration of In-Person Assignments (Question 25.a)

Duration	Always & Frequently Combined
Less than 10 minutes	11.3%
10-30 minutes	33.4%
31-60 minutes	51.1%
61-90 minutes	30.3%
91-120 minutes	18.9%
More than 120 minutes (2 hours)	12.5%

As expected, the data on **remote calls**⁸² reveals a different pattern of session durations. **The most common duration ranges for remote calls are 16-30 minutes and 11-15 minutes.** Each of these ranges were selected by over 40% of respondents who see them “always” and “frequently.” At the same time, similar to the in-person modality, the data shows a wide range of call lengths. A large portion of interpreters also report frequently taking calls less than 3 minutes (12%) as well as calls of 61-90 minutes (16.5%). However, calls longer than 90 minutes are less frequent (under 10%) compared to in-person assignments of that duration (over 10%). See the next table.

Table 90. Duration of Calls (Question 25.b)

Duration	Always & Frequently Combined
Less than 3 minutes	12.2%
3-5 minutes	20.9%
6-10 minutes	29.2%
11-15 minutes	41.3%
16-30 minutes	43.5%
31-60 minutes	33.3%
61-90 minutes	16.5%
91-120 minutes (2 hours)	9.6%
More than 120 minutes (2 hours)	6.7%

Overall, interpreters of any modality must be prepared for a diverse range of interpreting session durations, with remote interpreters working in shorter typical session length.

Autonomy and Workload Control

A crucial aspect of the interpreter’s workload is the degree of control they have over their own schedules and work pace. To understand this, we examined several key factors: the **ability to decline assignments**, the **frequency with which they do so**, and their **ability to take breaks**, along with the **duration of those breaks**. These elements provide insight into the level of autonomy interpreters possess and how they actively manage their workload, factors directly linked to job satisfaction and the prevention of burnout.

Interpreter’s autonomy and workload control starts with their ability to decline assignments.⁸³ **The majority of all respondents (79%) have this ability to control the volume of their workload by declining some assignments.** This proportion is somewhat lower for remote interpreters, among whom only 70% can do so. However, for 21% of all respondents (and 30% of the remote subgroup) the inability to decline increases the complexity of workload management and forces interpreters into potentially challenging or ethically fraught situations without adequate preparation or recourse. See the next two tables.

⁸² See table **Question 25.b** in *Section 3*.

⁸³ See table **Question 30** in *Section 3*.

Table 91. Ability to Decline Assignments by Modality (Question 30)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	1071	78.6%	713	83.8%	307	70.4%
No	292	21.4%	138	16.2%	129	29.6%
Total	1363	100.0%	851	100.0%	436	100.0%

Table 92. Ability to Decline Assignments: Freelancers vs Staff of Healthcare Organizations (Question 30)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	1071	78.6%	523	83.0%	339	76.0%
No	292	21.4%	107	17.0%	107	24.0%
Total	1363	100.0%	630	100.0%	446	100.0%

Respondents, who indicated that they *have* the ability to decline assignments, were further asked **how often they actually exercise their control to manage the workload**.⁸⁴ Not surprisingly, **the majority of all respondents (78%) “almost never” actually decline assignments/calls**. This tendency is even stronger among remote (84%) and staff (91%) interpreters. See the next two tables.

Table 93. Declining Assignments by Modality (Question 30.a)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Almost never	832	78.0%	534	75.3%	259	84.4%
Occasionally	218	20.5%	8	1.1%	3	1.0%
Frequently	16	1.5%	167	23.6%	45	14.7%
Total	1066	100.0%	709	100.0%	307	100.0%

Table 94. Declining Assignments: Freelancers vs Staff of Healthcare Organizations (Question 30.a)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Almost never	832	78.0%	352	67.6%	309	91.4%
Occasionally	218	20.5%	14	2.7%	1	0.3%
Frequently	16	1.5%	155	29.8%	28	8.3%
Total	1066	100.0%	521	100.0%	338	100.0%

The survey asked respondents, who indicated that they *do* have the option to decline an assignment or call,⁸⁵ to explain **circumstances in which they usually decline assignments**.⁸⁶ The responses show that interpreters decline assignments for a variety of reasons, which can be grouped into several common themes.

Based on the frequency of mentions in the responses provided, these themes are:

- **Scheduling and Availability Conflicts (most frequent):** Interpreters frequently decline assignments due to **conflicting schedules**. This includes situations where they are **already booked, busy with other work or personal engagements**, or if the **timing between assignments is too tight**. Assignments may be declined if they are **too long or too short** to be financially worthwhile. **Distance to the assignment** and associated travel time or costs are also major factors.
- **Conflict of Interest and Personal Relationships:** A common reason for declining is a **conflict of interest**, particularly if the interpreter **knows the patient, their family, or the provider personally** outside of the professional setting. This is to ensure impartiality and maintain patient privacy.
- **Lack of Competence or Language Discordance:** Interpreters decline assignments when they **do not feel qualified or adequately prepared** for the subject matter, specialty, or specific terminology involved. This also includes difficulties with **accents or dialects** that hinder understanding for either the interpreter or the patient.

⁸⁴ See table **Question 30.a** in *Section 3*.

⁸⁵ That is in response to **Question 30** discussed above.

⁸⁶ See **Appendix I(1)** which contains 861 responses to **Question 30.b** *In what circumstances have you declined or would you decline an assignment/call?*

- **Interpreter's Personal Health, Emotional, or Mental Well-being, and Safety Concerns:** Interpreters prioritize their own **health and safety**, declining assignments if they are **sick, fatigued** or **emotionally drained**, or if the **subject matter is personally triggering or traumatic**. Concerns about **personal safety** due to a patient's aggressive behavior or unsafe environments (like prisons or mental health facilities) are also a reason for refusal.
- **Patient, Provider, or Staff Behavior or Preferences:** Assignments may be declined due to **disrespectful, rude, or aggressive behavior** from patients, providers, or staff. Interpreters may also decline if a **patient expresses a preference for a different interpreter**, sometimes based on gender.
- **Ethical, Moral, or Personal Belief Conflicts:** A less frequent, but important, reason is when the **nature of the assignment conflicts with an interpreter's strong personal, ethical, or religious beliefs**. This is most often cited in cases involving **abortion or reproductive services**.
- **Technical Issues:** Remote interpreters may decline if there are **poor audio or video connections**.

Respondents, who indicated that they do *not* have the option to decline an assignment or call, were asked to provide **reasons for not being able to decline** them.⁸⁷ These reasons given highlight a combination of organizational policies, employment structures, and professional obligations.

Here are the general themes regarding why interpreters cannot decline assignments/calls ordered by frequency:

- **Company Policies and Rules:** The most frequently cited reason is the existence of strict company policies, rules, and employer instructions that explicitly forbid or severely restrict declining assignments. Interpreters state that their companies do not give them the option, do not allow it, or that it is "forbidden under their policy to reject calls."
- **Fear of Negative Consequences and Job Security:** Interpreters frequently express concern over severe repercussions, including job loss, penalties, and negative impacts on their performance evaluations or future work opportunities. Specific consequences mentioned include being "instantly fired", suspended, blacklisted, having their account disconnected without notice, losing pay, or receiving fewer work opportunities. Declining calls can lead to a decrease in performance metrics, affecting eligibility for raises or priority in choosing shifts.
- **Nature of the Interpreter's Role and Employment Status:** Many interpreters are staff employees or work dedicated shifts in specific settings, such as hospitals, clinics, or call centers, where accepting all assignments is an inherent part of their job function. They state, "I am staff so I go to work and have to show up for my shift", "it's my department and I'm supposed to do it", or "interpreting and translating IS my job".
- **Lack of Available Alternative Interpreters / Being the Sole Interpreter:** A common reason is the absence of other interpreters, especially in specific locations, shifts (like overnight), or for particular languages (e.g., ASL), leaving the interpreter as the sole resource. If they were to decline, "no one else is available", and "the encounter would have to be completed with a phone or video interpreter", which may not be preferred by providers. Understaffing is also noted as an organizational pressure.
- **Lack of Prior Information About the Call:** Interpreters frequently mention that they don't receive enough information about the patient, the situation, or the nature of the call before accepting it. Calls often "simply come in" automatically, and they "never know what the call would be about before accepting", making it impossible to decline based on subject matter or personal conflict beforehand.
- **Priority of Patient Care and Service Needs:** A strong ethical and practical imperative is the belief that "the needs of the patient come first." Interpreters feel a moral duty to ensure that services are provided without inconvenience or delay to patients and providers. Declining could "affect patient care and advocacy" or be seen as "abandon[ing] the patient". They are "here to help the LEP" (Limited English Proficiency individuals).
- **Professional Obligation and Ethical Duty:** Interpreters often cite their own professionalism, commitment to neutrality, and readiness to handle all types of calls as reasons for not declining. They believe they "should be prepared for all types of calls", "must remain unaffected by the subject matter", and that declining would "not look professional". Some state they "only log in

⁸⁷ See **Appendix I(2)** which contains 236 responses to **Question 30.c** *What is the reason you cannot decline an assignment/call?*

when I believe I am ready and prepared for the interpretation", demonstrating a self-imposed readiness for any assignment.

Respondents, who indicated that they do *not* have the option to decline an assignment/call, were also asked whether they **would like to have such an option** without facing consequences for their job. A **higher percentage of freelancers (67%) and remote interpreters (57%) expressed such a desire compared to their staff and in-person counterparts respectively**. Among staff interpreters, the proportion of those who would like to have such an option and those who do not need it is almost equal, at 42% and 41% respectively. See the next two tables.

Table 95. Desire to Have an Option to Decline Assignments/Calls by Modality (Question 30.d)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	154	54.0%	62	45.3%	72	57.1%
I am not sure	53	18.6%	24	17.5%	25	19.8%
No, I don't need it.	78	27.4%	51	37.2%	29	23.0%
Total	285	100.0%	137	100.0%	126	100.0%

Table 96. Desire to Have an Option to Decline Assignments/Calls: Freelancers vs Staff of Healthcare Organizations (Question 30.d)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	154	54.0%	69	67.0%	44	41.9%
I am not sure	53	18.6%	18	17.5%	18	17.1%
No, I don't need it.	78	27.4%	16	15.5%	43	41.0%
Total	285	100.0%	103	100.0%	105	100.0%

Respondents were filtered by modality and asked about their **work volume management strategies for in-person assignments and calls**.⁸⁸ Filtering the data by employment status demonstrates that both freelancers and staff interpreters have greater ability to manage their work volume in in-person modality than in remote modalities. **52% of staff interpreters working in-person must take all assignments offered to them compared to 75% of staff interpreters working remotely**. The modality gap for freelancers is even wider. **Only 12% of freelancers working in-person must take all assignments compared to 64% of all freelancers working remotely**. Segmenting freelancers working remotely by residence shows that overseas freelancers must take all incoming calls at a higher percentage compared to their U.S.-based counterparts: 77% vs 52% respectively. See the next three tables.

Table 97. Managing In-Person Assignments: Freelancers vs Staff of Healthcare Organizations (Question 31.a)

Management Strategy	All, N Indiv	All, % Indiv	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
I must take all assignments that are offered to me.	285	27.5%	68	12.4%	178	52.1%
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).	435	42.0%	273	49.5%	105	30.7%
I can decline an assignment if it is on a subject I prefer not to interpret for.	100	9.7%	53	9.6%	33	9.6%
The above 2 options to decline selected together	216	20.8%	157	28.5%	26	7.6%
Total	1036	100.0%	551	100.0%	342	100.00%

⁸⁸ Respondents who indicated in Question 12.a. that they work in-person "always," "frequently" or "about half the time" were asked **Question 31.a. How do you manage IN-PERSON interpreting assignments while maintaining your current workload and avoiding a reduction in opportunities?** And respondents who work in remote modalities (OPI or VRI) based on the same frequency indicated in Questions 12.b. (OPI) and 12.c. (VRI) were asked **Question 32.b. How do you manage the flow of interpreting CALLS (assuming that you want to keep the workload at the same level and not experience a reduction in calls)?** See both questions in Section 3.

Table 98. Managing Calls: Freelancers vs Staff of Healthcare Organizations (Question 31.b)

Management Strategy	All, N Indiv	All, % Indiv	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
I must take all incoming calls when I am logged in.	462	70.6%	204	64.2%	126	75%
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).	132	20.2%	74	23.3%	32	19.0%
I can decline a call if it is on a subject I prefer not to interpret for.	15	2.3%	8	2.5%	3	1.8%
The above 2 options to decline selected together	45	6.9%	32	10.1%	7	4.2%
Total	654	100.0%	318	100.0%	168	100.0%

Table 99. Managing Calls: Freelancers by Residence (Question 31.b)

Management Strategy	All, N Indiv	All, % Indiv	U.S. Freelancer N	U.S. Freelancer %	Overseas Freelancer N	Overseas Freelancer %
I must take all incoming calls when I am logged in.	462	70.6%	86	52.4%	118	76.6%
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).	132	20.2%	49	29.9%	25	16.2%
I can decline a call if it is on a subject I prefer not to interpret for.	15	2.3%	5	3.0%	3	1.9%
The above 2 options to decline selected together	45	6.9%	24	14.6%	8	5.2%
Total	654	100.0%	164	100.0%	154	100.0%

In addition to managing the *amount* of work, the survey also looked at **the interpreter's ability to control the flow and pace of their work**, *i.e.*, the ability to take breaks and the duration of those breaks. Unlike fixed work hours, which can build in predictable rest periods, a high volume of interpreting sessions, particularly short ones, can make it difficult for interpreters to find time for a mental and physical reset. The ability to pause and debrief between assignments is essential for mitigating cognitive fatigue and burnout, directly impacting the quality of interpreting and, ultimately, safety of patient care.

Overall, just **over half of respondents (53%) can take breaks, with an additional 27% reporting breaks are unpaid**. A substantial portion of interpreters (**10%**) **feel they cannot take a break at all**, with another 10% expressing concern that doing so could negatively impact their job. This trend stays true when filtered by *modality* and shows little difference between in-person and remote interpreters. See the next table.

Table 100. Ability to Take Breaks by Modality (Question 33)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	703	52.8%	462	56.0%	231	53.6%
Yes, but breaks are unpaid.	362	27.2%	177	21.5%	139	32.3%
Technically, yes, but I feel my job may negatively be impacted if I do.	132	9.9%	85	10.3%	35	8.1%
No	134	10.1%	101	12.2%	26	6.0%
Total	1331	100.0%	825	100.0%	431	100.0%

The data reveals that employment status is a primary factor in this finding: **a strong majority of staff interpreters (74%) can take breaks, whereas freelancers are more likely to face unpaid breaks (44%) or be unable to take a break at all (11%)**. This disparity underscores the different levels of autonomy and support available to each group for managing their workload.

Table 101. Ability to Take Breaks: Freelancers vs Staff of Healthcare Organizations (Question 33)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	703	52.8%	220	36.1%	324	73.5%
Yes, but breaks are unpaid.	362	27.2%	268	43.9%	34	7.7%
Technically, yes, but I feel my job may negatively be impacted if I do.	132	9.9%	54	8.9%	50	11.3%
No	134	10.1%	68	11.1%	33	7.5%
Total	1331	100.0%	610	100.0%	441	100.0%

The data on **break duration** further illuminates the intense pace of the healthcare interpreting job. The findings suggest that while some interpreters can take a longer, restorative break, many others are limited to only very brief pauses between assignments. Notably, **36% of all respondents have breaks of 5 minutes or less**. The most *common* break length for all interpreters is 11-15 minutes, with roughly a quarter of respondents regardless of the modality or employment status reporting this duration.

The data on break duration highlights a key **difference between modalities**, with remote interpreters far more likely to experience very short breaks. **Remote interpreters (11%) are more than twice as likely to have breaks lasting less than one (1) minute compared to their in-person counterparts (5%)**. This disparity can be attributed to the nature of the work itself, as in-person interpreters often experience involuntary breaks while getting to new locations for assignments. These built-in pauses provide an opportunity for a mental reset and preparation for the next encounter, a benefit largely absent for remote interpreters who transition directly from one call to the next. The constant, rapid pace of remote interpreting without these natural breaks places a greater intensity of cognitive demand on the interpreter, increasing the risk of mental fatigue and burnout. See the next table.

Table 102. Breaks Duration by Modality (Question 33.1)

Break Duration	N	%	In-person N	In-person %	Remote N	Remote %
Less than 1 minute	90	7.7%	30	4.8%	44	11.1%
1-2 minutes	94	8.1%	57	9.2%	41	10.4%
3-5 minutes	231	19.9%	149	24.1%	59	14.9%
6-10 minutes	182	15.7%	119	19.2%	68	17.2%
11-15 minutes	279	24.0%	155	25.0%	102	25.8%
Other	286	24.6%	109	17.6%	82	20.7%
Total	1367	100.0%	619	100.0%	396	100.0%

Filtering the data **by employment status** suggests that employment status also plays an important role in an interpreter's ability to take adequate breaks. **Staff interpreters are more likely to have moderate breaks of 3-10 minutes** (staff 42% vs freelancers 36%), **while freelancers are likely to have breaks of less than 1 minute** (freelancers 9% vs 5% staff).

Table 103. Breaks Duration: Freelancers vs Staff of Healthcare Organizations (Question 33.1)

Break Duration	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Less than 1 minute	90	7.7%	42	8.9%	19	4.8%
1-2 minutes	94	8.1%	35	7.4%	41	10.4%
3-5 minutes	231	19.9%	94	19.9%	95	24.0%
6-10 minutes	182	15.7%	77	16.3%	71	17.9%
11-15 minutes	279	24.0%	121	25.6%	97	24.5%
Other	286	24.6%	103	21.8%	73	18.4%
Total	1367	100.0%	472	100.0%	396	100.0%

The **existence of a formal organizational policy on breaks** is a critical indicator of an organization's commitment to interpreter well-being and is a clear measure of structural support. While the previous questions focused on an interpreter's *ability* to take breaks, the following data explores whether that ability is a matter of personal discretion or a protected and formalized part of their work.

The data reveals that **the presence of a formal break policy is far from universal, with only 35% of all respondents reporting that their organization has one**. Filtering the data by modality and employment status reveals that this percentage is higher for remote interpreters (49%) and staff of

healthcare organizations (46%). However, the fact that a majority of interpreters work without a formal break policy underscores a lack of structured organizational support for managing mental fatigue and could contribute to inconsistent practices regarding rest and well-being.

Table 104. Existence of Organizational Policy on Breaks by Modality (Question 34)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	469	34.8%	261	31.1%	214	49.1%
No	521	38.6%	338	40.3%	140	32.1%
I don't know	359	26.6%	239	28.5%	82	18.8%
Total	1349	100.0%	838	100.0%	436	100.0%

Table 105. Existence of Organizational Policy on Breaks: Freelancers vs Staff of Healthcare Organizations (Question 34)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	469	34.8%	146	23.6%	203	45.6%
No	521	38.6%	267	43.2%	164	36.9%
I don't know	359	26.6%	205	33.2%	78	17.5%
Total	1349	100.0%	618	100.0%	445	100.0%

2.3.2 Organizational Support

In the belief that the level of support employers provide is a significant factor in an interpreter's professional life, ability to perform their job, and well-being, the survey explored the prevalence of support structures that may be in place. Understanding organizational support structures is essential for gauging how organizations invest in their interpreting workforce and enable them to maintain high standards of professionalism and manage the practical demands of their role. Respondents were asked⁸⁹ **to identify which types of support they receive on the job, such as terminological glossaries, technology support, equipment support, continuing education, opportunities to discuss challenges, debrief on emotional impacts, report dissatisfaction, and access to mental and physical well-being services.** The options also included "no support is offered" and "other," multiple selections were allowed.

The data on organizational support reveals a large gap between what is offered and what interpreters say they need. Although a small number of respondents (7%) report receiving no support at all, the reality is that very few receive *any* specific form of assistance. For instance, the top three support categories – terminology resources, technology assistance, and continuing education – are each received by only 12-13% of all respondents. This means that **87-88% of interpreters do not have access to even the most common forms of organizational support.** The percentages for other support types are even lower, being unavailable to 90-94% of interpreters.

Filtering the data **by modality** shows tendencies similar to those displayed by all respondents, yet some distinctions emerge. **Remote interpreters**, for example, are more likely to receive support for **terminological glossaries/dictionaries** (15% remote vs 10% in-person) and **technology support** (16% vs 11%), reflecting the specific demands of their work. **In-person interpreters**, on the other hand, report slightly higher access to **physical well-being services** (7% in-person vs 4% remote) and **mental health services/counseling** (11% vs 7%). This suggests that the specific needs associated with each modality may be recognized and addressed differently by organizations. The following table provides a detailed breakdown of these findings.

⁸⁹ See table **Question 35** in *Section 3*.

Table 106. Support Type by Modality (Question 35)

Kind of support	N	%	In-person N	In-person %	Remote N	Remote %
Terminological glossaries and/or dictionaries (free or discounted to interpreters)	588	12.7%	314	10.3%	236	14.7%
Technology support (initial training, software updates, troubleshooting, etc.)	597	12.9%	335	11.0%	254	15.8%
Equipment support	387	8.4%	272	8.9%	149	9.3%
Regular continuing education opportunities (free or discounted to interpreters)	565	12.2%	367	12.1%	219	13.6%
Opportunity to discuss interpreting challenges and consult with colleagues/experts	538	11.6%	360	11.8%	181	11.3%
Opportunity to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient's trauma, pain, fear, emotional turmoil)	457	9.9%	326	10.7%	141	8.8%
Mechanism to report work-related dissatisfaction	399	8.6%	264	8.7%	137	8.5%
Access to mental health services/counseling	422	9.1%	324	10.6%	117	7.3%
Access to physical well-being services (e.g., gym, meditation practice, etc.)	272	5.9%	220	7.2%	69	4.3%
No support is offered	308	6.7%	201	6.6%	80	5.0%
Other	95	2.1%	60	2.0%	22	1.4%
N Responses	4628	100.0%	3043	100.0%	1605	100.0%

While interpreting modality shows *some* differences in support, filtering the data **by employment status** reveals a much more dramatic disparity. **Staff interpreters consistently receive much more support than their freelance counterparts across all but three categories.** The most striking finding is in the number of respondents who report receiving no support at all: a substantial **18% of freelancers receive no support**, compared to a mere **1% of staff interpreters**. This trend holds true for some specific types of support as well. For example, staff interpreters are far more likely to have access to equipment support (11% vs. 3%) and physical well-being services (9% vs. 0.7%). At the same time, freelancers receive more support related to terminology (18% freelancers vs 10% staff) and technology (15% vs 11%), as well as more access to continuing education opportunities (15% vs 11%). This data filtering highlights the vastly different professional ecosystems in which these two groups operate and underscores the critical role that an employer's formal structure plays in providing a robust support system.

Table 107. Support Type: Freelancers vs Staff of Healthcare Organizations (Question 35)

Kind of support	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Terminological glossaries and/or dictionaries (free or discounted to interpreters)	588	12.7%	233	18.3%	220	9.6%
Technology support (initial training, software updates, troubleshooting, etc.)	597	12.9%	193	15.1%	245	10.7%
Equipment support	387	8.4%	43	3.4%	247	10.8%
Regular continuing education opportunities (free or discounted to interpreters)	565	12.2%	185	14.5%	256	11.2%
Opportunity to discuss interpreting challenges and consult with colleagues/experts	538	11.6%	128	10.0%	280	12.2%
Opportunity to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient's trauma, pain, fear, emotional turmoil)	457	9.9%	85	6.7%	267	11.7%
Mechanism to report work-related dissatisfaction	399	8.6%	102	8.0%	209	9.1%
Access to mental health services/counseling	422	9.1%	18	1.4%	303	13.2%
Access to physical well-being services (e.g., gym, meditation practice, etc.)	272	5.9%	9	0.7%	210	9.2%
No support is offered	308	6.7%	234	18.3%	31	1.4%
Other	95	2.1%	46	3.6%	22	1.0%
N Responses	4628	100.0%	1276	100.0%	2290	100.0%

Respondents who selected in the previous question the option that their organization provides “Equipment support” were asked a series of follow-up questions. The consistent finding is that employment status and residence are the characteristics affecting the possibility of receiving organizational support for work-related expenses.

The first follow-up question was about the *interpreting equipment* specifically (i.e., a headset and video camera).⁹⁰ A large majority of the 373 respondents have their interpreting equipment provided at no cost. Specifically, **over 81% indicate their employer provides a headset and video camera.** However, a closer look at the data appears to reveal marked disparities when filtered by residence and employment status, the caveat being that overseas and freelance cohorts have very small numbers of respondents.

Filtering the data by residence shows that **84% of the U.S.-based interpreters are provided with their equipment;** however, 77% of overseas interpreters must purchase the equipment themselves. And filtering the data by employment status demonstrates that **56% of freelancers must purchase their equipment compared to only 1% of staff interpreters.** See the next two tables.

Table 108. Interpreting Equipment Provision By Residence (Question 35.1)

Organization's Procedure	N	%	U.S. N	U.S. %	Overseas N	Overseas %
I am responsible for purchasing a headset and video camera.	34	9.1%	21	5.9%	13	76.5%
The organization provides to me a headset and video camera at no cost.	303	81.2%	301	84.1%	3	17.6%
Other	36	9.7%	36	10.1%	1	5.9%
Total	373	100.0%	358	100.0%	17	100.0%

⁹⁰ See table **Question 35.1** in *Section 3*.

Table 109. Interpreting Equipment Provision: Freelancers vs Staff of Healthcare Organizations (Question 35.1)

Organization's Procedure	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
I am responsible for purchasing a headset and video camera.	34	9.1%	24	55.8%	3	1.3%
The organization provides to me a headset and video camera at no cost.	303	81.2%	15	34.9%	211	89.8%
Other	36	9.7%	4	9.3%	21	8.9%
Total	373	100.0%	43	100.0%	235	100.0%

Similar trends emerged regarding **devices interpreters use for their job**⁹¹. In this case, 59% of the 383 respondents indicated that they work on a computer or laptop provided by their organization, with additional 17% being provided a mobile device in addition to the computer/laptop. The trend stays true for the U.S.-based and staff interpreters.

For U.S.-based interpreters, 62% are provided with a computer/laptop (and 18% are also provided with a mobile device), while 72% of overseas interpreters must use their personal computer or laptop, with additional 6% also working from a personal mobile device. It is worth noting that the data for overseas interpreters is based on a very small number of respondents and should be interpreted with caution.

Filtering the data by employment status reveals that 49% of freelance interpreters interpret from their personal computer or laptop, with additional 21% also utilizing their mobile devices. Interestingly, very few respondents work exclusively from mobile devices.

These findings confirm that the provision of work devices is a significant benefit primarily for staff and U.S.-based interpreters. See the next two tables.

Table 110. Devices Usage Procedure By Residence (Question 35.2)

Organization's Procedure	N	%	U.S. N	U.S. %	Overseas N	Overseas %
I interpret from my personal computer or laptop.	34	8.9%	21	5.7%	13	72.2%
I interpret from my personal phone or tablet.	3	0.8%	3	0.8%	0	0.0%
I interpret from both my personal computer/laptop and phone/tablet.	18	4.7%	17	4.6%	1	5.6%
The organization provides to me a computer or laptop.	227	59.3%	226	61.6%	2	11.1%
The organization provides to me a phone or tablet.	15	3.9%	15	4.1%	0	0.0%
The organization provides to me both a computer/laptop and a mobile device.	65	17.0%	65	17.7%	2	11.1%
Other	21	5.5%	20	5.4%	0	0.0%
Total	383	100.0%	367	100.0%	18	100.0%

⁹¹ See table **Question 35.2** in *Section 3*.

Table 111. Devices Usage Procedure: Freelancers vs Staff of Healthcare Organizations (Question 35.2)

Organization's Procedure	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
I interpret from my personal computer or laptop.	34	8.9%	21	48.8%	3	1.2%
I interpret from my personal phone or tablet.	3	0.8%	2	4.7%	0	0.0%
I interpret from both my personal computer/laptop and phone/tablet.	18	4.7%	9	20.9%	3	1.2%
The organization provides to me a computer or laptop.	227	59.3%	9	20.9%	151	62.1%
The organization provides to me a phone or tablet.	15	3.9%	0	0.0%	14	5.8%
The organization provides to me both a computer/laptop and a mobile device.	65	17.0%	1	2.3%	61	25.1%
Other	21	5.5%	1	2.3%	11	4.5%
Total	383	100.0%	43	100.0%	243	100.0%

The final follow-up question, related to equipment support, concerned **who pays for the interpreter's internet connection**. Overall, the majority of respondents have their full or partial internet costs covered by their organization: 47% and 6% respectively.

Similarly to the previous two questions, most overseas interpreters (76%) must pay for their own internet, while just 36% of their U.S.-based counterparts do.

The disparity is even more pronounced when filtered by employment status. **72% of freelancers are responsible for their own internet costs compared to just 24% of staff interpreters**. See the next two tables.

Table 112. Internet Cost Procedure By Residence (Question 35.3)

Organization's Procedure	N	%	U.S. N	U.S. %	Overseas N	Overseas %
I pay Internet connection fees myself.	142	37.6%	129	35.5%	13	76.5%
The organization pays a fixed stipend (either a specific amount or percentage of cost) to cover partial cost of Internet connection.	24	6.3%	23	6.3%	2	11.8%
The organization pays the full cost of Internet connection.	177	46.8%	175	48.2%	2	11.8%
Other	35	9.3%	36	9.9%	0	0.0%
Total	378	100.0%	363	100.0%	17	100.0%

Table 113. Internet Cost Procedure: Freelancers vs Staff of Healthcare Organizations (Question 35.3)

Organization's Procedure	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
I pay Internet connection fees myself.	142	37.6%	31	72.1%	57	23.8%
The organization pays a fixed stipend (either a specific amount or percentage of cost) to cover partial cost of Internet connection.	24	6.3%	3	7.0%	11	4.6%
The organization pays the full cost of Internet connection.	177	46.8%	4	9.3%	148	61.9%
Other	35	9.3%	5	11.6%	23	9.6%
Total	378	100.0%	43	100.0%	239	100.0%

The survey asked all respondents a separate question about **healthcare interpreter training opportunities offered by their organizations**.⁹² For all respondents, 48% indicated that their organizations offer professional training opportunities. However, a combined **52%** of respondents stated either that no opportunities were offered (41%) or that they were unaware of them (11%), suggesting **a majority of interpreters lack this key support**.

Filtering the data **by modality** shows a near-even split for in-person interpreters (**50.2%** have access), while **a slight majority of remote interpreters (54%) are offered professional development opportunities by their organizations**.

The most important disparity, however, is seen when filtering by employment status. **A strong majority of staff interpreters (62.2%) have access** to professional training through their organization, a benefit that only **36.3% of freelancers** receive. This finding highlights how employment status, more than modality, serves as a primary determinant of an interpreter's access to resources for professional growth. See the next two tables.

Table 114. Professional Development Opportunities by Modality (Question 37)

Response	N	%	In-person N	In-person %	Remote N	Remote %
Yes	651	48.2%	422	50.2%	235	54.4%
No	549	40.7%	337	40.1%	158	36.6%
I don't know	150	11.1%	82	9.8%	39	9.0%
Total	1350	100.0%	841	100.0%	432	100.0%

Table 115. Professional Development Opportunities: Freelancers vs Staff of Healthcare Organizations (Question 37)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	651	48.2%	223	36.3%	278	62.2%
No	549	40.7%	320	52.0%	133	29.8%
I don't know	150	11.1%	72	11.7%	36	8.1%
Total	1350	100.0%	615	100.0%	447	100.0%

The survey asked an open-ended question about **additional professional development and continuing education respondents are interested in**.⁹³ Responses demonstrated a wide range of specific medical knowledge areas and specialized interpretation skills to enhance their current work roles.

Key Medical Knowledge Areas: Interpreters express a desire to deepen their understanding across various medical fields and specific conditions:

- **General Medical Terminology and Updates:** This includes advanced medical terminology, updates on new medical procedures, treatments, and technologies, and learning about new illnesses or diseases. Many also seek continuous education on new medicines and techniques.
- **Anatomy and Physiology:** There's a request for more education on human anatomy and biology, including in-depth training on different body systems.
- **Specialized Medical Fields:**
 - **Mental Health:** This is a frequently mentioned area, including interpreting in mental health settings regarding autism and autism spectrum, strategies, best practices, and evolving terminology, and trauma-informed care.
 - **Oncology and Cancer Treatment:** Specific interest in pediatric oncology, cancer terminology, and the latest cancer treatment developments.
 - **Cardiology:** Including advanced topics and terminology in cardiology.
 - **Pediatrics:** Focusing on interpreting for, with, and to children, and specialized knowledge like transplant cases in pediatrics.
 - **Palliative Care and End-of-Life:** Training in interpreting for palliative care and end-of-life situations.
 - **Neurology:** Including speech and cognitive therapies.
 - **Other Specialties:** Interpreters seek training in areas such as gynecology, labor and delivery, orthopedics, nephrology (especially transplant nephrology), audiology, dentistry,

⁹² See table **Question 37** in **Section 3**.

⁹³ See **Appendix U(5)** which contains responses to **Question 65** of the survey.

and emergency room/trauma center situations. They also want to learn about rare syndromes and diseases.

- **Legal and Governmental Aspects of Healthcare:** This includes worker's compensation, Medicare/Medicaid, new laws relevant to interpreters, and understanding the U.S. healthcare system and its laws/regulations.

Interpreting Knowledge Areas and Skills: Interpreters are also keen on developing practical and advanced interpretation skills, often related to challenging situations, technology, and professional development:

- **Interpreting Skills:**
 - **Simultaneous Interpreting:** A strong demand for training in simultaneous interpretation.
 - **Note-Taking and Memory:** Improving note-taking skills and recall abilities, and strengthening memory power.
 - **Performance-Based Training:** More performance-based workshops to improve real-world interpreting skills.
- **Technology Integration:**
 - **AI Tools:** A significant interest in training on how to use AI tools to their advantage, integrate AI into workflows, and adapt to technological changes in the profession.
 - **Telehealth and Remote Interpreting:** Training on emerging telehealth technologies and remote interpreting platforms.
- **Professional Conduct and Ethics:**
 - **Ethics and Professional Standards:** Ongoing training on ethical decision-making, code of ethics, and handling challenging situations.
 - **Cultural Competency:** Enhancing understanding and respect for diverse patient populations, including cultural nuances and regional language differences.
 - **Handling Difficult Situations:** Training on navigating challenging encounters, managing difficult clients/providers, and handling high-stress or emotionally charged situations.
 - **Advocacy:** Learning how to advocate for LEP (Limited English Proficient) patients' rights, and advocating for the interpreting profession itself.
- **Career Development:**
 - **Certification:** Strong desire for assistance with, and coverage of, certification expenses.
 - **Mentorship and Support Networks:** Access to support networks, peer discussion groups, and mentorship from experienced interpreters.
 - **Business Skills:** Business development and financial education for freelance interpreters, including understanding contracts, taxes, and marketing.
 - **Leadership and Training:** Training to become a supervisor or trainer of interpreters.
 - **Self-Care and Burnout Prevention:** Workshops focusing on avoiding burnout, compassion fatigue, stress management, and self-care techniques.
- **Collaboration and Communication:**
 - **Interpreters Working with Providers:** Training for healthcare professionals on how to effectively work with interpreters.
 - **Communication Flow:** Maintaining communication flow that is less intrusive.
 - **Pre-session Delivery:** Training on how to give effective pre-sessions to patients and providers.

Many interpreters emphasize the need for these opportunities to be more affordable or free of charge, available on flexible schedules, and ideally, paid for by their employers. There's also a strong desire for in-person training, workshops, and conferences to foster networking and peer interaction.

In conclusion, the survey results on organizational support, presented in this subsection, reveal a noticeable disparity in the professional experience of healthcare interpreters, primarily dictated by their employment status. While a few support types – such as terminological glossaries, technology support, and continuing education – are commonly offered, **a prominent theme is that a notable percentage of interpreters, particularly freelancers, report receiving no support at all.**

The data consistently shows that staff interpreters benefit from a more robust support system.

They are more likely to have access to professional development opportunities, mental and physical well-being services, and provided equipment like headsets, cameras, and computers. In contrast, freelancers are responsible for purchasing their own equipment and covering work-related costs such as internet fees.⁹⁴

⁹⁴ Naturally, these are considered standard operating costs for freelance professionals.

These findings underscore the varied realities of healthcare interpreters and highlight a critical need to enhance support structures for freelance professionals who currently lack many of the resources essential for managing the high cognitive and emotional demands of the job.

2.3.3 Employer Requirements and Monitoring

One of the survey's goals was to determine how hiring requirements and monitoring protocols implemented by employing and contracting organizations affect interpreters. The survey asked a series of questions aimed at understanding the mechanisms organizations use to vet interpreters and to continuously monitor and improve the quality of the services they provide. These mechanisms include, among others:

- Requirement for interpreters to be certified
- Verification of language proficiency in both working languages
- Prerequisite training, specific to healthcare interpreting
- Compliance with labor contract requirements
- Compliance with the U.S. operational regulations in the context of health care
- Consistent and meaningful evaluation of interpreter's performance

Healthcare interpreter certification being the gold standard for hiring interpreters, in situations where certification is *not* required by the employer, it is possible that employers implement other processes to ensure a baseline of quality. One of such processes is **language proficiency testing**.

The survey found that, overall, **over a quarter of organizations (26%) do not require any language proficiency testing**, with additional 12% of respondents not being aware of such a requirement.⁹⁵ Only a third of organizations (34%) require such testing for both working languages.

Filtering the data **by residence** shows that **overseas interpreters are more likely to have language proficiency testing requirements**. Only 11% of overseas respondents report that their organizations do *not* require *any* such testing, a figure far lower than the 28% reported by their U.S.-based counterparts. Additionally, a smaller percentage of overseas interpreters (7%) are unaware of a testing requirement, compared to 13% of U.S.-based respondents. Understandably, overseas interpreters are far more likely to be tested for their *English* language proficiency (80%) while U.S. based interpreters - for their *Language Other Than English (LOTE)* proficiency (48%). See the table below.

Table 116. Testing Language Proficiency by Residence (Question 45)

Testing Required	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes, for English	227	16.5%	119	10.3%	109	49.5%
Yes, for Language Other Than English (LOTE)	165	12.0%	160	13.9%	5	2.3%
Yes, for both English and LOTE	460	33.5%	394	34.2%	66	30.0%
No	351	25.6%	325	28.2%	25	11.4%
I don't know	169	12.3%	154	13.4%	15	6.8%
Total	1372	100.0%	1152	100.0%	220	100.0%

An analysis of the data **by employment type** demonstrates substantial differences between freelancers and staff interpreters. **A larger percentage of U.S.-based freelancers (37%) report that their organizations do not require any language proficiency testing**, compared to only 21% of staff interpreters (and to 12% of overseas freelancers⁹⁶). This disparity is also reflected in awareness, as 19% of U.S.-based freelancers are *not* aware of a testing requirement compared to just 8% of staff. Notably, freelancers (34%) are far less likely to have their LOTE language proficiency tested compared to staff interpreters (60%). See the next table.

⁹⁵ See table **Question 45** in *Section 3*.

⁹⁶ This seemingly stricter requirement of overseas interpreters, unfortunately, is undermined by the fact that at least 62% of language proficiency testing is done by their contracting organization itself rather than by a qualified third-party testing provider. See the next paragraph for analysis.

Table 117. Testing Language Proficiency: Freelancers vs Staff of Healthcare Organizations (Question 45)

Testing Required	N	%	Overseas Freelancer N	Overseas Freelancer %	U.S. Freelancer N	U.S. Freelancer %	HCO Staff N	HCO Staff %
Yes, for English	227	16.5%	74	46.3%	48	10.3%	51	11.3%
Yes, for Language Other Than English (LOTE)	165	12.0%	5	3.1%	36	7.7%	88	19.6%
Yes, for both English and LOTE	460	33.5%	51	31.9%	123	26.3%	181	40.2%
No	351	25.6%	19	11.9%	173	37.0%	93	20.7%
I don't know	169	12.3%	11	6.9%	87	18.6%	37	8.2%
Total	1372	100.0%	160	100.0%	467	100.0%	450	100.0%

To ensure impartiality and an accurate assessment of language proficiency of interpreters, it is a best practice for such testing to be conducted by a *qualified third party* rather than the employer itself. The survey asked those respondents who indicated that their language proficiency is tested to identify who administers such testing.⁹⁷ The findings here show the same disparity by residence and employment type. **Only 24% of overseas respondents reported that language proficiency testing was done by a third party** compared to 48% of their U.S.-based counterparts. Filtering the data by employment further shows that only 37% of U.S.-based freelancers (and 25% of overseas freelancers) are tested by a third party compared to 57% staff interpreters. See the next two tables.

Table 118. Language Proficiency Testing Provider by Residence (Question 45.1)

Testing Provider Type	N	%	U.S. N	U.S. %	Overseas N	Overseas %
The organization itself	396	47.3%	286	43.4%	111	62.4%
An outside company that the hiring organization contracts with (i.e., a third-party test)	357	42.7%	314	47.6%	43	24.2%
I don't know	84	10.0%	59	9.0%	24	13.5%
Total	837	100.0%	659	100.0%	178	100.0%

Table 119. Language Proficiency Testing Provider: Freelancers vs Staff of Healthcare Organizations (Question 45.1)

Testing Provider Type	N	%	Overseas Freelancer N	Overseas Freelancer %	U.S. Freelancer N	U.S. Freelancer %	HCO Staff N	HCO Staff %
The organization itself	396	47.3%	84	65.1%	103	51.8%	116	36.9%
An outside company that the hiring organization contracts with (i.e., a third-party)	357	42.7%	32	24.8%	74	37.2%	179	57.0%
I don't know	84	10.0%	13	10.1%	22	11.1%	19	6.1%
Total	837	100.0%	129	100.0%	199	100.0%	314	100.0%

The survey also collected data on **employer requirements for specialized healthcare interpreter training, revealing a large gap in professional standards.**⁹⁸ Less than half of all respondents (43%) reported that their employing or contracting organizations require such training. This finding raises questions about baseline qualifications of individuals paid to interpret in the complex and fast-changing field of modern health care. An analysis **by residence** reveals that overseas interpreters report higher percentage of such training being required (53%)⁹⁹ compared to their U.S.-based counterparts (41%). This contrast is even more pronounced when examining **employment status: while a majority of staff**

⁹⁷ See table **Question 45.1** in *Section 3*.

⁹⁸ See table **Question 46** in *Section 3*.

⁹⁹ This seemingly stricter requirement of overseas interpreters is again undermined by the fact that at least 74% of training is done by their contracting organization itself rather than by a qualified third-party educator. See the next paragraph for analysis.

interpreters (53%) are required to complete such training, the standard is much lower for *U.S.-based freelancers*, with only 31% of whom reporting this requirement. At the same time, 48% of overseas interpreters are required to complete such training. See the next two tables.

Table 120. Requiring Healthcare Interpreter Training by Residence (Question 46)

Training Requirement	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	580	42.6%	468	40.8%	115	52.8%
No	525	38.6%	455	39.7%	70	32.1%
I don't know	256	18.8%	223	19.5%	33	15.1%
Total	1361	100.0%	1146	100.0%	218	100.0%

Table 121. Requiring Healthcare Interpreter Training: Freelancers vs Staff of Healthcare Organizations (Question 46)

Training Requirement	N	%	Overseas Freelancer N	Overseas Freelancer %	U.S. Freelancer N	U.S. Freelancer %	HCO Staff N	HCO Staff %
Yes	580	42.6%	76	48.1%	146	31.3%	237	53.0%
No	525	38.6%	56	35.4%	200	42.9%	153	34.2%
I don't know	256	18.8%	26	16.5%	120	25.8%	57	12.8%
Total	1361	100.0%	158	100.0%	466	100.0%	447	100.0%

The survey asked those respondents who indicated that they are required to complete specialized healthcare interpreter training to identify **who provides such training**.¹⁰⁰ A much larger percentage of overseas respondents (74%) report that their training is conducted by their employing or contracting organizations, compared to only 29% of their U.S.-based counterparts. When filtered **by employment status**, the data shows that **staff interpreters (50%) are far more likely to receive training from a third-party training organization than overseas freelancers (17%)**, who are more likely to be trained by their contracting organization itself. However, over half of U.S.-based freelancers (51%) are trained by third-party training providers. The large number of interpreters being trained in-house by their employers raises concerns as such non-standardized training may lead to potential knowledge and skill gaps. The differing models underscore **the need for a more consistent and professional approach to healthcare interpreter training across the field**. See the next two tables.

Table 122. Training Provider by Residence (Question 46.1)

Training Provider Type	N	%	U.S. N	U.S. %	Overseas N	Overseas %
The organization itself	218	38.2%	134	29.1%	84	74.3%
An outside company that the hiring organization contracts with (i.e., a third-party)	247	43.3%	226	49.1%	21	18.6%
I don't know	105	18.4%	100	21.7%	8	7.1%
Total	570	100.0%	460	100.0%	113	100.0%

Table 123. Training Provider: Freelancers vs Staff of Healthcare Organizations (Question 46.1)

Training Provider Type	N	%	Overseas Freelancer N	Overseas Freelancer %	U.S. Freelancer N	U.S. Freelancer %	HCO Staff N	HCO Staff %
The organization itself	218	38.2%	57	75.0%	33	23.2%	72	30.8%
An outside company that the hiring organization contracts with (i.e., a third-party)	247	43.3%	13	17.1%	73	51.4%	117	50.0%
I don't know	105	18.4%	6	7.9%	36	25.4%	45	19.2%
Total	570	100.0%	76	100.0%	142	100.0%	234	100.0%

¹⁰⁰ See table **Question 46.1** in Section 3.

The duration of required healthcare interpreter training is another key factor that varies markedly across the profession.¹⁰¹ While 40-hour training is the most common requirement (50% of all respondents), followed by 41-60 hours (20%), a notable concern remains: 14% of interpreters receive less than 40 hours of training, and only 9% receive more than 60. **Short-duration training (under 40 hours) is much more common among overseas interpreters (29%) than their U.S.-based counterparts (10%).** A similar disparity exists when comparing employment status. Only 7% of staff interpreters complete training that is under 40 hours. In contrast, this figure rises to 16% for U.S.-based freelancers and is highest among overseas freelancers, with a concerning 30% receiving less than 40 hours of training. See the next two tables.

Table 124. Length of Required Healthcare Interpreting Training by Residence (Question 46.2)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
less than 4 hours	21	3.7%	10	2.2%	11	9.6%
4 hours	12	2.1%	10	2.2%	2	1.8%
4-8 hours	18	3.2%	12	2.7%	6	5.3%
9-16 hours	10	1.8%	3	0.7%	7	6.1%
17- 39 hours	17	3.0%	10	2.2%	7	6.1%
40 hours	284	50.4%	245	54.4%	39	34.2%
41-60 hours	114	20.2%	96	21.3%	18	15.8%
61-100 hours	38	6.7%	23	5.1%	15	13.2%
101-120 hours	13	2.3%	9	2.0%	4	3.5%
Other	37	6.6%	32	7.1%	5	4.4%
Total	564	100.0%	450	100.0%	114	100.0%

Table 125. Length of Required Healthcare Interpreting Training: Freelancers vs Staff of Healthcare Organizations (Question 46.2)

Response	N	%	Overseas Freelancer N	Overseas Freelancer %	U.S. Freelancer N	U.S. Freelancer %	HCO Staff N	HCO Staff %
less than 4 hours	21	3.7%	10	13.2%	8	5.7%	1	0.4%
4 hours	12	2.1%	1	1.3%	6	4.3%	4	1.7%
4-8 hours	18	3.2%	3	3.9%	4	2.8%	5	2.2%
9-16 hours	10	1.8%	5	6.6%	0	0.0%	3	1.3%
17- 39 hours	17	3.0%	4	5.3%	4	2.8%	4	1.7%
40 hours	284	50.4%	28	36.8%	76	53.9%	129	56.3%
41-60 hours	114	20.2%	14	18.4%	26	18.4%	50	21.8%
61-100 hours	38	6.7%	8	10.5%	7	5.0%	12	5.2%
101-120 hours	13	2.3%	0	0.0%	1	0.7%	7	3.1%
Other	37	6.6%	3	3.9%	9	6.4%	14	6.1%
Total	564	100.0%	76	100.0%	141	100.0%	229	100.0%

The findings regarding **differences in language proficiency testing and training requirements for remote and freelance interpreters** versus their U.S.-based and staff counterparts **highlight a significant systemic challenge in the interpreting field. Freelance and remote interpreters face less rigorous vetting and training requirements from their contracting organizations.** This contrasts sharply with the more standardized and formalized protocols typically used by healthcare organizations that hire their own staff interpreters. **These findings also underscore the importance of requiring certification for healthcare interpreters as a crucial, objective measure of the interpreter's qualifications and fitness for the job.**

The survey asked several questions regarding **contractual agreements**, the first of which was whether interpreters are required to sign a contract.¹⁰² The findings reveal a large difference **by residence**: only 65% of U.S.-based respondents report signing a contract compared to 92% of their overseas counterparts. A similar difference is evident when the data is filtered **by employment status**, with 87% of freelancers signing a contract compared to 48% of staff interpreters. See the next two tables.

¹⁰¹ See table **Question 46.2** in **Section 3**.

¹⁰² See table **Question 47** in **Section 3**.

Table 126. Contract Signing by Residence (Question 47)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	951	69.6%	751	65.3%	203	91.9%
No	348	25.5%	334	29.0%	15	6.8%
I don't know	68	5.0%	65	5.7%	3	1.4%
Total	1367	100.0%	1150	100.0%	221	100.0%

Table 127. Contract Signing: Freelancers vs Staff of Healthcare Organizations (Question 47)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	951	69.6%	549	87.3%	216	48.1%
No	348	25.5%	67	10.7%	191	42.5%
I don't know	68	5.0%	13	2.1%	42	9.4%
Total	1367	100.0%	629	100.0%	449	100.0%

U.S.-based respondents who signed a contract were next asked whether their agreement requires them to operate as a legal business, such as an LLC.¹⁰³ This question was not posed to overseas respondents due to the wide variation in international business regulations, which would have made a direct comparison unreliable. **The findings reveal that only 18% of U.S.-based freelancers are required to establish an LLC,**¹⁰⁴ and just 1% of staff report the same requirement.

Table 128. Establishing an LLC: Freelancers vs Staff of Healthcare Organizations (Question 47.1)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	87	11.8%	70	17.8%	2	1.0%
No	576	77.9%	282	71.8%	183	88.0%
I don't know/remember	76	10.3%	41	10.4%	23	11.1%
Total	739	100.0%	393	100.0%	208	100.0%

The survey asked all contract-signing respondents, regardless of residence, whether their agreements include **exclusivity or non-compete provisions**.¹⁰⁵ The findings are somewhat encouraging. **Only 19% of U.S.-based interpreters and 15% of their overseas counterparts reported having such provisions.** An analysis by employment status shows that 19% of staff interpreters and 16% of freelancers have these clauses, indicating that the prevalence of these restrictive agreements is relatively low across both groups. See the next two tables.

Table 129. Exclusivity or Non-compete Agreement by Residence (Question 47.2)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	167	17.9%	136	18.5%	30	15.0%
No	571	61.1%	454	61.7%	119	59.5%
I don't know/remember	197	21.1%	146	19.8%	51	25.5%
Total	935	100.0%	736	100.0%	200	100.0%

¹⁰³ See table **Question 47.1** in *Section 3*.

¹⁰⁴ Keep in mind that **U.S. business and labor regulations differ by the state**. For example, California Assembly Bill 5 (AB 5) uses the “ABC test” which requires a worker to be engaged in an independently established business. This legal framework can directly influence why some organizations require interpreters to formalize their business structure and establish an LLC to maintain an independent contractor relationship. The survey data shows that **38% of California freelancers (99 respondents) are required to establish an LLC**.

¹⁰⁵ See table **Question 47.2** in *Section 3*. This question was relevant at the time the survey was administered in view of the U.S. Federal Trade Commission’s (FTC) rule issued in April 2024 that banned most non-compete clauses for all workers, including independent contractors, with limited exceptions for senior executives. However, at the time of this report, the rule is currently blocked by a federal court order issued on August 20, 2024, and the FTC is not permitted to enforce it as of August 2025.

130. Exclusivity or Non-compete Agreement: Freelancers vs Staff of Healthcare Organizations (Question 47.2)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	167	17.9%	85	15.9%	40	18.9%
No	571	61.1%	350	65.3%	124	58.5%
I don't know/remember	197	21.1%	101	18.8%	48	22.6%
Total	935	100.0%	536	100.0%	212	100.0%

All respondents were offered an opportunity to provide **comments about their contract**.¹⁰⁶ 131 responses were received, with the most frequently reported issues related to compensation and restrictive contract clauses. These themes, organized by their frequency in the provided comments, are as follows:

- **Pay and Compensation Issues**
 - Interpreters frequently express dissatisfaction with their pay rates, citing instances where agencies impose rates without negotiation, pay much less than IRS recommendations for mileage, or deny requests for increases. Some note that non-certified interpreters earn similar or even more than certified ones, diminishing the incentive for certification.
 - Some interpreters feel their pay does not reflect the high cost of living or the specific skills, experience, and traumatic situations they encounter, pointing out that some retail stores pay their staff more than interpreters earn for complex medical or legal assignments.
 - Issues with mileage compensation are common, with some agencies paying it and others not.
 - Concerns about payment for time spent logged in but not taking calls are also noted, especially for independent contractors who receive no compensation for idle time.
 - Cancellation policies often lead to non-payment for interpreters, even if the agency cancels close to the appointment time or the client dismisses interpreters at the appointment time. There is a desire for companies to honor payment for contracted time regardless of assignment duration or last-minute cancellations.
 - Interpreters may be held responsible for any lost revenue the agency incurs if the *interpreter* has to cancel, even for an emergency, with less than 24 hours notice.
 - Some comments highlight a lack of provisions for compensation reviews and instances where agencies lower rates significantly or offer small increases for certification without reimbursing exam costs.
 - Payment issues like late or short paychecks are reported.
- **Contract Fairness, One-Sidedness, Lack of Clarity, and Negotiation Issues**
 - Some interpreters perceive their contracts as unilateral, primarily protecting the company's interests rather than providing mutual benefit. They describe clauses as "predatory" and express that terms are often adjusted solely for the agency's benefit, leading to an "absolute abuse" of the interpreter.
 - Issues with contract clarity are noted, with calls for more layman's terms or legal definitions. Interpreters report that they are often unable to negotiate terms or make changes to contracts.
 - Some contracts are binding for long periods (e.g., 7 years), which interpreters may not realize initially, making amendments difficult. Agencies are reported to become aggressive when interpreters request changes.
 - Specific problematic clauses include those that do not specify hourly minimums or mileage. The wording in contracts can be broad, allowing companies to require interpreters to perform "ANY other task required" related to language services, even if the initial recruitment announcement mentioned only interpretation.
 - There is a sentiment that agencies are not transparent and may offer better pay for certified interpreters but then caution that raising rates could lead to fewer assignments, which is seen as a threat.
 - Some interpreters are required to carry their own personal liability insurance for mistakes or lawsuits. Some comments indicate a challenge where agencies require interpreter insurance, but local insurance companies may decline to offset or provide such coverage for the area.

¹⁰⁶ See **Appendix N** which contains responses to **Question 47.3** of the survey.

- Some interpreters are required to undergo background checks, including credit report checks, to get hired, which they view as irrelevant and intrusive. These checks, particularly for government assignments, can negatively impact an interpreter's credit score.
- **Employment Type (Freelancer vs. Employee/Staff) and Associated Benefits/Requirements**
 - As freelancers, interpreters often report receiving zero benefits, facing heavy taxation, and not being compensated for time spent logged in and available but not actively working. They are often required to have a business name (DBA) and a local business license.
 - In contrast, staff employees (W2) typically receive benefits, a fixed hourly rate, and paid time off. However, W2 wages can be "absurdly low" despite a high volume of calls and demanding conditions.
 - Some interpreters are union members, similar to other hospital staff.
 - There is one comment that a full-time employee position often means it must be their primary job.
- **Non-Compete Clauses, Restrictions on Working for Other Companies, and Client Solicitation Restrictions**
 - Non-compete clauses are a significant concern, with some interpreters reporting their presence in contracts. These clauses often prohibit interpreters from working for other companies, especially for the same interpreting language or video interpreting.
 - Some interpreters successfully negotiate these clauses out of their contracts, while others are rejected from jobs due to them.
 - A common restriction prevents interpreters from taking on clients directly that were initially sourced through the agency, sometimes for a period even after the contract ends. Interpreters often prefer direct clients due to higher pay.
 - There is confusion about the legality and enforceability of non-competes across various U.S. states.
 - Staff interpreters may be allowed to freelance in their free time but are often restricted from taking jobs for agencies that subcontract with their primary hospital.
 - The term "conflict of interest" is frequently used in contracts, adding to the ambiguity regarding working for multiple agencies.
- **Certification, Qualifications, Training, and Professional Development**
 - Some interpreters express a desire for companies to offer free or subsidized certification and training leading to it.
 - Despite being nationally certified, some companies still require additional language proficiency tests.
 - A major complaint is the use of non-certified or inexperienced interpreters, which negatively impacts service quality and the industry's reputation, as agencies purportedly do this to save money.
 - The lack of a significant pay differential for certified interpreters reduces the incentive to pursue certification. Some companies offer a small pay increase for certification but do not cover the cost of the exam.
- **Contract Termination Issues**
 - Interpreters report that companies can terminate independent contractor agreements without notice, or suddenly due to mergers, without prior information. At the same time, *interpreters* may be required to give a 30-day notice or risk losing their last month's salary.
 - Some respondents interpret threats of removal from a platform for not taking enough hours as a form of coercive termination.
 - Changes in contract terms can also lead to significantly reduced work hours.
- **Working Conditions, Support, and Professional Treatment**
 - Interpreters report a continuous lack of support and disregard for their mental and physical health, leading to burnout and compromised accuracy.
 - Supervisors are often described as untrained and unaware of interpreter needs, failing to provide support or advocate for better conditions.
 - Some interpreters face reprimands for following protocols or advocating for breaks and better working environments.

- High levels of system connectivity issues can lead to clients repeatedly losing their interpreter, with interpreters often being blamed.¹⁰⁷
- Some interpreters comment that evaluations can be harsh, with interpreters being criticized for natural pauses or variations in language, leading to pressure to perform like "robots".
- Some contracts may specify physical requirements, such as being able to work standing or sitting for X number of hours.
- **Agency Variation and Inconsistency**
 - Some interpreters note that rules, contracts, pay, and benefits vary significantly from one agency to another, with no industry standard. This creates an unpredictable working environment and occasional "surprises."

Compliance with U.S. legal regulations in the context of provision of health care is an important component of healthcare interpreting *industry* practice. One of the important regulations is the Health Insurance Portability and Accountability Act (HIPAA) of 1996. A HIPAA Business Associate agreement and proof of HIPAA training are crucial for ensuring the protection of patient data and are required under federal law. An EIN (Employer Identification Number) and a business license indicate that an interpreter is operating as a formalized business, which is a key requirement for maintaining an independent contractor relationship.

The survey asked all respondents about compliance documentation they are required to present at the time of "starting to interpret in health care."¹⁰⁸ **Notably, only 29% of all respondents reported being required to provide proof of HIPAA training, with this figure dropping to 26% for U.S.-based interpreters and 23% for staff interpreters.**¹⁰⁹ U.S.-based interpreters are twice as likely as their overseas counterparts to report having *none* of the listed documents (17% vs. 8%). As expected (with the exception of proof of HIPAA training), staff interpreters are *less* likely to be required to present any documentation compared to freelancers (23% vs. 12%). See the next two tables.

Table 131. U.S. Compliance Documentation by Residence (Question 48)

Response	N Resp	% Resp	U.S. N	U.S. %	Overseas N	Overseas %
A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement	603	29.0%	471	27.2%	134	37.9%
A business license	103	5.0%	98	5.7%	6	1.7%
A U.S. government-issued Employer Identification Number (EIN)	285	13.7%	274	15.8%	13	3.7%
Proof of HIPAA training	599	28.9%	451	26.0%	151	42.7%
None	322	15.5%	294	17.0%	29	8.2%
Other	164	7.9%	145	8.4%	21	5.9%
Total	2076	100.0%	1733	100.0%	354	100.0%

Table 132. U.S. Compliance Documentation: Freelancers vs Staff of Healthcare Organizations

Response	N Resp	% Resp	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement	603	29.0%	312	29.3%	178	30.2%
A business license	103	5.0%	74	7.0%	10	1.7%
A U.S. government-issued Employer Identification Number (EIN)	285	13.7%	156	14.7%	84	14.3%
Proof of HIPAA training	599	28.9%	322	30.3%	136	23.1%
None	322	15.5%	122	11.5%	134	22.8%
Other	164	7.9%	78	7.3%	47	8.0%
Total	2076	100.0%	1064	100.0%	589	100.0%

¹⁰⁷ We recognize that if interpreters work from home they may experience connectivity issues and may in fact be responsible for dropped calls.

¹⁰⁸ See table **Question 48** in *Section 3*.

¹⁰⁹ This data could be an artifact of the question's wording. To ensure greater clarity and more reliable responses in future survey administrations, this question should be carefully reviewed and revised.

Performance evaluations and monitoring are helpful tools for maintaining professional standards and ensuring the consistent delivery of high-quality interpreting services. These practices provide a structured mechanism for feedback, skill development, and accountability. The survey explored these crucial practices,¹¹⁰ revealing that only **a little more than half of all respondents (55%) receive any form of performance evaluation**. This practice varies dramatically by both residence and employment status. **Overseas interpreters are far more likely to receive evaluations (75%) compared to their U.S.-based counterparts (51%)**. A similar divide exists between employment types: **77% of staff interpreters receive evaluations, in stark contrast to just 39% of freelancers**. See the next two tables.

Table 133. Performance Evaluation by Residence (Question 52)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	752	55.0%	591	51.3%	164	74.5%
No	487	35.6%	456	39.6%	32	14.5%
I'm not sure	129	9.4%	105	9.1%	24	10.9%
Total	1368	100.0%	1152	100.0%	220	100.0%

Table 134. Performance Evaluation: Freelancers vs Staff of Healthcare Organizations (Question 52)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	752	55.0%	243	38.8%	348	77.2%
No	487	35.6%	317	50.6%	73	16.2%
I'm not sure	129	9.4%	66	10.5%	30	6.7%
Total	1368	100.0%	626	100.0%	451	100.0%

The survey next explored the **frequency of performance feedback** for interpreters who receive evaluations.¹¹¹ The data reveals a large disparity **by residence**. While the most prevalent frequency for U.S.-based interpreters is annually (61%), a half of overseas interpreters receive more frequent feedback, with 50% reporting quarterly or monthly evaluations. This contrast is even sharper when considering those who receive feedback only *occasionally*: 43% of overseas interpreters fall into this category, compared to a lower 17% for their U.S. counterparts.

A similar divide exists **by employment status**. Three fourths of staff interpreters receive annual evaluations (75%), and only a small fraction (6%) report occasional feedback. **In contrast, nearly half of all freelance interpreters (49%) receive evaluations only occasionally**. This finding is particularly notable given the lower vetting requirements often associated with freelance work, suggesting a need for more frequent performance monitoring to ensure consistent quality. See the next two tables.

Table 135. Frequency of Performance Evaluation by Residence (Question 52.1)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Annually	360	48.9%	351	60.8%	11	6.8%
Quarterly	101	13.7%	74	12.8%	27	16.7%
Monthly	107	14.5%	53	9.2%	54	33.3%
Occasionally	168	22.8%	99	17.2%	70	43.2%
Total	736	100.0%	577	100.0%	162	100.0%

Table 136. Frequency of Performance Evaluation: Freelancers vs Staff of Healthcare Organizations (Question 52.1)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Annually	360	48.9%	33	14.0%	256	75.1%
Quarterly	101	13.7%	35	14.8%	45	13.2%
Monthly	107	14.5%	52	22.0%	20	5.9%
Occasionally	168	22.8%	116	49.2%	20	5.9%
Total	736	100.0%	236	100.0%	341	100.0%

¹¹⁰ See table **Question 52** in *Section 3*.

¹¹¹ See table **Question 52.1** in *Section 3*.

The Survey Advisory Council members have included a question about **the type of feedback interpreters receive**, as they believe it directly impacts quality control. Distinguishing between a general annual performance review and specific, in-depth feedback on a live session, especially by a language-concordant evaluator, is vital for identifying and addressing concrete areas for improvement. A general evaluation, especially of non-certified interpreters, may confirm a general level of compliance with organizational procedures and customer service expectations, but only a review of a specific interpreting session can provide the targeted feedback necessary for continuous skill refinement, adherence to professional codes of conduct, and overall quality assurance.

The findings on the type of performance evaluation received by interpreters¹¹² raise concerns about the quality and specificity of feedback. **Only 16% of U.S.-based interpreters report receiving session-specific feedback, with 10% of that feedback being language-concordant. This is slightly surpassed by overseas interpreters, 19% of whom receive session-specific feedback, with 15% being language-concordant.** The disparity is also evident by employment status. **Staff interpreters report a lower percentage of session-specific feedback (14%, with 10% being language-concordant) compared to freelancers (18%, with 13% being language-concordant).** One possible reason for this difference is that healthcare organizations might assume that certified staff interpreters, who are more prevalent in staff roles, do not need targeted feedback, overlooking the importance of continuous skill development for all professionals, especially in the areas of care that require higher-level skills.¹¹³ See the next two tables.

Table 137. Type of Evaluation or Feedback by Modality (Question 52.2)

Response	N Resp	% Resp	U.S. N	U.S. %	Overseas N	Overseas %
Annual overall evaluation of my performance	441	29.6%	425	37.2%	18	5.0%
Regular evaluation of my customer service performance	235	15.8%	148	13.0%	88	24.6%
Regular evaluation of my compliance with the organization's requirements	275	18.4%	188	16.5%	89	24.9%
Regular evaluation of my compliance with the healthcare interpreter's code of conduct (standards of practice)	209	14.0%	140	12.3%	70	19.6%
Regular (at least once a year) review of a specific interpreting session with specific feedback by an interpreter who works in the same language combination.	169	11.3%	117	10.3%	52	14.6%
Regular (at least once a year) review of a specific interpreting session with specific feedback by a more experienced interpreter who does NOT work in the same language combination.	64	4.3%	47	4.1%	17	4.8%
None of the above	36	2.4%	28	2.5%	8	2.2%
Other	62	4.2%	48	4.2%	15	4.2%
Total	1491	100.0%	1141	100.0%	357	100.0%

¹¹² See table **Question 52.2** in *Section 3*. Respondents could select multiple options in this question.

¹¹³ Current healthcare interpreter certification credentials are targeted to entry-level professionals only.

Table 138. Type of Evaluation or Feedback: Freelancers vs Staff of Healthcare Organizations (Question 52.2)

Response	N Resp	% Resp	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Annual overall evaluation of my performance	441	29.6%	41	8.6%	304	46.6%
Regular evaluation of my customer service performance	235	15.8%	105	22.0%	66	10.1%
Regular evaluation of my compliance with the organization's requirements	275	18.4%	109	22.9%	96	14.7%
Regular evaluation of my compliance with the healthcare interpreter's code of conduct (standards of practice)	209	14.0%	87	18.2%	70	10.7%
Regular (at least once a year) review of a specific interpreting session with specific feedback by an interpreter who works in the same language combination.	169	11.3%	64	13.4%	64	9.8%
Regular (at least once a year) review of a specific interpreting session with specific feedback by a more experienced interpreter who does NOT work in the same language combination.	64	4.3%	21	4.4%	26	4.0%
None of the above	36	2.4%	26	5.5%	5	0.8%
Other	62	4.2%	24	5.0%	21	3.2%
Total	1491	100.0%	477	100.0%	652	100.0%

An analysis of the data **by the primary language** of service reveals a marked disparity in language-concordant feedback. Spanish interpreters are more likely to receive this type of feedback (12%) compared to interpreters of other spoken languages (10%) or ASL interpreters (5%). Despite this variation, the overall percentage of interpreters receiving session-specific feedback remains notably low across all language groups. See the next table.

These findings highlight the need for employing and contracting organizations to provide more session-specific feedback, even when a language-concordant evaluator is not available. To achieve this, it is essential for the profession to address the need for specialized training for evaluators, ensuring they can provide valuable feedback regardless of the language pairing.

Table 139. Type of Evaluation or Feedback by Language (Question 52.2)

Response	N Resp	% Resp	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Annual overall evaluation of my performance	441	29.6%	320	33.0%	107	21.8%	16	41.0%
Regular evaluation of my customer service performance	235	15.8%	130	13.4%	99	20.2%	7	17.9%
Regular evaluation of my compliance with the organization's requirements	275	18.4%	168	17.3%	101	20.6%	8	20.5%
Regular evaluation of my compliance with the healthcare interpreter's code of conduct (standards of practice)	209	14.0%	120	12.4%	85	17.3%	5	12.8%
Regular (at least once a year) review of a specific interpreting session with specific feedback by an interpreter who works in the same language combination.	169	11.3%	120	12.4%	47	9.6%	2	5.1%
Regular (at least once a year) review of a specific interpreting session with specific feedback by a more experienced interpreter who does NOT work in the same language combination.	64	4.3%	36	3.7%	27	5.5%	1	2.6%
None of the above	36	2.4%	22	2.3%	14	2.9%	---	---
Other	62	4.2%	53	5.5%	10	2.0%	---	---
Total	1491	100.0%	969	100.0%	490	100.0%	39	100.0%

The survey delved into the **monitoring of healthcare interpreter compliance with professional standards**,¹¹⁴ a crucial component for ensuring quality, particularly in light of low certification rates overall. **Only 37% of all respondents reported receiving such monitoring.** This oversight varies substantially by both residence and employment status: **overseas interpreters are more likely to be monitored (53%) than their U.S.-based counterparts (34%), and staff interpreters (47%) receive more monitoring than freelancers (31%).** See the next two tables.

This stark deficiency highlights a critical area for systemic improvement. Robust monitoring is essential not only for quality control but also for demonstrating the value of human interpreters over potential AI solutions, as it reinforces that healthcare interpreting is a professional practice guided by a code of conduct, not merely a linguistic task.

Table 140. Monitoring Compliance with Practice Standards by Residence (Question 52.3)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	510	37.3%	395	34.4%	117	53.2%
No	526	38.5%	490	42.6%	37	16.8%
I don't know	330	24.2%	264	23.0%	66	30.0%
Total	1366	100.0%	1149	100.0%	220	100.0%

Table 141. Monitoring Compliance with Practice Standards: Freelancers vs Staff of Healthcare Organizations (Question 52.3)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	510	37.3%	191	30.6%	213	47.0%
No	526	38.5%	261	41.8%	151	33.3%
I don't know	330	24.2%	172	27.6%	89	19.6%
Total	1366	100.0%	624	100.0%	453	100.0%

¹¹⁴ See table **Question 52.3** in **Section 3**.

The survey also explored **the perceived usefulness of the feedback**¹¹⁵ interpreters receive. Overall, **roughly one quarter of all respondents (23%) reported that feedback was either "not quite useful" or "not useful at all,"** a concerning finding given the importance of performance monitoring. The data reveals **a noticeable difference by employment status: a combined 29% of freelance respondents found feedback to be of little use, compared to just 15% of staff interpreters.** This divide is less pronounced when filtered by residence, where U.S.-based and overseas interpreters reported similarly low rates of perceived usefulness. See the next two tables.

These findings suggest a need for organizations that contract interpreters, mostly language service companies, to re-evaluate and improve the quality and specificity of the feedback they provide.

Table 142. Feedback Usefulness by Residence (Question 52.4)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
1. Very useful	457	35.3%	380	35.2%	77	35.5%
2. Sufficiently useful	258	19.9%	217	20.1%	43	19.8%
3. Somewhat useful	279	21.6%	237	21.9%	43	19.8%
4. Not quite useful	136	10.5%	106	9.8%	30	13.8%
5. Not useful at all	164	12.7%	141	13.0%	24	11.1%
Total	1294	100.0%	1081	100.0%	217	100.0%

Table 143. Feedback Usefulness: Freelancers vs Staff of Healthcare Organizations (Question 52.4)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
1. Very useful	457	35.3%	175	30.8%	182	40.6%
2. Sufficiently useful	258	19.9%	107	18.8%	97	21.7%
3. Somewhat useful	279	21.6%	121	21.3%	100	22.3%
4. Not quite useful	136	10.5%	66	11.6%	36	8.0%
5. Not useful at all	164	12.7%	100	17.6%	33	7.4%
Total	1294	100.0%	569	100.0%	448	100.0%

Drawing from the analysis of the data related to employer requirements and monitoring, a consistent picture emerges of the substantial disparities between staff interpreters and freelancers, as well as between U.S.-based and overseas professionals. The data suggests that these differences are not rooted in a single factor but are instead a systemic issue reflecting the varied practices of different hiring entities, from healthcare organizations to language service companies. This patchwork of standards highlights a critical need for industry-wide harmonization to ensure a baseline of quality, professional development, and accountability for all interpreters, regardless of their employment status or location.

¹¹⁵ See table **Question 52.4** in **Section 3**.

2.4. Compensation and Benefits

This section explores the topics of compensation and benefits, which are fundamental to the economic stability and professional sustainability of healthcare interpreters. By analyzing **income and payment rates**, **payment logistics**, and the **benefits provided**, this chapter offers a comprehensive look at the financial realities of healthcare interpreters, highlighting key disparities and trends.

The most informative compensation and benefit comparisons are by certification status, employment type, and residence. Notably, the hourly rate data from this survey is comparable to the data of the U.S. Bureau of Labor Statistics for *27-3091 Interpreters & Translators* as it is segmented by Industry for “General Medical and Surgical Hospitals,”¹¹⁶ providing a valuable external benchmark. However, unlike this survey, the BLS does not collect data from freelancers or on per-minute rates. Furthermore, granular comparisons – such as pay rates per state or city – could not be derived from the survey data due to the low number of respondents in those subgroups. This underscores the importance of a larger number of interpreters participating in future surveys to allow for more detailed analysis.

2.4.1 Income and Payment Rates

Comparison by Certification Status: Certified and Non-certified

The most prominent differentiator in payment rates of healthcare interpreters appears to be their certification status. For the purposes of meaningful comparison, the certified category in *this* subsection of the report includes respondents who indicated that they are certified by CCHI, BEI, IMIA (CMI credentials only), or RID, while all the rest are included into the “non-certified in healthcare interpreting” category.

Slightly over half of certified respondents (51%) earn 100% of their income from healthcare interpreting while only 44% of their non-certified counterparts do.¹¹⁷ See the next table.

Table 144. Income Share by Certification Status (Question 14)

Percentage Given	N	%	Certified N	Certified %	Non-certified N	Non-certified %
100%	682	48.7%	463	51.1%	220	44.2%
75-99%	258	18.4%	166	18.3%	95	19.1%
50-74%	158	11.3%	98	10.8%	60	12.1%
25-49%	97	6.9%	55	6.1%	42	8.4%
10-24%	84	6.0%	58	6.4%	26	5.2%
5-9%	40	2.9%	22	2.4%	18	3.6%
Less than 5%	82	5.9%	45	5.0%	37	7.4%
Total	1401	100.0%	907	100.0%	498	100.0%

Certified respondents are more likely to receive a fixed annual salary (19%) compared to their non-certified counterparts (10%),¹¹⁸ which suggests that salaried positions within language departments are more accessible to certified interpreters. At the same time, certified respondents are somewhat less likely to be paid per minute (9% vs 26%), a payment model often characteristic of remote interpretation. This finding indicates that certified interpreters may be less likely to work remotely.

¹¹⁶ See <https://www.bls.gov/oes/2023/may/oes273091.htm> for the 2023 data: hourly mean wage - \$29.01, and annual mean wage - \$60,340.

¹¹⁷ See table **Question 14** in *Section 3*.

¹¹⁸ See table **Question 38** in *Section 3*.

Table 145. Payment Methods by Certification Status (Question 38)

Payment method	N	%	Certified N	Certified %	Non-certified N	Non-certified %
I have a fixed annual salary.	212	15.7%	163	18.6%	49	10.3%
I have an hourly pay with no minimum (i.e., if I work 30 min, I'll be paid for 30 minutes).	370	27.5%	238	27.2%	132	27.7%
I have an hourly pay with a 1-hour minimum.	171	12.7%	113	12.9%	60	12.6%
I have an hourly pay with a 2-hour minimum.	270	20.0%	197	22.5%	73	15.3%
I have a per-minute pay.	200	14.8%	78	8.9%	122	25.6%
I am a dual-role healthcare worker and receive an additional stipend for interpreting in addition to my base pay.	12	0.9%	9	1.0%	3	0.6%
I am a dual-role healthcare worker. I am NOT paid extra for interpreting.	20	1.5%	12	1.4%	8	1.7%
Other	92	6.8%	65	7.4%	29	6.1%
Total	1347	100.0%	875	100.0%	476	100.0%

Certified interpreters consistently earn higher annual salaries than their non-certified counterparts.¹¹⁹ **A substantial majority of certified interpreters (57%) are paid \$61,000 per year and higher, compared to just 33% of non-certified interpreters in that same range.** This disparity is even more pronounced at the lower end of the income spectrum, with **11% of non-certified interpreters receiving an annual salary of less than \$30,000, a figure that drops to 4% for certified interpreters.**

Table 146. Annual Salary Ranges by Certification Status (Question 38.1)

Salary range	N	%	Certified N	Certified %	Non-certified N	Non-certified %
less than \$30,000	8	3.8%	3	1.9%	5	11.1%
\$30,000 - \$45,000	34	16.3%	19	11.7%	15	33.3%
\$46,000 - \$60,000	57	27.3%	47	29.0%	10	22.2%
\$61,000 - \$75,000	54	25.8%	46	28.4%	8	17.8%
\$76,000 - \$90,000	36	17.2%	34	21.0%	2	4.4%
Other ¹²⁰	20	9.6%	13	8.0%	5	11.1%
Total	209	100.0%	162	100.0%	45	100.0%

A similar **disparity in hourly pay rates** exists between certified and non-certified interpreters.¹²¹ Non-certified interpreters are far more likely to be paid an hourly rate of \$20 or less (37%) compared to certified interpreters (8%). **The gap is most pronounced at the highest pay scale: certified interpreters are nearly three times more likely to be paid in the \$46–\$50 per hour range (21%) than their non-certified counterparts (8%).** While the most common hourly rate for both groups falls between \$21 and \$35, this range is more prevalent for certified interpreters (68%) than for non-certified interpreters (54%).

¹¹⁹ See table **Question 38.1** in *Section 3*.

¹²⁰ Respondents who selected “Other” in the annual salary range have indicated that their salaries are over \$90,000.

¹²¹ See table **Question 38.2** in *Section 3*.

Table 147. Hourly Rate Ranges by Certification Status (Question 38.2)

Hourly range	N	%	Certified N	Certified %	Non-certified N	Non-certified %
less than \$5 per hour	9	1.7%	2	0.6%	7	3.7%
\$5-7 per hour	23	4.3%	0	0.0%	23	12.1%
\$8-10 per hour	29	5.4%	4	1.2%	25	13.2%
\$11-15 per hour	9	1.7%	4	1.2%	5	2.6%
\$16-20 per hour	29	5.4%	18	5.2%	11	5.8%
\$21-25 per hour	119	22.2%	81	23.4%	38	20.0%
\$26-30 per hour	137	25.6%	91	26.3%	46	24.2%
\$31-35 per hour	83	15.5%	64	18.5%	19	10.0%
\$36-40 per hour	46	8.6%	39	11.3%	7	3.7%
\$41-50 per hour	43	8.0%	34	9.8%	9	4.7%
Other	9	1.7%	9	2.6%	- - -	- - -
Total	536	100.0%	346	100.0%	190	100.0%

The data reveals a stark contrast in **per-minute pay rates**¹²² between certified and non-certified interpreters. **76% of certified interpreters are paid in the \$0.31–\$1.00 per minute range, compared to only 35% of non-certified interpreters.** This disparity is more pronounced at the lowest pay scales: the combined percentage of interpreters paid between \$0.05 and \$0.15 per minute is 35% for non-certified interpreters, while only about 8% of certified interpreters fall into this range. This indicates that certification is a strong predictor of higher per-minute compensation.

Table 148. Per-minute Rate Ranges by Certification Status (Question 38.4)

Per minute range	N	%	Certified N	Certified %	Non-certified N	Non-certified %
< \$0.05 per minute	3	1.5%	3	4.0%	- - -	- - -
\$0.05-0.10 per minute	16	8.2%	1	1.3%	15	12.5%
\$0.11-0.15 per minute	28	14.3%	2	2.6%	27	22.5%
\$0.16-0.20 per minute	17	8.7%	4	5.3%	13	10.8%
\$0.21-0.25 per minute	14	7.1%	4	5.3%	10	8.3%
\$0.26-\$0.30 per minute	16	8.2%	4	5.3%	12	10.0%
\$0.31-\$0.50 per minute	43	21.9%	21	27.6%	22	18.3%
\$0.51-\$1.00 per minute	57	29.1%	37	48.7%	20	16.7%
Other	2	1.0%	0	0.0%	1	0.8%
Total	196	100.0%	76	100.0%	120	100.0%

Comparison by Employment Status: Freelancers and Staff of Healthcare Organization

A large majority of all survey respondents (67%) derive at least three-quarters of their total income from healthcare interpreting (with additional 11% receiving 50 to 74% of their income from it). However, a comparison by employment status reveals a marked contrast in the level of income dependency. **Interpreters who hold a staff position at a healthcare organization (HC Staff + Combined), which includes those who also freelance, are much more likely to derive 100% of their income from healthcare interpreting (71%) than “pure” freelancers (34%).** The gap is even wider if only staff interpreters are considered (75% vs 34%).

Conversely, freelancers are more likely to have other sources of income. Over a quarter of freelancers (22%) reported that healthcare interpreting constitutes between 75% and 99% of their income, compared to just 16% of the staff group. This pattern continues at the lower income brackets, where freelancers are consistently more represented than their staff counterparts.

¹²² See table **Question 38.4** in **Section 3**.

Table 149. Income Share by Employment Status (Question 14)

Percentage Given	All N	All %	Freelancer N	Freelancer %	HC Staff N	HC Staff %	HC Staff + Combined N	HC Staff + Combined %
100%	682	48.7%	217	34.1%	345	74.7%	390	70.7%
75-99%	258	18.4%	139	21.8%	70	15.2%	88	15.9%
50-74%	158	11.3%	98	15.4%	24	5.2%	37	6.7%
25-49%	97	6.9%	66	10.4%	10	2.2%	16	2.9%
10-24%	84	6.0%	55	8.6%	7	1.5%	11	2.0%
5-9%	40	2.9%	26	4.1%	1	0.2%	3	0.5%
Less than 5%	82	5.9%	36	5.7%	5	1.1%	7	1.3%
Total	1401	100.0%	637	100.0%	462	100.0%	552	100.0%

An analysis of payment methods reveals a clear distinction between employment types. **A fixed annual salary** is a payment method for only a small minority of interpreters, and the majority of these positions are held by **staff interpreters** (153 of 212 respondents). They also are more likely to be paid “hourly with no minimum” (47%). Conversely, **a per-minute pay model is typical for freelancers** (164 of 200). However, freelancers’ payment methods are more varied, and they are more likely to receive hourly payments with a 2-hour minimum (36%). This data highlights the divide between the stable, salaried positions of staff interpreters and the diverse, performance-based payment models that characterize freelance work.

Table 150. Payment Methods by Employment Status (Question 38)

Payment method	N	%	Freelancer N	Freelancer %	HC Staff + Combined N	HC Staff + Combined %
I have a fixed annual salary.	212	15.7%	3	0.5%	153	28.9%
I have an hourly pay with no minimum (i.e., if I work 30 min, I’ll be paid for 30 minutes).	370	27.5%	77	12.5%	247	46.6%
I have an hourly pay with a 1-hour minimum.	171	12.7%	117	19.0%	38	7.2%
I have an hourly pay with a 2-hour minimum.	270	20.0%	225	36.5%	28	5.3%
I have a per-minute pay.	200	14.8%	164	26.6%	11	2.1%
I am a dual-role healthcare worker and receive an additional stipend for interpreting in addition to my base pay.	12	0.9%	2	0.3%	4	0.8%
I am a dual-role healthcare worker. I am NOT paid extra for interpreting.	20	1.5%	2	0.3%	8	1.5%
Other	92	6.8%	27	4.4%	41	7.7%
Total	1347	100.0%	617	100.0%	530	100.0%

The next three tables present a comparison of rates between freelancers and staff interpreters of healthcare organizations. Because only 3 (three) freelancers completing the survey receive a fixed annual salary, this comparison is not provided here. Staff interpreters consistently earn higher hourly rates. A combined 62% of staff interpreters earn in the \$21–\$30 per hour range, while only 26% of freelancers fall into this bracket. Additionally, 23% of freelancers are paid \$15 per hour or less, a range with virtually no staff representation. A meaningful comparison of 2-hour and per-minute pay rates between staff and freelance interpreters is not possible because staff interpreters are rarely compensated under these models. This is evidenced by the extremely low number of staff respondents in these categories, with only 27 reporting a 2-hour rate and 11 reporting a per-minute rate.

Table 151. Hourly Rate Ranges by Employment Status (Question 38.2)

Hourly range	N	%	Freelancer N	Freelancer %	HC Staff + Combined N	HC Staff + Combined %
less than \$5 per hour	9	1.7%	2	1.0%	---	---
\$5-7 per hour	23	4.3%	16	8.3%	3	1.1%
\$8-10 per hour	29	5.4%	20	10.4%	5	1.8%
\$11-15 per hour	9	1.7%	6	3.1%	---	---
\$16-20 per hour	29	5.4%	13	6.8%	8	2.9%
\$21-25 per hour	119	22.2%	18	9.4%	74	26.3%
\$26-30 per hour	137	25.6%	32	16.7%	101	35.9%
\$31-35 per hour	83	15.5%	30	15.6%	50	17.8%
\$36-40 per hour	46	8.6%	26	13.5%	19	6.8%
\$41-50 per hour	43	8.0%	21	10.9%	19	6.8%
Other	9	1.7%	8	4.2%	2	0.7%
Total	536	100.0%	192	100.0%	281	100.0%

Table 152. 2-hour Rate Ranges by Employment Status (Question 38.3)

2 Hourly range	N	%	Freelancer N	Freelancer %	HC Staff + Combined N	HC Staff + Combined %
< \$10 per assignment	---	---	---	---	---	---
\$11-20 per assignment	5	1.9%	5	2.2%	---	---
\$21-30 per assignment	24	9.0%	16	7.2%	5	18.5%
\$31-40 per assignment	52	19.4%	43	19.3%	7	25.9%
\$41-50 per assignment	33	12.3%	29	13.0%	1	3.7%
\$51-75 per assignment	58	21.6%	48	21.5%	6	22.2%
\$76-100 per assignment	74	27.6%	61	27.4%	8	29.6%
Other	22	8.2%	21	9.4%	---	---
Total	268	100.0%	223	100.0%	27	100.0%

Table 153. Per-minute Rate Ranges by Employment Status (Question 38.4)

Per minute range	N	%	Freelancer N	Freelancer %	HC Staff + Combined N	HC Staff + Combined %
< \$0.05 per minute	3	1.5%	2	1.3%	---	---
\$0.05-0.10 per minute	16	8.2%	9	5.6%	---	---
\$0.11-0.15 per minute	28	14.3%	23	14.4%	2	18.2%
\$0.16-0.20 per minute	17	8.7%	15	9.4%	---	---
\$0.21-0.25 per minute	14	7.1%	12	7.5%	---	---
\$0.26-\$0.30 per minute	16	8.2%	12	7.5%	2	18.2%
\$0.31-\$0.50 per minute	43	21.9%	38	23.8%	2	18.2%
\$0.51-\$1.00 per minute	57	29.1%	49	30.6%	5	45.5%
Other	2	1.0%	0	0.0%	---	---
Total	196	100.0%	160	100.0%	11	100.0%

Comparison by Residence: the U.S.-based and Overseas

A comparison by residence highlights a large compensation gap between U.S.-based and overseas interpreters. The data shows that **overseas interpreters (13%) are less likely to work as healthcare interpreters if the job provides less than 50% of their income compared to their U.S.-based counterparts (23%)**. Similarly, 28% of overseas interpreters derive between 75-99% of their income from healthcare interpreting, compared to just 17% of their U.S.-based counterparts. **In contrast, U.S.-based interpreters are slightly more likely to derive 100% of their income from this field (50% vs. 43%)**.

This difference in income share is reflected in the pay rates. **The data shows that U.S.-based interpreters are paid substantially higher hourly rates. Only 1% of U.S.-based interpreters are paid an hourly rate of \$10 or less, while a staggering 78% of overseas interpreters fall into this**

category. The trend is similar for per-minute rates. Overseas interpreters are far more likely to receive low per-minute rates. Specifically, a combined 39% of overseas interpreters are paid \$0.15 or less per minute, compared to only 4% of their U.S.-based colleagues.

This disparity continues at the highest pay brackets. For U.S.-based interpreters, the most likely *hourly* rate is \$21-30, encompassing 54% of respondents, and the most common *per-minute* rate is \$0.51–\$1.00 (57%). These top-tier rates are far less common for overseas interpreters, with only 7% and 10% receiving such hourly and per-minute rates, respectively.

Table 154. Income Share by Residence (Question 14)

Percentage Given	N	%	U.S. N	U.S. %	Overseas N	Overseas %
100%	682	48.7%	586	49.9%	97	43.1%
75-99%	258	18.4%	194	16.5%	64	28.4%
50-74%	158	11.3%	123	10.5%	34	15.1%
25-49%	97	6.9%	83	7.1%	13	5.8%
10-24%	84	6.0%	78	6.6%	5	2.2%
5-9%	40	2.9%	35	3.0%	5	2.2%
Less than 5%	82	5.9%	75	6.4%	7	3.1%
Total	1401	100.0%	1174	100.0%	225	100.0%

Table 155. Hourly Rate Ranges by Residence (Question 38.2)

Hourly range	N	%	U.S. N	U.S. %	Overseas N	Overseas %
less than \$5 per hour	9	1.7%	3	0.7%	6	8.2%
\$5-7 per hour	23	4.3%	---	---	23	31.5%
\$8-10 per hour	29	5.4%	1	0.2%	28	38.4%
\$11-15 per hour	9	1.7%	3	0.7%	6	8.2%
\$16-20 per hour	29	5.4%	28	6.0%	1	1.4%
\$21-25 per hour	119	22.2%	115	24.7%	4	5.5%
\$26-30 per hour	137	25.6%	136	29.3%	1	1.4%
\$31-35 per hour	83	15.5%	83	17.9%	1	1.4%
\$36-40 per hour	46	8.6%	45	9.7%	1	1.4%
\$41-50 per hour	43	8.0%	42	9.0%	2	2.7%
Other	9	1.7%	9	1.9%	---	---
Total	536	100.0%	465	100.0%	73	100.0%

Table 156. Per-minute Rate Ranges by Residence (Question 38.4)

Per minute range	N	%	U.S. N	U.S. %	Overseas N	Overseas %
< \$0.05 per minute	3	1.5%	1	1.3%	2	1.7%
\$0.05-0.10 per minute	16	8.2%	2	2.5%	14	12.0%
\$0.11-0.15 per minute	28	14.3%	---	---	29	24.8%
\$0.16-0.20 per minute	17	8.7%	2	2.5%	15	12.8%
\$0.21-0.25 per minute	14	7.1%	3	3.8%	11	9.4%
\$0.26-\$0.30 per minute	16	8.2%	4	5.1%	12	10.3%
\$0.31-\$0.50 per minute	43	21.9%	21	26.6%	22	18.8%
\$0.51-\$1.00 per minute	57	29.1%	45	57.0%	12	10.3%
Other	2	1.0%	1	1.3%	---	---
Total	196	100.0%	79	100.0%	117	100.0%

Comparison by Language

Analyses by the primary language of service allow for a comparison between Spanish interpreters, interpreters of other spoken languages, and American Sign Language (ASL) interpreters. However, it is important to note that the ASL interpreter group is the smallest (49 total responses), so caution is advised when assessing individual response values. For example, zero (0) ASL interpreters answered Question 38.4 regarding a per-minute rate, which may indicate either that remote ASL interpreters are not paid per minute or that the sample size is too small to accurately reflect the actual practice.

The data reveals significant differences in how interpreters of various languages derive their income and are paid. **Spanish interpreters are the most likely to derive 100% of their income from interpreting (55%), a higher percentage than interpreters of other spoken languages (37%) or ASL interpreters (33%).**

This trend is reflected in payment methods. ASL interpreters are more likely to receive a **fixed annual salary (29%)** than both Spanish (17%) and other spoken interpreters (12%). Similarly, ASL interpreters have the highest percentage of those paid with a **2-hour minimum (33%)**, while per-minute pay is used almost exclusively by Spanish and Other Spoken interpreters. This suggests a pattern where ASL interpreters work more often in structured roles, salaried or with a defined minimum pay, while other interpreters have a greater variety of performance-based payment models. See the next two tables.

Table 157. Income Share by Language (Question 14)

Percentage Given	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL N	ASL %
100%	682	48.7%	519	54.8%	148	36.7%	16	32.7%
75-99%	258	18.4%	152	16.0%	93	23.1%	14	28.6%
50-74%	158	11.3%	81	8.5%	70	17.4%	6	12.2%
25-49%	97	6.9%	57	6.0%	34	8.4%	5	10.2%
10-24%	84	6.0%	49	5.2%	29	7.2%	5	10.2%
5-9%	40	2.9%	28	3.0%	9	2.2%	3	6.1%
Less than 5%	82	5.9%	62	6.5%	20	5.0%	- - -	- - -
Total	1401	100.0%	948	100.0%	403	100.0%	49	100.0%

Table 158. Payment Methods by Language (Question 38)

Payment method	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL N	ASL %
I have a fixed annual salary.	212	15.7%	154	16.8%	44	11.4%	14	28.6%
I have an hourly pay with no minimum (i.e., if I work 30 min, I'll be paid for 30 minutes).	370	27.5%	268	29.3%	92	23.8%	10	20.4%
I have an hourly pay with a 1-hour minimum.	171	12.7%	118	12.9%	52	13.4%	3	6.1%
I have an hourly pay with a 2-hour minimum.	270	20.0%	170	18.6%	84	21.7%	16	32.7%
I have a per-minute pay.	200	14.8%	125	13.7%	75	19.4%	- - -	- - -
I am a dual-role healthcare worker and receive an additional stipend for interpreting in addition to my base pay.	12	0.9%	8	0.9%	4	1.0%	- - -	- - -
I am a dual-role healthcare worker. I am NOT paid extra for interpreting.	20	1.5%	17	1.9%	2	0.5%	1	2.0%
Other	92	6.8%	55	6.0%	34	8.8%	5	10.2%
Total	1347	100.0%	915	100.0%	387	100.0%	49	100.0%

The disparity in compensation is particularly evident in pay rates. **ASL interpreters who receive a fixed salary are heavily concentrated at the highest end of the pay scale**, with 86% earning more than \$76,000 per year. In contrast, **a majority of Spanish (45%) and other spoken interpreters (55%) with fixed salaries fall within the lower-to-mid range of \$30,000-\$60,000 per year.**

Hourly rates show a similar trend. **ASL interpreters who are paid hourly are highly concentrated in the highest hourly bracket, with 62% earning between \$41 and \$50 per hour.** By comparison, **the most common hourly rate for Spanish interpreters (50%) and other spoken interpreters (43%) is in the \$21-30 per hour range.** See the next four tables for more details.

Table 159. Annual Salary Ranges by Language (Question 38.1)

Salary range	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL N	ASL %
less than \$30,000	8	3.8%	7	4.6%	1	2.4%	---	---
\$30,000 - \$45,000	34	16.3%	25	16.6%	9	21.4%	---	---
\$46,000 - \$60,000	57	27.3%	43	28.5%	14	33.3%	---	---
\$61,000 - \$75,000	54	25.8%	44	29.1%	8	19.1%	2	14.3%
\$76,000 - \$90,000	36	17.2%	22	14.6%	5	11.9%	9	64.3%
Other ¹²³	20	9.6%	10	6.6%	5	11.9%	3	21.4%
Total	209	100.0%	151	100.0%	42	100.0%	14	100.0%

Table 160. Hourly Rate Ranges by Language (Question 38.2)

Hourly range	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL N	ASL %
less than \$5 per hour	9	1.7%	5	1.3%	4	2.8%	---	---
\$5-7 per hour	23	4.3%	15	3.9%	8	5.6%	---	---
\$8-10 per hour	29	5.4%	15	3.9%	14	9.9%	---	---
\$11-15 per hour	9	1.7%	6	1.6%	3	2.1%	---	---
\$16-20 per hour	29	5.4%	18	4.7%	11	7.8%	---	---
\$21-25 per hour	119	22.2%	74	19.3%	44	31.0%	1	7.7%
\$26-30 per hour	137	25.6%	117	30.6%	17	12.0%	3	23.1%
\$31-35 per hour	83	15.5%	66	17.2%	17	12.0%	1	7.7%
\$36-40 per hour	46	8.6%	37	9.7%	9	6.3%	---	---
\$41-50 per hour	43	8.0%	22	5.7%	14	9.9%	8	61.5%
Other	9	1.7%	8	2.1%	1	0.7%	---	---
Total	536	100.0%	383	100.0%	142	100.0%	13	100.0%

Table 161. 2-hour Rate Ranges by Language (Question 38.3)

2 Hourly range	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL N	ASL %
< \$10 per assignment	---	---	---	---	---	---	---	---
\$11-20 per assignment	5	1.9%	5	3.0%	---	---	---	---
\$21-30 per assignment	24	9.0%	16	9.5%	8	9.6%	---	---
\$31-40 per assignment	52	19.4%	37	21.9%	13	15.7%	2	12.5%
\$41-50 per assignment	33	12.3%	21	12.4%	11	13.3%	1	6.3%
\$51-75 per assignment	58	21.6%	39	23.1%	15	18.1%	4	25.0%
\$76-100 per assignment	74	27.6%	43	25.4%	24	28.9%	7	43.8%
Other	22	8.2%	8	4.7%	12	14.5%	2	12.5%
Total	268	100.0%	169	100.0%	83	100.0%	16	100.0%

Table 162. Per-minute Rate Ranges by Language (Question 38.4)

Per minute range	N	%	Spanish N	Spanish %	Other Spoken N	Other Spoken %	ASL
< \$0.05 per minute	3	1.5%	3	2.5%	---	---	---
\$0.05-0.10 per minute	16	8.2%	13	10.7%	3	4.1%	---
\$0.11-0.15 per minute	28	14.3%	28	23.0%	0	0.0%	---
\$0.16-0.20 per minute	17	8.7%	12	9.8%	5	6.8%	---
\$0.21-0.25 per minute	14	7.1%	12	9.8%	2	2.7%	---
\$0.26-\$0.30 per minute	16	8.2%	3	2.5%	13	17.6%	---
\$0.31-\$0.50 per minute	43	21.9%	27	22.1%	16	21.6%	---
\$0.51-\$1.00 per minute	57	29.1%	23	18.9%	34	46.0%	---
Other	2	1.0%	1	0.8%	1	1.4%	---
Total	196	100.0%	122	100.0%	74	100.0%	---

¹²³ Respondents who selected "Other" in the annual salary range have indicated that their salaries are over \$90,000.

Comparison by Years of Experience

An analysis of income and pay rates by years of experience confirms that **more experienced interpreters generally earn higher compensation and are more likely to rely on interpreting as their primary income source.**

The data on income share shows a clear correlation between experience and a full-time commitment to interpreting. The percentage of interpreters who derive 100% of their income from this work steadily rises with experience, peaking at 53% for those with 11–20 years of experience. Conversely, interpreters with less than two years of experience are more likely to earn less than 50% of their income from interpreting, with 38% in the 100% bracket.

This trend is also evident in **hourly pay rates**. A combined 21% of interpreters with less than two years of experience are paid \$10 or less per hour, a rate that is nearly non-existent for interpreters with more than 10 years of experience. In contrast, the most experienced interpreters (21 years and more) are more likely to be in the highest hourly rate brackets, with 50% earning \$31 per hour or more, compared to just 20% for those with less than 2 years of experience.

A similar pattern is observed in **per-minute pay**. 68% of interpreters with less than two years of experience are paid between \$0.05 and \$0.15 per minute. This contrasts sharply with the most experienced group (21 years and more), where 70% are paid in the top bracket of \$0.51-\$1.00 per minute. **These findings consistently demonstrate that compensation and career commitment grow proportionally with an interpreter's professional experience.** See the next three tables.

Table 163. Income Share by Experience (Question 14)

Percentage Given	N	%	<2 yrs	%	2-5 yrs	%	6-10 yrs	%	11-20 yrs	%	21 & more	%
100%	682	48.7%	44	38.3%	155	46.6%	173	48.6%	206	53.0%	105	49.8%
75-99%	258	18.4%	20	17.4%	70	21.0%	71	19.9%	66	17.0%	33	15.6%
50-74%	158	11.3%	12	10.4%	42	12.6%	40	11.2%	38	9.8%	26	12.3%
25-49%	97	6.9%	11	9.6%	22	6.6%	20	5.6%	26	6.7%	18	8.5%
10-24%	84	6.0%	4	3.5%	17	5.1%	23	6.5%	29	7.5%	11	5.2%
5-9%	40	2.9%	8	7.0%	6	1.8%	12	3.4%	8	2.1%	6	2.8%
Less than 5%	82	5.9%	16	13.9%	21	6.3%	17	4.8%	16	4.1%	12	5.7%
Total	1401	100.0%	115	100.0%	333	100.0%	356	100.0%	389	100.0%	211	100.0%

Table 164. Hourly Rate Ranges by Experience (Question 38.2)

Hourly range	N	%	<2 yrs	%	2-5 yrs	%	6-10 yrs	%	11-20 yrs	%	21 & more	%
less than \$5 per hour	9	1.7%	4	7.1%	1	0.8%	3	2.2%	1	0.7%	---	---
\$5-7 per hour	23	4.3%	6	10.7%	15	12.0%	2	1.5%	0	0.0%	---	---
\$8-10 per hour	29	5.4%	2	3.6%	13	10.4%	10	7.4%	4	2.6%	---	---
\$11-15 per hour	9	1.7%	1	1.8%	3	2.4%	2	1.5%	3	2.0%	---	---
\$16-20 per hour	29	5.4%	5	8.9%	5	4.0%	8	5.9%	7	4.6%	4	5.9%
\$21-25 per hour	119	22.2%	12	21.4%	30	24.0%	38	27.9%	30	19.6%	9	13.2%
\$26-30 per hour	137	25.6%	14	25.0%	28	22.4%	30	22.1%	44	28.8%	21	30.9%
\$31-35 per hour	83	15.5%	8	14.3%	8	6.4%	22	16.2%	29	19.0%	17	25.0%
\$36-40 per hour	46	8.6%	1	1.8%	13	10.4%	10	7.4%	13	8.5%	9	13.2%
\$41-50 per hour	43	8.0%	2	3.6%	8	6.4%	9	6.6%	17	11.1%	8	11.8%
Other	9	1.7%	1	1.8%	1	0.8%	2	1.5%	5	3.3%	---	---
Total	536	100.0%	56	100.0%	125	100.0%	136	100.0%	153	100.0%	68	100.0%

Table 165. Per-minute Rate Ranges by Experience (Question 38.4)

Per minute range	N	%	<2 yrs	%	2-5 yrs	%	6-10 yrs	%	11-20 yrs	%	21 & more	%
< \$0.05 per minute	3	1.5%	---	---	2	2.3%	1	2.2%	---	---	---	---
\$0.05-0.10 per minute	16	8.2%	10	45.5%	4	4.6%	2	4.4%	2	6.3%	---	---
\$0.11-0.15 per minute	28	14.3%	5	22.7%	20	23.0%	8	17.8%	1	3.1%	---	---
\$0.16-0.20 per minute	17	8.7%	---	---	9	10.3%	1	2.2%	0	0.0%	---	---
\$0.21-0.25 per minute	14	7.1%	1	4.6%	10	11.5%	4	8.9%	1	3.1%	1	10.0%
\$0.26-\$0.30 per minute	16	8.2%	3	13.6%	8	9.2%	10	22.2%	1	3.1%	---	---
\$0.31-\$0.50 per minute	43	21.9%	1	4.6%	20	23.0%	18	40.0%	10	31.3%	2	20.0%
\$0.51-\$1.00 per minute	57	29.1%	2	9.1%	13	14.9%	2	4.4%	17	53.1%	7	70.0%
Other	2	1.0%	---	---	1	1.2%	1	2.2%	0	0.0%	---	---
Total	196	100.0%	22	100.0%	87	100.0%	45	100.0%	32	100.0%	10	100.0%

2.4.2 Payment Logistics

Beyond base pay, the specific **logistics of how and when an interpreter is compensated** are an important component of their overall income and professional security. The following two tables reveal notable differences in pay logistics of remote interpreters who are further filtered by residence and in-person interpreters filtered by employment status.

The data on **remote interpreter pay logistics**¹²⁴ reveals a general lack of differential pay for specific circumstances. A large majority of remote interpreters do not receive extra compensation for working on weekends, holidays, or at specific times of the day. A key distinction emerges between overseas and U.S.-based remote interpreters: **overseas interpreters (74%)** are far more likely to be paid only for time during actual calls compared to their **U.S.-based counterparts (48%)**. This finding is further underscored by the fact that overseas interpreters (**16%**) are less likely to be paid a cancellation fee than U.S.-based remote interpreters (**28%**). These differences highlight the varying pay structures and professional protections available to interpreters based on their geographic location.

¹²⁴ See **Question 38.6** in *Section 3*. The percentages in *this* table are calculated based on the total number of responses for each specific pay option, not the total number of all remote interpreters. For example, the option “I am paid a stand-by fee” was answered by 573 remote interpreters. The 22% figure in the “Yes” column represents the portion of those 573 respondents who answered “Yes.” The percentages for U.S.-based (381 respondents) and overseas interpreters (193 respondents) are calculated using their respective totals for that specific option.

Table 166. Remote Interpreter Pay Logistics by Residence (Question 38.6)

Pay Logistics	All respondents			U.S.-based			Overseas		
	Yes	No	Total N	Yes	No	Total N	Yes	No	Total N
I am paid a stand-by fee.	22.0%	78.0%	573	20.5%	79.5%	381	25.4%	74.6%	193
I am paid for the time between calls during my shift.	41.8%	58.2%	576	43.8%	56.2%	381	37.9%	62.1%	195
I am paid only for time during actual calls (when I am logged in).	56.8%	43.2%	597	47.7%	52.3%	394	73.9%	26.1%	203
I am paid a cancellation fee.	23.9%	76.1%	568	27.9%	72.1%	376	16.1%	83.9%	192
My pay differs depending on the time of the day.	15.0%	85.0%	553	16.5%	83.5%	364	12.2%	87.8%	189
My pay differs depending on the day of the week.	11.5%	88.5%	549	13.1%	86.9%	360	8.5%	91.5%	189
My pay differs depending on the day being a national holiday or not.	20.9%	79.1%	549	25.1%	74.9%	362	12.8%	87.2%	187

The data on **pay logistics for in-person interpreting**¹²⁵ reveals notable differences between freelancers and staff interpreters in both ancillary fees and time-based pay differentials. **Freelancers are far more likely to receive a cancellation fee (77%)** compared to staff interpreters (29%).¹²⁶ Additionally, 38% of freelancers are paid for travel time.¹²⁷ However, they are less likely to be paid a stand-by fee (22%). Freelancers much less frequently have their pay adjusted for the time of day (22%), day of the week (19%), or national holidays (16%). This suggests that their compensation is often a flat rate, regardless of when the work is performed. **In contrast, a high percentage of staff interpreters report their pay differs based on the time of day (46%), day of the week (46%), and national holidays (61%), i.e.,** have compensation structures typical for U.S.-based employees in many fields.

Table 167. In-Person Interpreter Pay Logistics: Freelancers and Staff of Healthcare Organization (Question 38.7.ab/de - Combined)

Pay Logistics	Freelancers, Always & Frequently			HCO Hourly Staff, Always & Frequently		
	Yes	No	Total N	Yes	No	Total N
I am paid a stand-by fee.	22.1%	77.9%	262	14.3%	85.7%	21
I am paid a travel time fee.	38.1%	61.9%	265	43.5%	56.5%	23
I am paid a cancellation fee.	78.6%	21.4%	280	28.6%	71.4%	21
My pay differs depending on the time of the day.	21.8%	78.2%	252	45.5%	54.5%	22
My pay differs depending on the day of the week.	19.1%	80.9%	251	45.5%	54.5%	22
My pay differs depending on the day being a national holiday or not.	16.1%	83.9%	249	60.9%	39.1%	23

¹²⁵ See tables for **Questions 38.7.a/b** for freelancers and **Questions 38.7.d/e** for staff interpreters in *Section 3*. Respondents to these questions were freelancers who work in-person and staff interpreters who a) work flexible hours, i.e., *not* full-time salaried employees, and b) work in-person. This approach allows for a direct comparison of *freelancers* to *hourly staff*, excluding full-time salaried employees. The comparison is relevant because both groups work on a flexible or on-demand basis, rather than a fixed schedule. The percentages in this table are calculated the same way as in the previous table.

¹²⁶ Staff interpreters work regular shifts regardless of the number of assignments, so they don't need to be paid stand-by fees because those fees are usually paid to freelancers for waiting for a job at a specific location, a practice that doesn't apply to staff.

¹²⁷ Travel time is often built in staff interpreters' shifts, and staff interpreters often work within a single facility.

Interpreters who had responded Yes to any of the options in the previous questions were asked to explain *how* their pay differs in certain circumstances compared to their standard rate. Based on the 553 responses,¹²⁸ the most common themes regarding **pay differences in various circumstances**, arranged in order of frequency, are:

- **Payment for Logged-in/Available Time Versus Only Actual Call Time, Including Minimums and Stand-by Fees** (93 mentions)
 - Some interpreters are paid an hourly rate for the time they are logged/clocked in, regardless of whether they are actively on a call.
 - Some interpreters are only paid for the actual minutes or duration of calls they interpret. Some even report not being paid for the first minute of a call or having fractions of seconds rounded down.
 - Some freelance or on-call interpreters have minimum hour requirements for assignments (e.g., 1-hour, 2-hour minimum).
 - Stand-by fees are sometimes paid for being on call, with a higher rate if actually called in. Pay can also increase based on demand or call volume surges.
- **Time of Day Differentials (Evening, Night, Early Morning, After-Hours)** (92 mentions)
 - Some interpreters receive higher pay rates or differentials for working outside standard business hours, such as evenings, nights, or early mornings.
 - The additional pay varies markedly, from a few cents or a couple of dollars. Some report percentage increases (e.g., 5%, 7%, 10%, 15%, 20%, 24%, 50%) or multipliers (e.g., 1.25x, 1.5x).
- **Cancellation and No-Show Policies** (88 mentions)
 - Some interpreters are paid a cancellation fee or their full rate if an assignment is cancelled with short notice (typically less than 24 hours, but sometimes 48 hours or within a few hours).
 - For no-shows, interpreters are often paid a minimum fee or an hourly rate.
 - The specific amount or policy for cancellations varies widely, ranging from a portion of the scheduled time, a specific fee (\$20, \$25, \$50), or a minimum number of hours (e.g., 1 hour, 2 hours). Some agencies have no pay for cancellations.
- **Holiday Pay** (82 mentions)
 - Working on holidays typically results in higher pay, most commonly time and a half (1.5x).
 - Double time (2x) is also reported by several interpreters.
 - Other increases mentioned include an extra 50%, an additional flat fee like \$2, \$3, \$5, \$25, or a general "higher pay".
 - However, some interpreters state they receive no extra pay for holidays, or even that their pay is lower due to decreased call volume or canceled shifts.
- **Overtime Pay** (69 mentions)
 - A common difference is overtime pay, typically calculated at time and a half (1.5x) or an additional 50% of the standard rate, for hours worked beyond a regular shift or 40 hours per week.
 - However, some interpreters report no overtime pay, or that it is discouraged or limited.
- **Weekend Pay** (62 mentions)
 - Working on weekends sometimes means a higher hourly rate or differential.
 - The increase can be a flat amount (e.g., \$1, \$2, \$5, \$10, \$25), a percentage (e.g., 7%, 8%, 20%, 50%), or a multiplier (e.g., 1.25x, 1.5x, 150%). Some weekend assignments may also have a minimum hour requirement.
- **Travel Time and Mileage Reimbursement** (47 mentions)
 - Interpreters may receive compensation for travel time or mileage when commuting to assignments, especially for longer distances.
 - The rate is commonly the IRS rate or a specific amount per mile (e.g., \$0.70 per mile, \$0.65 per mile). Compensation might also be an hourly rate or a flat fee.
 - Payment for travel often depends on the distance (e.g., over 15, 20, 30, 45, or 60 miles). Some agencies, however, do not pay for travel.
- **Assignment-Specific Factors (e.g., Urgency, Surges, Agency, Language, Geographic Location, Type of Assignment)** (48 mentions)
 - Urgent, rush, or same-day requests may receive a higher rate.
 - Surge pricing may be offered during high demand time periods.
 - Pay rates also vary substantially between different agencies and for interpreters of different languages.

¹²⁸ See **Appendix K(6)** which contains responses to **Question 38.8** of the survey.

- Some interpreters note a disparity in pay based on geographic location, with those outside the U.S. (e.g., Latin America) earning considerably less than U.S.- or Europe-based interpreters.
- For freelancers, pay can differ based on the type or difficulty of the assignment (e.g., mental health, forensic, simultaneous, sight translation, social crisis, language coaching). For example, simultaneous interpreting often commands higher rates.

An analysis of **pay frequency**¹²⁹ reveals that the timing of payments is heavily influenced by both interpreter residence and employment status. The data indicates that U.S.-based interpreters and staff interpreters for healthcare organizations have more regular pay schedules, while overseas interpreters and freelancers have more varied and less frequent payment cycles.

There is a notable difference in pay frequency when filtered **by residence**. The majority of U.S.-based interpreters are paid on a standard biweekly (58%) or twice-a-month (12%) schedule. In contrast, 59% of overseas interpreters are paid only once a month, with a much smaller percentage receiving biweekly payments (24%). See the next table.

Table 168. Pay Frequency by Residence (Question 40)

Pay Frequency	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Weekly	74	5.4%	73	6.3%	2	0.9%
Biweekly (every other week)	717	52.3%	665	57.5%	53	24.4%
Twice a month	162	11.8%	142	12.3%	22	10.1%
Once a month	330	24.1%	202	17.5%	128	59.0%
After finishing each assignment	21	1.5%	19	1.6%	2	0.9%
Other	67	4.9%	55	4.8%	10	4.6%
Total	1371	100.0%	1156	100.0%	217	100.0%

The disparity in pay frequency is even more pronounced when filtered **by employment status**. A dominant 84% of staff interpreters are paid biweekly, aligning with typical corporate pay cycles. On the other hand, freelancers have a much wider distribution of payment frequencies, with the largest group (43%) paid once a month. A notable 3% of freelancers are paid after each assignment, a practice that is non-existent for staff interpreters. This highlights the more formal, structured payment schedules of staff positions versus the more variable, project-based payment models for freelancers.

Table 169. Pay Frequency: Freelancers and Staff of Healthcare Organization (Question 40)

Pay Frequency	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Weekly	74	5.4%	24	3.8%	32	7.1%
Biweekly (every other week)	717	52.3%	159	25.5%	381	84.3%
Twice a month	162	11.8%	109	17.5%	30	6.6%
Once a month	330	24.1%	268	42.9%	9	2.0%
After finishing each assignment	21	1.5%	18	2.9%	0	0.0%
Other	67	4.9%	46	7.4%	0	0.0%
Total	1371	100.0%	624	100.0%	452	100.0%

An analysis of **pay delays**¹³⁰ reveals a large disparity based on both the interpreter's location and employment status. U.S.-based interpreters are much less likely to experience payment delays than their overseas counterparts. **A large majority of U.S.-based interpreters (71%) report no delays, whereas only 35% of overseas interpreters can say the same.** This means overseas interpreters are nearly two and a half times more likely to experience some form of payment delay. The difference in pay delays is even more dramatic when comparing freelancers and staff interpreters. **An expected majority of staff interpreters (93%) report no pay delays. In stark contrast, only 40% of freelancers share this experience.** These findings suggest that freelancers bear the brunt of payment uncertainty, while staff enjoy a high degree of payment reliability. See the next two tables.

¹²⁹ See table **Question 40** in *Section 3*.

¹³⁰ See table **Question 41** in *Section 3*.

Table 170. Pay Delays by Residence (Question 41)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
No	897	65.0%	823	70.7%	77	35.0%
Very rarely	240	17.4%	169	14.5%	72	32.7%
Sometimes	185	13.4%	130	11.2%	55	25.0%
Often	58	4.2%	42	3.6%	16	7.3%
Total	1380	100.0%	1164	100.0%	220	100.0%

Pay Delays: Freelancers and Staff of Healthcare Organization (Question 41)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
No	897	65.0%	256	40.4%	425	93.4%
Very rarely	240	17.4%	175	27.6%	23	5.1%
Sometimes	185	13.4%	155	24.5%	5	1.1%
Often	58	4.2%	47	7.4%	2	0.4%
Total	1380	100.0%	633	100.0%	455	100.0%

2.4.3 Benefits

The survey sought to explore how an interpreter's overall compensation and job satisfaction are impacted by the availability and nature of benefits. The survey asked a series of questions to address these aspects:

- Access to benefits
- Types of benefits received by interpreters
- Perceived relevance and importance of these benefits to interpreters

This analysis will help to clarify the value of formal employment versus freelance work from a non-monetary compensation perspective.

The **provision of benefits**¹³¹ to interpreters varies substantially based on their residence, employment status, and language of service. The data reveals that being a staff interpreter in the U.S. and working with Spanish or ASL is more likely to be associated with receiving benefits.

U.S.-based interpreters are far more likely to receive benefits than their overseas counterparts, with 53% reporting that they do, compared to just 19% of overseas interpreters.

The disparity is even more pronounced when comparing employment status. **An overwhelming 95% of staff interpreters report receiving benefits, whereas a mere 7% of freelancers receive them.** This stark contrast highlights that benefits are a defining feature of formal employment within a healthcare organization, a characteristic largely absent from the freelance model. See the next two tables.

Table 171. Access to Benefits by Residence (Question 36)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	636	47.2%	597	52.7%	41	18.7%
No	711	52.8%	535	47.3%	178	81.3%
Total	1347	100.0%	1132	100.0%	219	100.0%

Table 172. Access to Benefits: Freelancers and Staff of Healthcare Organization (Question 36)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	636	47.2%	40	6.5%	423	94.8%
No	711	52.8%	574	93.5%	23	5.2%
Total	1347	100.0%	614	100.0%	446	100.0%

Interpreters of different languages also show variations in benefit access. **ASL interpreters are slightly more likely to receive benefits (53%) than Spanish interpreters (50%), while other spoken**

¹³¹ See table **Question 36** in *Section 3*.

interpreters are the least likely to receive them (40%). These differences may be influenced by the higher percentage of ASL and Spanish interpreters who are employed as staff members, where benefits are a standard part of the compensation package.

Table 173. Access to Benefits by Language (Question 36)

Response	N Resp	% Resp	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Yes	636	47.2%	459	50.2%	153	39.5%	26	53.1%
No	711	52.8%	456	49.8%	234	60.5%	23	46.9%
Total	1347	100.0%	915	100.0%	387	100.0%	49	100.0%

Analyzing the data about the **types of benefits**¹³² interpreters receive shows considerable variation by residence, employment status, and primary language of service.

Filtering the data **by residence** reveals that the most common benefits for U.S.-based interpreters are paid time off (13%), health insurance (13%), and retirement plans (12%). For their overseas counterparts, the most common benefits are overtime pay (20%), flexible schedule (16%), and paid holidays along with paid time off (12% each). Overall, however, these findings suggest that healthcare interpreters as a profession receive limited benefits.

Table 174. Benefits Types by Residence (Question 36.a)

Benefits offered	N Resp	% Resp	U.S. N	U.S. %	Overseas N	Overseas %
Paid holidays	425	10.3%	414	10.3%	12	11.8%
Paid time off (sick leave or vacation)	536	13.0%	526	13.1%	12	11.8%
Overtime pay (i.e., paying at a higher rate for working overtime)	449	10.9%	431	10.7%	20	19.6%
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)	323	7.9%	314	7.8%	10	9.8%
Tuition reimbursement (for continuing education)	323	7.9%	321	8.0%	2	2.0%
Direct continuing education training (free to interpreters)	192	4.7%	188	4.7%	4	3.9%
Certification fees reimbursement	253	6.2%	251	6.2%	2	2.0%
Flexible workday/schedule	193	4.7%	178	4.4%	16	15.7%
Healthcare insurance	518	12.6%	510	12.7%	11	10.8%
Worker's comp/protection if injured or exposed to health risks on the job	361	8.8%	360	9.0%	3	2.9%
Retirement plan	486	11.8%	486	12.1%	2	2.0%
Other	50	1.2%	43	1.1%	8	7.8%
Total	4109	100.0%	4022	100.0%	102	100.0%

Comparison **by employment status** shows that the benefits received by staff interpreters are a clear reflection of traditional, full-time employment. The most common benefits for staff interpreters include paid time off (13%), healthcare insurance (13%), and a retirement plan (12%). Staff interpreters are also more likely to receive tuition reimbursement (9%) In contrast, a very small percentage of freelancers receive these benefits. However, freelancers are more likely to have overtime pay (16%) and a flexible schedule (15%), a benefit that is naturally associated with independent contract work. Additionally, freelancers are more likely to receive free-of-charge continuing education training (10%) compared to staff interpreters (5%).

¹³² See table **Question 36.a** in *Section 3*. Respondents were allowed to select multiple options, thus, the data provided here is of responses, not individuals.

Table 175. Benefits Types: Freelancers and Staff of Healthcare Organization (Question 36.a)

Benefits offered	N Resp	% Resp	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Paid holidays	425	10.3%	7	8.0%	299	9.9%
Paid time off (sick leave or vacation)	536	13.0%	10	11.4%	385	12.8%
Overtime pay (i.e., paying at a higher rate for working overtime)	449	10.9%	14	15.9%	313	10.4%
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)	323	7.9%	9	10.2%	234	7.8%
Tuition reimbursement (for continuing education)	323	7.9%	4	4.5%	259	8.6%
Direct continuing education training (free to interpreters)	192	4.7%	9	10.2%	141	4.7%
Certification fees reimbursement	253	6.2%	6	6.8%	196	6.5%
Flexible workday/schedule	193	4.7%	13	14.8%	120	4.0%
Healthcare insurance	518	12.6%	4	4.5%	385	12.8%
Worker's comp/protection if injured or exposed to health risks on the job	361	8.8%	2	2.3%	286	9.5%
Retirement plan	486	11.8%	4	4.5%	365	12.1%
Other	50	1.2%	6	6.8%	25	0.8%
Total	4109	100.0%	88	100.0%	3008	100.0%

Filtering the data **by language** suggests that some variation in benefits could be related to variations in the employment models most common for each language group, with ASL and Spanish interpreters having a higher rate of traditional, full-time employment that includes these benefits. Notably, ASL and Spanish interpreters are more likely to receive certification fees reimbursement (10% and 6% respectively) compared to interpreters of other spoken languages (5%).

Table 176. Benefits Types by Language (Question 36.a)

Benefits offered	N Resp	% Resp	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Paid holidays	425	10.3%	310	10.0%	95	11.6%	21	10.3%
Paid time off (sick leave or vacation)	536	13.0%	396	12.8%	118	14.4%	24	11.8%
Overtime pay (i.e., paying at a higher rate for working overtime)	449	10.9%	331	10.7%	101	12.3%	19	9.3%
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)	323	7.9%	249	8.0%	56	6.8%	19	9.3%
Tuition reimbursement (for continuing education)	323	7.9%	263	8.5%	44	5.4%	16	7.8%
Direct continuing education training (free to interpreters)	192	4.7%	132	4.3%	50	6.1%	10	4.9%
Certification fees reimbursement	253	6.2%	194	6.3%	38	4.6%	21	10.3%
Flexible workday/schedule	193	4.7%	146	4.7%	41	5.0%	7	3.4%
Healthcare insurance	518	12.6%	395	12.7%	103	12.6%	23	11.3%
Worker's comp/protection if injured or exposed to health risks on the job	361	8.8%	287	9.3%	57	7.0%	19	9.3%
Retirement plan	486	11.8%	366	11.8%	100	12.2%	22	10.8%
Other	50	1.2%	33	1.1%	15	1.8%	3	1.5%
Total	4109	100.0%	3102	100.0%	818	100.0%	204	100.0%

Recognizing that freelancers constitute at least half of the healthcare interpreter workforce, the survey explored **benefits' relevance to respondents**.¹³³ The analysis shows that, while benefits are generally important, their perceived necessity is influenced by whether they are already part of an interpreter's compensation package. There is a stark contrast in the perceived relevance of benefits between U.S.-based and overseas interpreters. **A substantial 74% of overseas interpreters consider benefits relevant, whereas only 45% of U.S.-based interpreters do.** This disparity is likely influenced by the lower rate of benefits offered to overseas interpreters, making them a more desired and valued aspect of compensation.

Table 177. Benefits Relevance by Residence (Question 36.b)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	361	51.7%	235	44.5%	128	74.4%
No	337	48.3%	293	55.5%	44	25.6%
Total	698	100.0%	528	100.0%	172	100.0%

The data reveals a counterintuitive result when comparing **employment statuses**. **Freelancers are more likely to consider benefits relevant (52%) than staff interpreters (44%).** This may be because benefits are a standard component of staff compensation, so they are not viewed as a separate or desired addition. For freelancers, who are far less likely to receive benefits, they represent a significant and often missing part of their total compensation, making them highly relevant. Still, **for nearly half of freelancers (48%), benefits are not an important factor.** Filtering the data **by language** demonstrates similar trends that are based on variations in the employment models most common for each language group.

Table 178. Benefits Relevance: Freelancers and Staff of Healthcare Organization (Question 36.b)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	361	51.7%	293	52.1%	10	43.5%
No	337	48.3%	269	47.9%	13	56.5%
Total	698	100.0%	562	100.0%	23	100.0%

Table 179. Benefits Relevance by Language (Question 36.b)

Response	N Resp	% Resp	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Yes	361	51.7%	244	54.2%	111	48.9%	8	34.8%
No	337	48.3%	206	45.8%	116	51.1%	15	65.2%
Total	698	100.0%	450	100.0%	227	100.0%	23	100.0%

To gauge the **importance of specific benefits**, the survey asked respondents to rank each type on a three-point scale.¹³⁴ It is important to note that the benefit types in the following table are listed in order of priority, which is determined by a combined total of the "very important" and "important" responses. Interpreters overwhelmingly prioritize benefits that are thought to have a direct and immediate impact on their financial well-being and health. The most highly valued benefits are:

- **Increased pay rates during special shifts:** With **96%** of respondents rating it as important or very important, this is the most desired benefit.
- **Healthcare insurance:** **93%** of interpreters consider this a top priority.
- **Overtime pay and Paid time off:** These benefits are also ranked highly, with combined importance percentages of **92%** and **91%**, respectively.

While financial and health benefits are the highest priority, benefits related to professional development and work-life balance are also seen as highly important. Over 85% of interpreters rate direct continuing education, paid holidays, flexible schedules, and the ability to take breaks as important.

¹³³ See table **Question 36.b** in *Section 3*.

¹³⁴ See table **Question 36.b.1** in *Section 3*.

180. Benefits Importance (Question 36.b.1)

Benefit Type	Very important	Important	Not important enough	Total
1. Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)	74.9%	21.1%	3.9%	100.0%
2. Healthcare insurance	71.7%	21.1%	7.2%	100.0%
3. Overtime pay (i.e., paying at a higher rate for working overtime)	66.3%	25.7%	8.0%	100.0%
4. Paid time off (sick leave or vacation)	67.4%	23.9%	8.6%	100.0%
5. Direct continuing education training (free to interpreters)	54.8%	35.4%	9.8%	100.0%
6. Paid holidays	58.2%	31.3%	10.5%	100.0%
7. Ability to take breaks (reasonable, as needed) between assignments/calls	53.7%	35.3%	11.0%	100.0%
8. Flexible workday/schedule Importance	62.5%	25.9%	11.6%	100.0%
9. Certification fees reimbursement Importance	54.6%	32.9%	12.5%	100.0%
10. Retirement plan	62.2%	24.6%	13.2%	100.0%
11. Paid travel time to assignments (for freelancers who work in-person)	60.8%	21.9%	17.4%	100.0%
12. Ability to decline assignments/call as needed	44.8%	35.9%	19.3%	100.0%
13. Tuition reimbursement (for continuing education)	40.5%	33.2%	26.3%	100.0%
14. Worker's comp/protection if injured or exposed to health risks on the job	22.3%	16.1%	61.6%	100.0%
Other	8.8%	6.3%	24.5%	39.6%

2.5. Job Satisfaction and Future Outlook

This final section related to the description of the healthcare interpreting workforce assesses interpreters' overall job satisfaction and their long-term commitment to the profession. It moves beyond objective metrics to explore the subjective experiences and perceptions that shape an interpreter's career. By examining data on **satisfaction with work hours** and **pay changes**, alongside a deeper look into both **rewarding and frustrating aspects** of the job, this section paints a comprehensive picture of the professional climate. The findings also provide insight into interpreters' **future outlook**, their perspective on the **purpose of the healthcare interpreter** and their **codes of ethics** as well as **anticipated changes over the next two years**, offering a crucial understanding of the factors that contribute to job satisfaction and retention within the field.

One of the important aspects of employment of healthcare interpreters is understanding their satisfaction with their working hours.¹³⁵ This data could reveal issues of underemployment and desired flexibility.

While 72% of staff interpreters of healthcare organizations are very satisfied with their work hours, only 28% of freelancers are. 41% of freelancers would like to work more hours, compared to only 11% of staff interpreters who would like the same. This striking disbalance weakens the widespread assumption that healthcare interpreters *prefer* to work fewer hours as freelancers. At least, this survey results do not support this assumption. See the next table.

Table 181. Satisfaction with Hours of Interpreting in Health Care: Freelancers vs Staff of Healthcare Organizations (Question 20)

Level of Satisfaction	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Very satisfied	615	45.2%	174	27.8%	317	71.7%
Somewhat satisfied	329	24.2%	177	28.2%	68	15.4%
I would like to work more hours	365	26.8%	258	41.1%	40	9.0%
I would like to work fewer hours	53	3.9%	18	2.9%	17	3.8%
Total	1362	100.0%	627	100.0%	442	100.0%

A similar pattern is observed when comparing ASL, Spanish, and other spoken language interpreters. A higher proportion of ASL and Spanish interpreters are very satisfied with the number of work hours (58% and 50% respectively) compared to 32% of interpreters of other spoken languages. 39% of interpreters of other spoken language would like to work more hours compared to 23% of Spanish and 10% of ASL interpreters. See the next table.

Table 182. Satisfaction with Hours of Interpreting in Health Care: Freelancers vs Staff of Healthcare Organizations (Question 20)

Level of Satisfaction	N	%	Spanish N	Spanish %	Other spoken N	Other spoken %	ASL N	ASL %
Very satisfied	615	45.2%	464	50.1%	123	31.5%	29	58.0%
Somewhat satisfied	329	24.2%	215	23.2%	102	26.2%	13	26.0%
I would like to work more hours	365	26.8%	210	22.7%	151	38.7%	5	10.0%
I would like to work fewer hours	53	3.9%	37	4.0%	14	3.6%	3	6.0%
Total	1362	100.0%	926	100.0%	390	100.0%	50	100.0%

The survey took a deeper look at **job satisfaction among staff interpreters**. Out of 678 respondents, who identified themselves as "staff" or a combination of staff-freelancer in Question 4, a total of 620 answered the question about their working status (full time, part time, or as-needed).¹³⁶ 75% (464) of

¹³⁵ See table **Question 20** in *Section 3*.

¹³⁶ See table **Question 15** in *Section 3*.

these respondents are full-time employees. The remaining 156 respondents were asked if they are satisfied with their part-time or as-needed working hours.¹³⁷ Of this subgroup, 139 respondents provided an answer, and 80% of them reported being satisfied with their working status. This finding is encouraging, but it also highlights that **20%** of interpreters who do not work full-time are *dissatisfied* with their current level of hours.

Information about the **pay change throughout the career** could provide additional insight into job satisfaction and future outlook. The next three tables present the data filtered by different categories of respondents. Staff of healthcare organizations experience most satisfaction with their pay change (43% find it reasonable enough to meet their expectations), while only 19% of freelancers do. The lowest group who is reasonably satisfied with their pay increase is overseas respondents, who also represent the largest percentage of respondents whose pay remained the same (41%). Overall, of various groups, staff of healthcare organizations are more likely to have experienced pay increase in their career (78%), followed by interpreters working in-person (67%), followed by the U.S.-based interpreters regardless of the employment type or modality (65%).

Table 183. Pay Change by Residence (Question 39)

Change in pay	N	%	U.S. N	U.S. %	Overseas N	Overseas %
My pay increased reasonably enough to meet my expectations.	402	29.7%	373	32.6%	30	14.1%
My pay increased insignificantly.	413	30.5%	365	31.9%	49	23.0%
My pay remained the same.	307	22.7%	220	19.2%	87	40.9%
My pay decreased.	64	4.7%	49	4.3%	15	7.0%
My pay varied.	78	5.8%	58	5.1%	20	9.4%
Other	89	6.6%	79	6.9%	12	5.6%
Total	1353	100.0%	1144	100.0%	213	100.0%

Table 184. Pay Change by Modality (Question 39)

Change in pay	N	%	In-Person N	In-Person %	Remote N	Remote %
My pay increased reasonably enough to meet my expectations.	402	29.7%	292	34.6%	105	24.0%
My pay increased insignificantly.	413	30.5%	272	32.3%	135	30.9%
My pay remained the same.	307	22.7%	153	18.2%	115	26.3%
My pay decreased.	64	4.7%	35	4.2%	21	4.8%
My pay varied.	78	5.8%	39	4.6%	33	7.6%
Other	89	6.6%	52	6.2%	28	6.4%
Total	1353	100.0%	843	100.0%	437	100.0%

Table 185. Pay Change: Freelancers and Staff of Healthcare Organization (Question 39)

Change in pay	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
My pay increased reasonably enough to meet my expectations.	402	29.7%	120	19.3%	209	42.5%
My pay increased insignificantly.	413	30.5%	180	29.0%	176	35.8%
My pay remained the same.	307	22.7%	201	32.4%	44	8.9%
My pay decreased.	64	4.7%	36	5.8%	13	2.6%
My pay varied.	78	5.8%	201	32.4%	16	3.3%
Other	89	6.6%	33	5.3%	34	6.9%
Total	1353	100.0%	621	100.0%	492	100.0%

The survey confirms the expectation that with **experience** the pay would increase. In fact, the percentage of respondents whose pay has increased “reasonably enough” steadily grows with experience, starting at 14% for those with less than two years and climbing to 42% for those with 21 or more years. At the same time, the number of respondents whose pay has “remained the same” declines from 47% to 12%. Throughout these experience levels, the percentage of interpreters whose pay has decreased remains

¹³⁷ See table **Question 15.1** in **Section 3**.

consistently low, fluctuating around 5%. This data clearly demonstrates that reasonable pay increases are a common and expected outcome of career longevity in the field.

Table 186. Pay Change by Experience (Question 39)

Per minute range	N	%	<2 yrs	%	2-5 yrs	%	6-10 yrs	%	11-20 yrs	%	21 & more	%
My pay increased reasonably enough to meet my expectations.	402	29.7%	15	14.3%	72	22.2%	97	28.0%	135	35.7%	84	41.6%
My pay increased insignificantly.	413	30.5%	17	16.2%	90	27.8%	127	36.6%	127	33.6%	52	25.7%
My pay remained the same.	307	22.7%	49	46.7%	104	32.1%	63	18.2%	67	17.7%	24	11.9%
My pay decreased.	64	4.7%	2	1.9%	16	4.9%	18	5.2%	16	4.2%	12	5.9%
My pay varied.	78	5.8%	7	6.7%	23	7.1%	19	5.5%	13	3.4%	16	7.9%
Other	89	6.6%	15	14.3%	19	5.9%	23	6.6%	20	5.3%	14	6.9%
Total	1353	100.0%	105	100.0%	324	100.0%	347	100.0%	378	100.0%	202	100.0%

The future outlook for the profession is quite optimistic, with **almost 70% of all respondents expecting to continue working in the field for the next five years.**¹³⁸ This positive outlook is consistent across different groups, with the percentage remaining stable regardless of an interpreter's residence or employment status (see the next two tables).

Table 187. 5-Year Outlook: Freelancers and Staff of Healthcare Organization (Question 58)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	945	69.9%	420	68.2%	331	74.0%
No	130	9.6%	51	8.3%	45	10.1%
I don't know	277	20.5%	145	23.5%	71	15.9%
Total	1352	100.0%	616	100.0%	447	100.0%

Table 188. 5-Year Outlook by Residence (Question 58)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	945	69.9%	814	71.4%	135	62.5%
No	130	9.6%	103	9.0%	27	12.5%
I don't know	277	20.5%	223	19.6%	54	25.0%
Total	1352	100.0%	1140	100.0%	216	100.0%

Looking at the two subgroups of respondents by experience reveals that a large majority of less-experienced interpreters – 64% of those with under two years of experience and 67% of those with two to five years – plan to remain in the profession. This data suggests strong career longevity of healthcare interpreters.

Table 189. 5-Year Outlook by Experience (Question 58)

Response	N	%	<2 yrs	%	2-5 yrs	%
Yes	945	69.9%	71	64.0%	215	66.8%
No	130	9.6%	10	9.0%	30	9.3%
I don't know	277	20.5%	30	27.0%	77	23.9%
Total	1352	100.0%	111	100.0%	322	100.0%

The survey asked respondents about their **reasons for staying or leaving the profession or being uncertain about their future in the next 5 years.** *Appendix T(1)* contains all responses provided.

¹³⁸ See table **Question 58** in *Section 3*.

The most common reason given by respondents for seeing themselves working as a healthcare interpreter in 5 years (response "Yes") is their **positive sentiment towards the work itself, encompassing general feelings of love, enjoyment, and passion** for the job and profession. Many responses use phrases like "I love my job/profession" or "I enjoy it" to explain their intention to stay in the profession.

Here are the other reasons cited by respondents for staying in the profession for 5 years, listed in approximate order of frequency based on the source:

- **Helping People, Serving the Community, or Making a Difference**

"Because I love my job and I love making a difference in people's lives."

"The need is great and it makes me happy to help others."

"Yes! I have a heart for patients and a passion for the healthcare interpreting profession. Patients and medical providers value my work and see me as part of the medical team. I'm always learning something new about medicine. I enjoy the opportunity to work with various medical teams... and interacting harmoniously with these teams so that collectively we can make a difference in patients' lives."

- **Learning, Professional Growth, or Intellectual Challenge**

"I enjoy languages and communication, helping people understand each other. Besides, I want a job that challenges me intellectually."

"I can always learn and keep growing."

"I love the challenges, everyday a new matter to be helping with."

- **Work is Rewarding, Fulfilling, Meaningful, or Provides Satisfaction**

"Overall, it's a fulfilling career that makes a real difference."

"I enjoy the sense of accomplishment that this job brings me."

"It's the most rewarding feeling at the end of every encounter"

- **Flexibility or Ability to Work Remotely**

"I enjoy my career and its flexibility"

"I grow with the job, and I am able to work from home while my child is small"

"I love interpretation and translation. This is a profession I could have for as long as possible, offering the flexibility and autonomy."

- **Good Pay**

"I do it well, the process is rewarding and my pay has increased steadily over the past 5 years."

"I love what I do and it pays the bills"

"I am still interested to use my bilingual skills to work in an reputable healthcare facility. The reward in terms of pay and recognition from patients and clinicians is a drive behind."

- **Belief that AI Will Not Replace Human Interpreters**

"I like helping people and I don't think AI will take over within 5 years."

"Because I believe the human element is key to providing quality health care."

"I believe is a field that won't be able to be replaced and as the telecommunications grow I will be more and more necessary to provide understanding worldwide"

The most common reason given by respondents for **not** seeing themselves working as a healthcare interpreter in 5 years (response "No") is **retirement**. The other reasons (listed in the order of frequency) respondents gave are the following:

- **Low Pay or Inadequate Compensation**

"Because the salary is really low!!! USD 4/logged hour! I think it's shameful."

"Low pay and for not paid equal to other interpreters for the same job and less qualified or experienced."

- **Pursuing Other Career Paths or Limited Opportunities for Growth and Advancement**

"Becoming M.D."

"I don't see a clear path for professional growth and pay so I plan to pursue another healthcare career."

- **Lack of Respect and Poor Working Conditions**

"Because they don't respect interpreters"

"Conditions are not fair nor right for skill interpreters."

- **Burnout and Stress**

"Extremely stressful job working as a VRI."

"I cannot keep working on this much longer because my mental health is declining."

- **Concerns about Artificial Intelligence (AI)**

"AI will take over"

"there is growing concern about AI programs doing this job"

Some reasons overlap; for instance, lack of professional growth is often linked to low pay, and poor working conditions can contribute to stress and burnout.

"Wages are very low and interpreters are not seen as people but as mere disposable tools. It's a very underrated job."

"Looking for more opportunities to use other skills and knowledge while obtaining greater pay"

"AI may be coming to take us all away which may be a good thing since AI doesn't have feelings."

While most responses simply stated reasons for leaving, one detailed response offered suggestions for improving the industry: *"The interpreting industry requires regulation, a minimum wage, and support for unionization to ensure fair treatment and standards for all interpreters."*

The **long-term outlook** for healthcare interpreters¹³⁹ shows a balanced perspective of commitment and uncertainty, with some insights gained from examining employment status, residence, and experience. The data reveals a consistent long-term outlook across different employment statuses and residences, with **approximately 43% of interpreters, regardless of the subgroup, see themselves in the profession in 10 years.** See the next two tables.

Table 190. 10-Year Outlook: Freelancers and Staff of Healthcare Organization (Question 59)

Response	N	%	Freelancer N	Freelancer %	HCO Staff N	HCO Staff %
Yes	593	42.9%	272	43.2%	192	42.1%
No	354	25.6%	150	23.8%	136	29.8%
I don't know	434	31.4%	208	33.0%	128	28.1%
Total	1381	100.0%	630	100.0%	456	100.0%

Table 191. 10-Year Outlook by Residence (Question 59)

Response	N	%	U.S. N	U.S. %	Overseas N	Overseas %
Yes	593	42.9%	500	42.8%	96	44.0%
No	354	25.6%	307	26.3%	47	21.6%
I don't know	434	31.4%	360	30.8%	75	34.4%
Total	1381	100.0%	1167	100.0%	218	100.0%

The data shows a clear relationship between **years of experience** and a definitive long-term plan. While the percentage of all respondents who plan to stay in the field for 10 years is 43%, this drops to 36% for those with less than two years of experience. This group also has the highest percentage of "I don't know" responses, at a substantial 47%. This is likely because new interpreters are still exploring the profession and are less certain about their long-term commitment. As interpreters gain more experience (2-5 years), the percentage of those who plan to stay increases to 41%, and the "I don't know" percentage drops to 36%, indicating a greater sense of career direction.

Table 192. 10-Year Outlook by Experience (Question 59)

Response	N	%	<2 yrs	%	2-5 yrs	%
Yes	593	42.9%	41	36.3%	134	40.7%
No	354	25.6%	19	16.8%	76	23.1%
I don't know	434	31.4%	53	46.9%	119	36.2%
Total	1381	100.0%	113	100.0%	329	100.0%

Comparing responses to the 5- and 10-year outlook questions reveals a mix of career commitment and long-term uncertainty within the profession. A substantial portion of the workforce, 42% (567) of all respondents, consistently answered "Yes" to both questions, confirming **the solid core of interpreters**

¹³⁹ See table **Question 59** in *Section 3*.

committed to the profession's longevity. At the same time, uncertainty also appears to be a consistent factor, as 62% (172) of those who were unsure about their 5-year outlook remained unsure about their 10-year outlook.

The longer time horizon also shows a decline in confidence among those initially committed. Of the respondents who answered "Yes" to the 5-year outlook, a combined 64% changed their response for the 10-year outlook. Specifically, 42% (249) shifted their response to "I don't know," and another 22% (129) changed their response to "No," indicating a natural decline in certainty and higher probability of retirement.

The survey also asked respondents about their **reasons for staying or leaving the profession or being uncertain about their future in the next 10 years.** As expected, there are more respondents who plan retiring within that timeframe, but overall the responses have themes similar to the 5-year outlook. *Appendix T(2)* contains all responses provided.

Analysis of the open-ended responses about what gives healthcare interpreters satisfaction in their job¹⁴⁰ reveals that they find it primarily through the **profound positive impact they have on patients' lives and the healthcare system** by facilitating communication. The following are some common themes in 1,214 responses received.

- **Making a Positive Difference in Patients' Lives**
 - A primary source of satisfaction is the ability to help others, particularly patients, in vulnerable situations related to their health and well-being.
 - Witnessing patient relief, smiles, and gratitude after successful communication is a frequent source of joy.
 - Many feel a sense of making a real difference in people's lives and contributing to positive patient outcomes, including saving lives in some cases. This extends to advocating for patients and ensuring they receive equitable care.
- **Bridging Communication and Cultural Gaps**
 - Interpreters feel a deep sense of purpose in filling an important role and enabling communication where it would otherwise be impossible.
- **Receiving Appreciation and Feeling Valued**
 - Interpreters highly value gratitude and appreciation from both patients and providers. This recognition, whether through "thank yous" or by being remembered, reinforces the value of their work.
- **Professional Growth and Intellectual Stimulation**
 - Many interpreters find satisfaction in continuous learning about medicine, health topics, languages, and cultures.
 - They enjoy the intellectual challenge of rendering messages accurately, handling complex medical terminology and sensitive conversations.
 - The feeling of competence and pride in delivering a high-quality service also contributes to satisfaction.
- **Work Environment and Practical Benefits**
 - Some interpreters value the flexibility of the job, including controlling their schedule, working from home, and autonomy.
 - While not the primary driver of satisfaction, financial compensation is mentioned by some as a satisfying aspect of the job.
 - Interacting with diverse people and being part of a team environment also contributes to satisfaction.

The survey also asked a question¹⁴¹ about frustrating aspects respondents experience in their jobs. These frustrations often revolve around issues of **compensation, professional recognition, communication dynamics, emotional toll, and logistical challenges.**

Here are the common themes identified:

- **Inadequate Pay and Lack of Benefits:** A highly prevalent frustration is the low pay rates. Many interpreters feel underpaid given the complexity and importance of their work. Additionally, the lack of benefits such as health insurance, paid vacation time, and retirement plans is a significant

¹⁴⁰ See **Appendix U(1)** which contains responses to **Question 61** of the survey.

¹⁴¹ See **Appendix U(2)** which contains responses to **Question 62** of the survey.

concern, especially for freelance or contract interpreters. They are also often not compensated for travel time or mileage.

- **Lack of Recognition and Disrespect from Healthcare Professionals and Management:** Interpreters frequently report feeling undervalued, disrespected, and dehumanized by doctors, nurses, and other medical staff. They are often not seen as part of the medical team and feel their skills are underestimated or that "anyone can interpret". Management is also often criticized for underestimating the value of interpreters and not providing support or opportunities for professional growth.
- **Challenges with Communication Flow and Understanding of Interpreter's Role:** A frequently cited frustration is when providers or patients talk over the interpreter or do not pause to allow for interpretation. Many providers also speak directly to the patient's family member or to the interpreter instead of the patient, leading to miscommunication and a lack of direct connection. Interpreters also spend significant time educating staff and providers on how to work effectively with an interpreter.
- **Emotional and Mental Toll of the Job:** Interpreters face emotional exhaustion and vicarious trauma from consistently dealing with sensitive, high-stakes, and often sad situations such as delivering bad news, witnessing suffering, or end-of-life discussions. The stress and anxiety of the work, including managing cognitive load and maintaining composure, are frequently mentioned. There is also frustration with the limitations of their role, preventing them from offering direct help or advocating more for patients, despite seeing clear needs.
- **Technical and Logistical Issues:** Problems with audio quality and connection are a significant frustration, especially for remote interpreters. Frequent appointment cancellations, no-shows, or last-minute scheduling changes lead to lost income and logistical headaches. Interpreters also express frustration with long hours, back-to-back calls without sufficient breaks, and unpredictable work volume.
- **Interference from Family Members and Patient Behavior:** A common issue is family members or friends attempting to interpret for the patient without proper qualifications, often misinterpreting or omitting information. Patients themselves can also contribute to frustration by rambling, not answering questions directly, or speaking too fast without pausing. Some patients may also pretend to know English or get offended by the presence of an interpreter.
- **Systemic and Bureaucratic Obstacles:** Interpreters are frustrated by the ineffective medical and workers' compensation systems. Issues include insurance companies declining services or delaying payments, lack of standardization in processes and requirements, and poor quality control in hiring unqualified interpreters by agencies. Some also express concern over the threat of AI substituting live interpreters.

The survey responses confirm that healthcare interpreters often experience a complex mix of frustration and satisfaction in their demanding roles. How they navigate these feelings is deeply connected to their understanding of their profession's purpose. To explore this vital link, our survey asked interpreters about **their understanding of their role and the professional code of ethics they follow**¹⁴². The responses revealed several common themes.

Purpose of the Healthcare Interpreter

The most prevalent theme regarding the purpose of the healthcare interpreter is to facilitate communication and bridge language and cultural barriers between patients (especially those with Limited English Proficiency, or LEP) and healthcare providers.

Another key aspect of the interpreter's purpose is ensuring accurate and complete understanding of medical information, diagnoses, treatment options, and patient concerns, which is vital for informed decision-making and quality care. This commitment to clear understanding directly contributes to patient safety, improved health outcomes, and equitable access to healthcare services for all patients, regardless of their English language proficiency.

Here are examples of responses:

- *"As an Interpreter, I have to be as my patient said "A bridge over troubled waters," the turbulent waters of the communication between different languages. I had to be able to help both ends of the bridge, to understand what the other end was saying."*

¹⁴² See **Appendix U(3)** which contains responses to **Question 63** of the survey.

- *"My purpose is to enable clear understanding. I am conveying words that are not mine, so my understanding of them is not as complete as the speaker's. That is why I should not rephrase, summarize, elaborate on, or deign to improve on any of it. All clarification should go through the speaker and the listener, in their own words. That way neither party feels left out of the interaction at any moment."*
- *"I do not believe that we are meant to be just 'conduits' or robots. We should be empowered to do advocacy, navigation, cultural brokering, health literacy promotion and more. We should be seen as part of the healthcare team and not 'just' an interpreter."*

Professional Code of Ethics

Respondents consistently adhere to professional codes of ethics, with frequent responses being "all of them" or "all codes". The responses demonstrate clear understanding of the current ethical tenets. The most commonly cited guiding principles include:

- **Confidentiality:** This is paramount, often linked to **HIPAA compliance**, ensuring that all patient and provider information remains private.
- **Accuracy:** Interpreters must convey messages faithfully, completely, and without omissions, additions, or distortions.
- **Impartiality:** Interpreters are expected to remain neutral, unbiased, and refrain from interjecting personal opinions or influencing the conversation.
- **Professionalism:** Maintaining appropriate behavior, boundaries, and high standards of conduct.
- **Respect:** Treating all parties with dignity and culturally sensitive awareness.
- **Role Boundaries:** Interpreters maintain their role and avoid acting as a doctor, social worker, or friend, primarily focusing on interpretation.
- **Advocacy:** While maintaining neutrality, interpreters may advocate for the patient only when necessary, typically when their health, safety, well-being, or dignity is at risk due to communication barriers.
- **Professional Development/Continued Competence:** Many emphasize their commitment to lifelong learning, ongoing training, and improving skills and knowledge.

Lastly, the survey asked about **expected changes in the healthcare interpreting profession or in respondent's personal work role over the next two years**¹⁴³. The responses highlight several key themes, with Artificial Intelligence (AI) and technology, compensation and professional recognition, and shifts in modality (remote vs. in-person) being the most prominent. Political and immigration policy impacts also emerge as a significant, albeit uncertain, concern. The following are the most common themes in these responses.

- **Impact of Artificial Intelligence (AI) and Technology**
 - A prevalent anticipation is the **increased use of AI tools** and technology in healthcare interpreting.
 - **Fears of job displacement:** Many interpreters are concerned that AI and machine translation will lead to a decrease in job opportunities or even make human interpreters obsolete, especially for routine or less complex interactions.
 - **Hopes for AI as an ally:** Many also see AI as a beneficial tool to augment their skills, for tasks such as instant research, learning new vocabulary, building glossaries, and speeding up translation renditions. They believe AI will not fully replace the human element, especially concerning cultural nuance and emotional understanding.
- **Shift Towards Remote Interpreting (VRI/OPI)**
 - Many interpreters expect a continued expansion of video remote interpreting (VRI) and over-the-phone interpreting (OPI) services. This shift is often attributed to cost-saving measures, convenience, and the growth of telehealth.
 - Despite this trend, many express a **strong preference for in-person interpreting**, emphasizing its benefits in capturing non-verbal cues, cultural nuances, and providing a more empathetic human connection. They worry that over-reliance on technology could degrade the quality of health care and patient experience.
- **Professionalization and Recognition**
 - There is a strong desire for **stricter hiring requirements, mandatory certification, and standardized training** across the profession. Interpreters feel that current training

¹⁴³ See **Appendix U(4)** which contains responses to **Question 64** of the survey.

- requirement minimum (e.g., 40 hours) is vastly insufficient for the complexity of medical interpreting.
 - Many hope for **better recognition and respect** for their vital role as professionals and an integral part of the healthcare team, rather than being seen as mere "helpers" or "linguistic facilitators".
 - There is also a growing expectation for **specialization opportunities** within fields like mental health, oncology, and pediatrics, requiring deeper knowledge and vocabulary.
- **Compensation and Benefits**
 - A widespread demand exists for better pay, fair practices from agencies, bonuses, and motivation. Interpreters highlight the need for benefits such as medical insurance, paid vacation, sick leave, and retirement plans.
 - Many express concerns over stagnant or decreasing pay rates despite increasing cost of living and the demanding nature of the job.
- **Political and Immigration Factors**
 - A significant concern is the impact of current U.S. political policies and administration on immigration, language access, and funding for services.
 - Many fear a decline in patient volume from immigrant communities due to fear of deportation or reduced access to care, potentially leading to less work for interpreters. Conversely, some anticipate an increase in demand for services for asylum seekers and refugees in specific areas.
- **Job Demand and Workload**
 - A substantial number of interpreters anticipate an increase in demand for healthcare interpreting services due to growing diverse populations and increased awareness of language access rights.
 - However, others are pessimistic and expect a decrease in demand due to AI implementation, political changes, or budget cuts, potentially leading them to consider exiting the profession.
 - Some anticipate their personal workload will increase due to understaffing or growing needs.
- **Work Role and Environment Adjustments**
 - Interpreters recognize the need to adapt to rapid technological changes and continuously develop their skills, including increasing their medical knowledge and terminology.
 - There is a hope for better working conditions, including greater mental health and well-being support in critical environments.
 - Many aspire to more stable, full-time positions within healthcare organizations, with better benefits, or to transition into freelance work to have more control over their schedules.
 - Some also foresee moving into leadership, training, or supervisory roles to help shape the profession and mentor new interpreters.

The responses highlight that the healthcare interpreting profession is at a critical juncture. The rapid advancement of AI and a continued push towards remote services present both opportunities for efficiency and significant threats to human interpreters' roles and livelihoods. Simultaneously, there is a strong and consistent demand from interpreters for better compensation, benefits, and professional recognition, along with a desire for higher standards and more robust training within the field. The next two years will likely see ongoing negotiations between technological integration, economic pressures, and the fundamental human need for nuanced, culturally sensitive communication in healthcare.

The last open-ended question in the survey asked for **any additional comments**¹⁴⁴. The comments echo many of the above mentioned themes, such as concerns about low pay and lack of benefits and fair compensation, about stressful working conditions and insufficient breaks, desire for stricter regulations and mandatory certification, impact of technology and shift towards remote interpreting which are seen as diminishing the interpreter's role and quality of care, negative experiences with agencies and internal hospital management, need for advocacy about the profession, and more comprehensive and accessible training opportunities. Despite challenges and frustrations, a large number of respondents express deep satisfaction, passion, and pride in their work, and a strong desire to continue in the profession.

¹⁴⁴ See **Appendix U(6)**.

3. Survey Responses

This part of the report presents the aggregate findings from the survey, reflecting the responses of all respondents without any filtering or subgroup analysis. The results are organized sequentially, mirroring the order in which the questions were presented to respondents. For complete clarity and context, each table is preceded by the exact wording of the survey question.

The first question focused on the role of the respondent as a healthcare interpreter. The findings of this question are the subject of the table “Question 1.” The *Other* responses are provided in *Appendix B*.

Table 193. Question 1. What is your current primary relationship to the healthcare interpreter profession? (Choose one (1) option only).

Role as a healthcare interpreter	N	%
I am a healthcare interpreter	1219	84.4%
I am an interpreter in other related medical settings	42	2.9%
I am an interpreter in other, non-healthcare settings	39	2.7%
I am a bilingual clinical healthcare professional (e.g., physician, nurse, radiology technician, i.e., anyone involved in direct patient care)	26	1.8%
I am a bilingual non-clinical healthcare staff member (e.g., receptionist, accounting specialist, custodian, etc.)	9	0.6%
I manage and/or supervise healthcare interpreters at a healthcare organization.	42	2.9%
I am a representative of a company that contracts healthcare interpreters.	7	0.5%
I train healthcare interpreters	25	1.7%
I am a translator	11	0.8%
Other	24	1.7%
Total	1444	100.0%

The next question concerned where the respondent resides. See *Question 2*.

Table 194. Question 2. Where do you reside?

Residence	N	%
The United States or its territories	1212	83.9%
Outside the United States	232	16.1%
Total	1444	100.0%

If the respondent lives in the United States or its territories, the survey driver presented *Question 2.1.a*. If they reside outside the United States, the driver presented *Question 2.1.b*. See *Question 2.1.a* and *Question 2.1.b* (below) for the findings. Note that the findings include the percentage of respondents responding to the question as well as the percentage of all respondents regardless of where they reside. Respondents were invited to list the country of their residence if it was not in the pull-down menu for *Question 2.1.b*.

Table 195. Question 2.1.a. What is your U.S. state or territory of residence?

State, Territory	N	% US	% All	State, Territory	N	% US	% All
Alabama	11	0.9%	0.8%	New Hampshire	6	0.5%	0.4%
Alaska	0	0.0%	0.0%	New Jersey	13	1.1%	0.9%
Arizona	21	1.7%	1.5%	New Mexico	8	0.7%	0.6%
Arkansas	2	0.2%	0.1%	New York	39	3.2%	2.7%
California	230	19.0%	16.0%	North Carolina	60	5.0%	4.2%
Colorado	43	3.6%	3.0%	North Dakota	1	0.1%	0.1%
Connecticut	5	0.4%	0.3%	Ohio	37	3.1%	2.6%
Delaware	0	0.0%	0.0%	Oklahoma	5	0.4%	0.3%
District of Columbia	0	0.0%	0.0%	Oregon	46	3.8%	3.2%
Florida	50	4.1%	3.5%	Pennsylvania	23	1.9%	1.6%
Georgia	33	2.7%	2.3%	Puerto Rico	6	0.5%	0.4%
Guam	0	0.0%	0.0%	Rhode Island	7	0.6%	0.5%
Hawaii	1	0.1%	0.1%	South Carolina	24	2.0%	1.7%
Idaho	5	0.4%	0.3%	South Dakota	3	0.2%	0.2%
Illinois	52	4.3%	3.6%	Tennessee	19	1.6%	1.3%
Indiana	10	0.8%	0.7%	Texas	94	7.8%	6.5%
Iowa	7	0.6%	0.5%	Utah	24	2.0%	1.7%
Kansas	7	0.6%	0.5%	Vermont	1	0.1%	0.1%
Kentucky	23	1.9%	1.6%	Virgin Islands (US)	0	0.0%	0.0%
Louisiana	4	0.3%	0.3%	Virginia	19	1.6%	1.3%
Maine	6	0.5%	0.4%	Washington	37	3.1%	2.6%
Maryland	15	1.2%	1.0%	West Virginia	2	0.2%	0.1%
Massachusetts	70	5.8%	4.9%	Wisconsin	51	4.2%	3.5%
Michigan	21	1.7%	1.5%	Wyoming	0	0.0%	0.0%
Minnesota	43	3.6%	3.0%	Armed Forces (the) Americas	0	0.0%	0.0%
Mississippi	1	0.1%	0.1%	Armed Forces Europe	0	0.0%	0.0%
Missouri	13	1.1%	0.9%	Armed Forces Pacific	0	0.0%	0.0%
Montana	0	0.0%	0.0%	Army Post Office (U.S. Army and U.S. Air Force)	0	0.0%	0.0%
Nebraska	3	0.2%	0.2%	Fleet Post Office (U.S. Navy and U.S. Marine Corps)	0	0.0%	0.0%
Nevada	7	0.6%	0.5%	Total	1208	100.0%	100.0%

Note that the survey driver presented a comprehensive list of countries outside the United States in a drop-down menu. *Question 2.1.b* lists only the countries that respondents selected.

Table 196. Question 2.1.b. What is your country of residence?

Country	N	%		Country	N	%	
		Overseas	% All			Overseas	% All
Argentina	34	14.7%	2.4%	Japan	1	0.4%	0.1%
Australia	1	0.4%	0.1%	Kazakhstan	1	0.4%	0.1%
Austria	1	0.4%	0.1%	Kenya	5	2.2%	0.3%
Bangladesh	7	3.0%	0.5%	Malaysia	1	0.4%	0.1%
Belgium	1	0.4%	0.1%	Mexico	15	6.5%	1.0%
Belize	1	0.4%	0.1%	Mozambique	1	0.4%	0.1%
Bolivia	1	0.4%	0.1%	New Zealand	1	0.4%	0.1%
Bosnia And Herzegovina	1	0.4%	0.1%	Nicaragua	2	0.9%	0.1%
Brazil	19	8.2%	1.3%	Oman	1	0.4%	0.1%
Cambodia	1	0.4%	0.1%	Pakistan	6	2.6%	0.4%
Canada	10	4.3%	0.7%	Panama	3	1.3%	0.2%
Chile	1	0.4%	0.1%	Paraguay	2	0.9%	0.1%
Colombia	13	5.6%	0.9%	Peru	23	9.9%	1.6%
Costa Rica	6	2.6%	0.4%	Poland	1	0.4%	0.1%
Dominican Republic	2	0.9%	0.1%	Portugal	2	0.9%	0.1%
Ecuador	11	4.7%	0.8%	Puerto Rico	1	0.4%	0.1%
Egypt	6	2.6%	0.4%	Qatar	1	0.4%	0.1%
El Salvador	3	1.3%	0.2%	Rwanda	1	0.4%	0.1%
Ethiopia	1	0.4%	0.1%	Saudi Arabia	1	0.4%	0.1%
France	2	0.9%	0.1%	Senegal	1	0.4%	0.1%
Georgia	1	0.4%	0.1%	Spain	2	0.9%	0.1%
Ghana	1	0.4%	0.1%	Thailand	1	0.4%	0.1%
Greece	1	0.4%	0.1%	Turkey	3	1.3%	0.2%
Guatemala	7	3.0%	0.5%	Uganda	1	0.4%	0.1%
Honduras	3	1.3%	0.2%	Ukraine	1	0.4%	0.1%
India	5	2.2%	0.3%	United Kingdom	3	1.3%	0.2%
Iran, Islamic Republic of	1	0.4%	0.1%	Venezuela	3	1.3%	0.2%
Iraq	1	0.4%	0.1%	Vietnam	2	0.9%	0.1%
Israel	1	0.4%	0.1%				
Italy	1	0.4%	0.1%	Total	232	100%	16.1%

Question 2.1.c was offered as an open text box if a respondent's country of residence was not listed, but no responses were recorded.

The next question in the survey asked respondents for the city they reside in, and an open text box was provided for this purpose. Responses are listed in *Appendix C*, in a table that lists all responses received along with the country of residence, state or province to support follow-up analysis.

Question 2.2.a asked respondents who live outside the United States to provide the province or state, region, or district they live in, with the suggestion that if the question is not relevant to their location, to enter *Not Applicable*. There were 177 meaningful responses (i.e., not counting responses "NA"), and they are listed in *Appendix C*.

Respondents living outside the United States were then asked if they interpret for U.S. tourists or for a U.S.-owned clinic where they live. The intent of including this question in the survey was to learn if overseas interpreters work only remotely or if they have opportunities to interpret for U.S. patients or clinics outside the U.S. *Question 2.2.b* summarizes their responses.

Table 197. Question 2.2.b. Do you interpret for U.S. tourists in your country of residence or for a U.S.-owned clinic in your country?

Response	N	%
No, I interpret only remotely for U.S. patients and organizations.	206	90.7%
Yes, I interpret only in-person for U.S. tourists or emigrants in my country	6	2.6%
Yes, I work for a U.S.-owned clinic in my country	2	0.9%
Yes, I interpret both remotely and in-person for U.S. patients	13	5.7%
Total	227	100.0%

The question was followed up by asking when these respondents had last interpreted for U.S. patients and organizations. There were 188 responses, listed in *Appendix D(1)*, and, with only one exception, all suggest that respondents are doing that work currently.

The next several questions grouped as “Question 3” screened respondents to identify currently practicing interpreters in healthcare settings. Only those respondents who either interpreted at the time of the survey administration in January-March 2025 or at some time in the five years prior to that were allowed to continue the survey.

The survey first asked all respondents if they currently interpret in healthcare settings. Almost 96% answered *Yes* to this question.

Table 198. Question 3.a. Do you currently interpret for healthcare settings? (Regardless of the volume or frequency and of doing it remotely or in person)

Response	N	%
Yes	1382	95.7%
No	62	4.3%
Total	1444	100.0%

Follow up questions of similar content were asked separately for respondents in the U.S. and Overseas to ensure the wording of the questions are meaningful to these groups.

The Survey Path for U.S. respondents

If U.S. respondents Answered *Yes* to *Question 3.a*, they were asked about interpreting in 2024 in order to identify new practitioners who just started working in 2025.

Table 199. Question 3.b. (U.S. only) Did you interpret in healthcare settings in 2024? (Regardless of the volume or frequency)

Response	N	%
Yes	1168	96.4%
No	44	3.6%
Total	1212	100.0%

If respondents answered *No* to *Question 3.b*, indicating they did not interpret in healthcare settings in 2024, they were asked about the previous two-year period.

Table 200. Question 3.1.1. (US) Did you interpret in healthcare settings in 2022-2023?

Response	N	%
Yes	9	20.5%
No	35	79.5%
Total	44	100.0%

U.S.-based respondents who indicated that they had not practiced currently or in 2022-2023 were then asked two follow-up questions about whether they had ever interpreted in healthcare setting and if they had, when.

Table 201. Question 3.1.b. (U.S.) Have you ever interpreted in healthcare settings?

Response	N	%
Yes	20	52.6%
No	18	47.4%
Total	38	100.0%

Table 202. Question 3.2.b. (U.S.) When was the last time you interpreted in healthcare settings?

Range of Time	N	%
4-5 years ago	4	20.0%
6-7 years ago	12	60.0%
8-10 years ago	1	5.0%
More than 10 years ago	3	15.0%
Total	20	100.0%

Refocusing on the work respondents perform at present, if those, based in the U.S., who answered *No* to *Question 3.a* but *Yes* to *Question 3.b* (see above), the survey probed for detail about why they do not currently interpret in healthcare settings. See *Question 3.1.a*. Caution about interpreting the findings is advised because the number of responses is very small. *Appendix D(2)* has the *Other* responses.

Table 203. Question 3.1.b. (U.S. only) Why do you not interpret in healthcare settings at this time?

Reason	N	%
I always viewed healthcare interpreting as a temporary occupation (and I moved on to the next career).	0	0.0%
My personal priorities have changed.	2	11.8%
Healthcare interpreting did not provide enough income.	3	17.6%
I did not get any opportunities to interpret in health care.	2	11.8%
I got a promotion where my duties have changed.	1	5.9%
I retired.	2	11.8%
My employment or contract was terminated.	2	11.8%
Other	5	29.4%
Total	17	100.0%

If respondents' reply to *Question 3.b* (U.S. only) above was *No*, that they did not interpret in healthcare settings in 2024, the survey asked the reason (See *Question 3.1.a* below). The group was quite limited in size and only a portion replied, so caution is advised about interpreting the findings. The two *Other* responses are the following:

- I became a state court interpreter because of the increase in pay and benefits.
- Needed to take time off from work and during my time off, decided to explore other career settings

Table 204. Question 3.1.a. (U.S. only) Why did you not interpret in healthcare settings in 2024?

Reason	N	%
I always viewed healthcare interpreting as a temporary occupation (and I moved on to the next career).	0	0.0%
My personal priorities have changed.	0	0.0%
Healthcare interpreting did not provide enough income.	1	11.1%
I did not get any opportunities to interpret in health care.	5	55.6%
I got a promotion where my duties have changed.	0	0.0%
I retired.	1	11.1%
My employment or contract was terminated.	0	0.0%
Other	2	22.2%
Total	9	100.0%

The survey probed further, asking U.S. respondents who indicated they did not work in 2024 what caused them not to interpret in healthcare settings in 2024. Entries for *Other* are listed in *Appendix D(3)*.

Table 205. Question 3.2.b. What changed that resulted in your not interpreting in healthcare settings in 2024?

Reason	N	%
I changed the interpreting setting in which I work.	4	23.5%
I stopped interpreting but I still work in language services or health care.	3	17.6%
I changed my occupation completely, and my current job is not related to language services or health care.	1	5.9%
Other	9	52.9%
Total	17	100.0%

The Survey Path for Overseas Respondents

Overseas respondents answering *Yes* to *Question 3.a* to indicate that they do currently practice as an interpreter in healthcare settings, were asked about practicing in 2024.

Table 206. Question 3.b. (Overseas) Did you interpret, as assigned by your language company, for a U.S. healthcare organization and/or U.S. patients in 2024? (Regardless of the volume or frequency)

Response	N	%
Yes	217	93.5%
No	15	6.5%
Total	232	100.0%

If respondents based overseas answered *No* to *Question 3.a* but *Yes* to *Question 3.b*, they were asked why they are not currently practicing. Only one respondent answered this question.

Table 207. Question 3.1.c. Why do you not interpret in healthcare settings at this time?

Reason	N	%
I always viewed healthcare interpreting as a temporary occupation (and I moved on to the next career).	0	0.0%
My personal priorities have changed.	1	100.0%
Healthcare interpreting did not provide enough income.	0	0.0%
I did not get any opportunities to interpret in health care.	0	0.0%
I got a promotion where my duties have changed.	0	0.0%
I retired.	0	0.0%
My employment or contract was terminated.	0	0.0%
Other	0	0.0%
Total	1	100.0%

Respondents practicing overseas who indicated that they did not practice in 2024 were asked the same follow-up questions as their U.S. counterparts, with *Question 3.2.c*, and if the first response option was chosen ("I changed the interpreting setting in which I work"), they were asked *Question 3.2.2* (See further below).

Table 208. Question 3.2.c. What changed that resulted in your not interpreting in healthcare settings in 2024?

Reason	N	%
I changed the interpreting setting in which I work.	1	100.0%
I stopped interpreting but I still work in language services or health care.	0	0.0%
I changed my occupation completely, and my current job is not related to language services or health care.	0	0.0%
Other	0	0.0%
Total	1	100.0%

Overseas respondents who did not interpret in healthcare settings in 2024 were then asked about working in the previous two-year period.

Table 209. Question 3.1.1. (Overseas) Did you interpret, as assigned by your language company, for a U.S. healthcare organization and/or U.S. patients in 2022-2023?

Response	N	%
Yes	1	6.7%
No	14	93.3%
Total	15	100.0%

Overseas respondents who answered *No* to *Question 3.1.1* above, indicating they had not interpreted for U.S. a healthcare organization in the 2022-2023 timeframe, were then asked about their employment history with a U.S. healthcare organization or U.S. patients.

Table 210. Question 3.1.b. (Overseas) Have you ever interpreted for a U.S. healthcare organization and/or U.S. patients?

Response	N	%
Yes	6	42.9%
No	8	57.1%
Total	14	100.0%

The six respondents who answered *Yes*, indicating that they had interpreted for a U.S. healthcare organization or patients, were then asked when that was.

Table 211. Question 3.2.b. (Overseas) When was the last time you interpreted for a U.S. healthcare organization and/or U.S. patients?

Range of Time	N	%
4-5 years ago	3	50.0%
6-7 years ago	3	50.0%
8-10 years ago	0	0.0%
More than 10 years ago	0	0.0%
Total	6	100.0%

If respondents (both U.S. and overseas) answered that they ***did not practice in 2024 but did in 2022 or 2023***, the survey asked what had changed that caused them not to interpret in 2024. The three *Other* responses are the following:

- I had other business coming in from the educational setting. The healthcare industry. did not contacted me anymore.
- I still wasn't employed
- Lack of opportunities due to my physical location

Table 212. Question 3.2.a. What changed that resulted in your not interpreting in healthcare settings in 2024?

Reason	N	%
I changed the interpreting setting in which I work.	2	28.6%
I stopped interpreting but I still work in language services or health care.	2	28.6%
I changed my occupation completely, and my current job is not related to language services or health care.	0	0.0%
Other	3	42.9%
Total	7	100.0%

If U.S.-based respondents not practicing in 2024 chose the first response option in *Question 3.2.b* or overseas respondents chose that option in the corresponding *Question 3.2.c* ("I changed the interpreting setting in which I work"), the survey asked for the setting they work in at present in *Question 3.2.1*.

Table 213. Question 3.2.1. Which setting do you currently interpret in? (Choose all that apply.)

Setting	N	%
I switched to interpreting in legal settings.	2	28.6%
I switched to interpreting in education settings.	2	28.6%
I switched to conference interpreting.	0	0.0%
I switched to interpreting in other settings than the above-mentioned.	3	42.9%
Total	7	100.0%

If the second response option was chosen for *Question 3.2.b*, indicating the respondent had stopped practicing, the survey delivered *Question 3.2.2*. The two *Other* responses are the following:

- I am a career coach for those who speak ESL and help with interpretation in various subjects
- I am working in an Resettlement Agency

Table 214. Question 3.2.2. Describe which area of language services or health care you currently work in? (Choose all that apply.)

Area	N	%
I am working as a translator.	1	20.0%
I am working in a supervisory/leadership role.	1	20.0%
I am working as an interpreter educator/trainer.	1	20.0%
I am working in a clinical healthcare role.	0	0.0%
I am working in a non-clinical healthcare support role (staff).	0	0.0%
Other	2	40.0%
Total	5	100.0%

Any respondent based in the U.S. or overseas who answered 3.2.a, 3.2.b, or 3.2.c with “My employment or contract was terminated” was asked if the termination occurred due to a change in the organization. Only two individuals responded to this question.

Table 215. Question 3.3.a. Did your employment/contract termination relate to a change within the organization for which you worked?

Response	N	%
Yes	0	0.0%
No	1	50.0%
I don't know	1	50.0%
Total	2	100.0%

Two follow-up questions were presented next to these two respondents to ask about the kind of change the organization experienced and if local positions were eliminated. As may be seen in the next tables, no one answered either of these questions since no one answered *Yes* to *Question 3.3.a*.

Table 216. Question 3.3.a.1. What kind of change did the organization experience?

Change	N	%
The number of interpreting positions for my language combination was reduced.	0	0.0%
In-house or local interpreting positions (in-person) were eliminated.	0	0.0%
The language company I work for stopped interpreting in healthcare settings.	0	0.0%
The organization I work for closed.	0	0.0%
I don't know.	0	0.0%
Other	0	0.0%
Total	0	0.0%

Table 217. Question 3.3.a.2. Why were in-house or local positions eliminated? (Check all that apply)

Reason	N	%	% All
They were replaced with remote interpreting.	0	0.0%	0.0%
They were replaced with bilingual staff.	0	0.0%	0.0%
They were replaced with automated interpreting technology ("AI").	0	0.0%	0.0%
I don't know.	0	0.0%	0.0%
Other	0	0.0%	0.0%
Total	0	0.0%	0.0%

This concluded the screening part of the survey.

The rest of the questions were asked of interpreters who either practice currently or practiced at some point in the last five years.

The survey asked these respondents about the nature of their employment as a healthcare interpreter. They were directed to identify a single response. Two options are prevalent: freelancing, which accounts for almost half of the respondents, and staff interpreter in a healthcare organization, which was selected by a third of respondents. The 47 *Other* responses are provided in *Appendix E(1)*.

Table 218. Question 4. What is your employment status in relation to healthcare interpreting? (Choose the role that best captures how you are being paid to interpret in healthcare settings.)

Status	N	%
Staff interpreter (employee) in a healthcare organization	464	33.2%
Staff interpreter (employee) in a language service company	124	8.9%
Freelancer (independent contractor)	644	46.1%
Combination of a staff interpreter in a healthcare organization and freelancer	90	6.4%
Bilingual clinical healthcare professional (dual-role interpreter)	25	1.8%
Bilingual non-clinical healthcare staff (dual-role interpreter)	0	0.0%
Other	51	3.6%
Total	1398	100.0%

All respondents were asked to indicate the approximate amount of experience they have had as a healthcare interpreter.

Table 219. Question 5. How many years of professional experience as a healthcare interpreter do you have? (Please indicate only years of professional (paid) interpreting in healthcare or medical settings.)

Years of Experience	N	%
Less than 2 years	118	8.4%
2 to 5 years	335	23.7%
6 to 10 years	357	25.3%
11 to 20 years	391	27.7%
21 or more	211	14.9%
Total	1412	100.0%

The overwhelming majority of respondents interpret in a single non-English language. Few do this work in more than two non-English languages.

Table 220. Question 6. In how many non-English languages do you interpret in healthcare settings?

Number of Years	N	%
1 non-English language	1175	83.6%
2 non-English languages	172	12.2%
3 non-English languages	37	2.6%
More than 3 non-English languages	22	1.6%
Total	1406	100.0%

Then the survey asked respondents to indicate the primary non-English language they work in. A very large number of languages were presented in a pull-down menu, and respondents selected one. The table summarizing the responses includes only the languages that were identified by at least one person. *Appendix A* is the complete survey, and the full list of languages it offered is provided there. Spanish is by far the most common primary non-English language in which respondents interpret, followed distantly by Arabic, Portuguese, and American Sign Language.

Table 221. Question 7. In what PRIMARY non-English language do you interpret in healthcare settings?

Primary Language	N	%	Primary Language	N	%
1. Albanian	2	0.1%	30. Mandarin	43	3.0%
2. Amharic	1	0.1%	31. Mixteco	1	0.1%
3. Anuak	2	0.1%	32. Mongolian	1	0.1%
4. Arabic	57	4.0%	33. Navajo	2	0.1%
5. Armenian	2	0.1%	34. Nepali	6	0.4%
6. American Sign Language (ASL)	51	3.6%	35. Oromo	1	0.1%
7. Bengali	8	0.6%	36. Pashto/Pushtu	5	0.4%
8. Bosnian	3	0.2%	37. Polish	11	0.8%
9. Bulgarian	1	0.1%	38. Portuguese	54	3.8%
10. Burmese	9	0.6%	39. Romanian	4	0.3%
11. Cambodian/Khmer	1	0.1%	40. Russian	34	2.4%
12. Cantonese	23	1.6%	41. Samoan	1	0.1%
13. Cape Verdean	1	0.1%	42. Serbian	2	0.1%
14. Croatian	1	0.1%	43. Somali	7	0.5%
15. Dari	1	0.1%	44. Spanish	952	67.3%
16. Farsi	11	0.8%	45. Swahili	3	0.2%
17. French	15	1.1%	46. Tagalog	6	0.4%
18. German	1	0.1%	47. Tamil	1	0.1%
19. Gujarati	3	0.2%	48. Thai	1	0.1%
20. Haitian Creole	16	1.1%	49. Tigrinya	2	0.1%
21. Hindi	1	0.1%	50. Turkish	2	0.1%
22. Hmong	5	0.4%	51. Twi	1	0.1%
23. Italian	2	0.1%	52. Ukrainian	7	0.5%
24. Japanese	10	0.7%	53. Urdu	6	0.4%
25. Kinyarwanda	3	0.2%	54. Vietnamese	15	1.1%
26. Kirundi	1	0.1%	55. Wolof	2	0.1%
27. Korean	7	0.5%	Other	4	0.3%
28. Kurdish	1	0.1%			
29. Laotian	1	0.1%			
			Total	1414	100.0%

The pull-down list for respondents' selection of a secondary language was the same as for the primary language, and the table below lists only those that were identified. Spanish is the most common secondary language, followed by French.

Table 222. Question 8. In what SECONDARY non-English language, do you interpret in healthcare settings?

Secondary Language	N	%	Secondary Language	N	%
Albanian	1	0.3%	Japanese	1	0.3%
Amharic	2	0.6%	Karen	1	0.3%
Anuak	1	0.3%	Kinyarwanda	1	0.3%
Arabic	6	1.8%	Laotian	1	0.3%
Armenian	5	1.5%	Lingala	2	0.6%
American Sign Language (ASL)	3	0.9%	MaiMai	1	0.3%
Bengali	4	1.2%	Mandarin	17	5.2%
Bosnian	2	0.6%	Mixteco	1	0.3%
Bulgarian	2	0.6%	Moldavian	2	0.6%
Burmese	1	0.3%	Nepali	1	0.3%
Cambodian/Khmer	1	0.3%	Pashto/Pushtu	2	0.6%
Cantonese	10	3.1%	Portuguese	31	9.5%
Cape Verdean	1	0.3%	Punjabi	3	0.9%
Catalan	1	0.3%	Russian	9	2.8%
Croatian	2	0.6%	Serbian	1	0.3%
Dari	5	1.5%	Serbo-Croatian	1	0.3%
Ewe	1	0.3%	Spanish	75	22.9%
Farsi	2	0.6%	Swahili	6	1.8%
French	50	15.3%	Taiwanese	6	1.8%
Fukinese	1	0.3%	Thai	1	0.3%
Georgian	2	0.6%	Tigrinya	2	0.6%
German	6	1.8%	Ukrainian	4	1.2%
Greek	1	0.3%	Urdu	3	0.9%
Haitian Creole	3	0.9%	Vietnamese	1	0.3%
Hindi	10	3.1%	Visayan	1	0.3%
Hmong	1	0.3%	Other	23	7.0%
Hungarian	1	0.3%			
Italian	5	1.5%			
			Total	327	100.0%

Over three-fourths of respondents acquired the primary non-English language they interpret in as native speakers.

Table 223. Question 9. How was your PRIMARY (non-English) interpreting language acquired?

Acquisition Method	N	%
Native speaker	1059	76.6%
Non-native speaker	178	12.9%
Heritage speaker who has immigrated to the U.S. before completing high school from a country where school instruction is conducted in the non-English language.	42	3.0%
Heritage speaker who has learned a non-English language informally by being exposed to it at home as opposed to having learned it formally in a school setting.	57	4.1%
Other	46	3.3%
Total	1382	100.0%

Just over two-fifths of the respondents have a bachelor's degree as their highest level of education, and that is followed by over a fifth indicating theirs is a master's degree.

Table 224. Question 10. What is the highest level of formal education (from any country and any subject) you have completed?

Highest Level of Formal Education	N	%
High school diploma or its equivalent (GED, etc.)	205	14.6%
U.S. Associate's degree (any major)	177	12.6%
Bachelor's degree (any major)	577	41.2%
Master's degree (any major)	321	22.9%
Doctoral degree (any major)	68	4.9%
Did not complete high school	3	0.2%
Other	50	3.6%
Total	1401	100.0%

Next were a series of questions about certification and certificates in interpreting. Respondents were asked to mark all of that they held at the time of the survey; consequently, two percentages are shown in the table for each credential. The % *Indiv* column in the table lists the percentages of individual respondents who indicate they have the credential, and the % *Resp* column lists the percentages of the responses given, recognizing that several hundred respondents have more than a single credential. Over one-fourth of the respondents have the CHI™-Spanish certification.

Table 225. Question 11. What is your current interpreter certification status? Please read the explanation below. (Check all that apply)

Certification Status	N	% Indiv	% Resp
Not certified in interpreting at this time	215	15.2%	11.5%
CHI™-Spanish	528	37.3%	28.3%
CHI™-Arabic	36	2.5%	1.9%
CHI™-Mandarin	33	2.3%	1.8%
CoreCHI™	184	13.0%	9.9%
CoreCHI-Performance™	72	5.1%	3.9%
RID certification (for sign language interpreters)	44	3.1%	2.4%
BEI certification (for sign language interpreters)	13	0.9%	0.7%
CMI	133	9.4%	7.1%
Non-U.S. certification in medical interpreting	33	2.3%	1.8%
I hold a certificate of completion from a training program (not a certification).	327	23.1%	17.5%
I hold a certificate in medical interpreting issued by my company (not a certification).	203	14.4%	10.9%
ATA translator certification	16	1.1%	0.9%
U.S. Court interpreter certification (federal or state)	30	2.1%	1.6%
N Responses	1867		100.0%
N Individuals	1414		

The table for *Question 11* above shows just over 15% of the respondents are not certified in interpreting at this time. *Question 11.1* was administered to that group.

Table 226. Question 11.1. Would you be interested in getting certified by CCHI?

Response	N	%
Yes	282	76.8%
No	31	8.4%
I don't know	54	14.7%
Total	367	100.0%

The respondents who said they were interested in earning certification were then asked for reasons that have kept them from earning certification.

Table 227. Question 11.1.a. What is the main challenge to you getting certified by CCHI?

Main Challenge	N	%
Certification exams are not available in my country.	41	15.9%
The cost of certification is too high.	162	62.8%
Eligibility requirements are too hard to meet.	14	5.4%
Other	41	15.9%
Total	258	100.0%

They then ranked the eligibility requirements in order of the difficulty they would have meeting them. Proficiency in the Language Other than English had the largest number of rankings as 1 or 2. Requirements for 40 hours of healthcare interpreting training and for proficiency in English were next in the order of difficulty.

Table 228. Question 11.1.a.1. Rank each of CCHI's eligibility requirements on the scale from 1 (hardest) to 4 (easiest).

Language proficiency in the Language other Than English (LOTE)		
Response	N	%
1 (Hardest)	4	33.3%
2	3	25.0%
3	0	0.0%
4 (easiest)	5	41.7%
Total	12	100.0%

Language proficiency in English		
Response	N	%
1 (Hardest)	1	7.7%
2	5	38.5%
3	3	23.1%
4 (easiest)	4	30.8%
Total	13	100.0%

40 hours of training in healthcare interpreting		
Response	N	%
1 (Hardest)	4	30.8%
2	0	0.0%
3	4	30.8%
4 (easiest)	5	38.5%
Total	13	100.0%

General education at a high school minimum		
Response	N	%
1 (Hardest)	0	0.0%
2	1	8.3%
3	2	16.7%
4 (easiest)	9	75.0%
Total	12	100.0%

Respondents who were not certified were then asked what factor would motivate their interest in obtaining certification if there could be a change. Cost and wages were the two largest factors.

Table 229. Question 11.1.b. Under what conditions would you be interested in getting certified? Try to identify the main one.

Condition	N	%
If I could take the exams in my country.	14	6.6%
If certified interpreters were paid higher than non-certified.	69	32.4%
If the certification cost were lower.	81	38.0%
If there were no eligibility requirements.	12	5.6%
Other	37	17.4%
Total	213	100.0%

The next follow up question for this group asked what cost for certification would seem reasonable to them. The lowest cost option provided was the most common response.

Table 230. Question 11.2.b. What would you consider to be a reasonable cost of the certification (in U.S. dollars)? (For comparison, the current cost of the CCHI certification is \$533.)

Cost	N	%
\$250-300	131	70.4%
\$301-400	7	3.8%
\$401-499	2	1.1%
Other	46	24.7%
Total	186	100.0%

Consistent with the finding that most respondents who are not certified find the cost to be too high, almost all respondents indicated they would become certified if they did not have to pay the required fees.

Table 231. Question 11.3.b. Would you consider getting certified if certification were free to you (e.g., your employer would pay for it)?

Response	N	%
Yes	281	97.9%
No	6	2.1%
Total	287	100.0%

Question 11.4.b asked respondents whose answer to the above question was *No* why they would not consider getting certified if certification had no cost to them (e.g., employers pay it). There were five responses:

- Because a free certification lacks credibility.
- Going to retire soon
- I didn't see that it's worthwhile to get certified. Saw many certified interpreters who were not up to par, and others who are non certified that are superior. It's just a money grab from interpreters who are already getting paid very low. Most LSP companies don't even offer higher rates to certified interpreters.
- It doesn't matter at this time
- Will put pressure on me to pass the evaluations and could potentially be strings attached to it.

The next set of questions focused on how frequently respondents use three interpreting modalities: in-person, over-the-phone (OPI), or video-remote (VRI). Over half of the respondents interpret in-person at least frequently, and respondents interpret over-the-phone or using video-remote interpreting occasionally or never.

Table 232. Question 12.a. On your typical workday or week, how frequently do you interpret IN PERSON?

Response	N	%
Always (100%)	397	28.2%
Frequently (67-99%)	363	25.8%
About half the time (34-66%)	115	8.2%
Occasionally (1-33%)	240	17.1%
Never (0%)	292	20.8%
Total	1407	100.0%

Table 233. Question 12.b. On your typical workday or week, how frequently do you interpret Over the Phone (OPI)?

Response	N	%
Always (100%)	214	15.1%
Frequently (67-99%)	188	13.3%
About half the time (34-66%)	145	10.3%
Occasionally (1-33%)	596	42.2%
Never (0%)	270	19.1%
Total	1413	100.0%

Table 234. Question 12.c. On your typical workday or week, how frequently do you interpret in the Video Remote Interpreting (VRI) modality?

Response	N	%
Always (100%)	142	10.0%
Frequently (67-99%)	173	12.2%
About half the time (34-66%)	140	9.9%
Occasionally (1-33%)	550	38.9%
Never (0%)	408	28.9%
Total	1413	100.0%

Any respondents who selected the first three responses for *Questions 12.b* or *12.c* were asked for additional detail. The first question was about the location they interpret from by phone or video. Over three-fourths do this work in their homes or in a location of their choice.

Table 235. Question 12.1. What is the location in which you interpret incoming calls?

Response	N	%
From my home (or other location chosen by me)	534	76.9%
From the company's call center	51	7.3%
From my hospital's call center	109	15.7%
Total	694	100.0%

The survey then asked all respondents about a change in their interpreting modality in the preceding five-year period. The largest group reported that there has been no change, but almost one-fifth do more remote interpreting using both over-the-phone and video-remote modalities. A substantial portion reports doing more video-remote interpreting, and another substantial portion does more in-person interpreting.

Table 236. Question 13. How has your interpreting modality changed in the last 5 years?

Change	N	%
No change	508	36.6%
Started doing more Telephonic/over the Phone Interpreting (OPI)	161	11.6%
Started doing more Video Remote Interpreting (VRI)	227	16.4%
Started doing more Remote interpreting (both OPI and VRI)	264	19.0%
Started doing more In-person interpreting	182	13.1%
Other	46	3.3%
Total	1388	100.0%

The survey asked all respondents to estimate the percentage of their income that comes from healthcare interpreting. Almost half report their income comes entirely from this work, and it represents the majority of income for an additional 29.7%.

Table 237. Question 14. What percentage of your earned income (individual) comes from healthcare interpreting? (Estimate)

Percentage Given	N	%
100%	682	48.7%
75-99%	258	18.4%
50-74%	158	11.3%
25-49%	97	6.9%
10-24%	84	6.0%
5-9%	40	2.9%
Less than 5%	82	5.9%
Total	1401	100.0%

Other income is earned largely by interpreting in settings other than healthcare, translation, and jobs not related to language services or health care. This question was asked of all respondents other than those earning 100% of their income from healthcare interpreting in *Question 14*.

Table 238. Question 14.1. What are the other sources of your earned income outside of healthcare interpreting? (Check all that apply.)

Other Sources	N	% All	%
Interpreting in other settings	287	41.8%	28.6%
Translation	180	26.2%	17.9%
Interpreter educator/trainer	76	11.1%	7.6%
Language instructor (teacher, coach)	73	10.6%	7.3%
Non-interpreting job in language services	51	7.4%	5.1%
Non-interpreting job in health care	81	11.8%	8.1%
Job or other sources not related to language services or health care	161	23.5%	16.0%
Almost all my earned income comes from healthcare interpreting.	75	10.9%	7.5%
Other	20	2.9%	2.0%
N Responses	1004		100.0%
N Individuals	686		

This question was followed by an optional one asking respondents (whose income is *not* all derived from their work as healthcare interpreting) to indicate the work they do as a supplement to their income. There were 104 responses, almost all of them unique, and they are listed in *Appendix E(2)*.

The next question about the extent of their employment was asked of respondents who identified as staff interpreters in *Question 4*, answering the first, second, or fourth response options. Almost three-fourths of these respondents who answered this question work full-time as interpreters in healthcare settings.

Table 239. Question 15. How would you define your primary working status as an interpreter in healthcare settings specifically? (If you work for multiple employers/companies, please respond from the point of view of the main one.)

Primary working status	N	%
I work full-time. (= I interpret in healthcare settings 30-40 hours per week.)	464	74.8%
I work part-time. (= I interpret in healthcare settings fewer than 30 hours per week.)	87	14.0%
I work as-needed (i.e., on-demand, on-call, per diem). (= My hours vary, and I am paid not as a full-time employee even if I work over 30 hours per week.)	69	11.1%
Total	620	100.0%

If respondents answered *Question 15* as *part-time* or *as-needed*, the survey asked if they were satisfied with that amount of work. Almost 80% said they were. Respondents could comment on their working status if they wished, and the comments received are provided in *Appendix E(3)*.

Table 240. Question 15.1. Are you satisfied with this working status?

Response	N	%
Yes	111	79.9%
No	28	20.1%
Not Sure	0	0.0%
Total	139	100.0%

The survey then asked all respondents if they have duties related to language services or health care beyond their work as healthcare interpreters. Just over two-fifths report that they do.

Table 241. Question 16. Do you perform any roles related to language services or health care IN ADDITION TO healthcare interpreting? (For example, manage/supervise interpreters, translate, offer interpreter training, provide direct health care.)

Response	N	%
Yes	580	41.5%
No	818	58.5%
Total	1398	100.0%

If respondents answered *Yes* to *Question 16*, they were asked to identify what the roles are. Translation, interpreting in other settings, and training healthcare interpreters are the three most common other roles.

Table 242. Question 16.1. Which roles IN ADDITION to healthcare interpreting do you perform? (Check all that apply.)

Additional Role	N	% Indiv	% Resp
I am an interpreter in other settings.	213	36.8%	20.4%
I am a bilingual clinical healthcare professional (e.g., physician, nurse, radiology technician, i.e., anyone providing direct patient care).	40	6.9%	3.8%
I am a bilingual healthcare staff member (any non-clinical healthcare personnel, e.g., receptionist, accounting specialist, custodian).	34	5.9%	3.3%
I manage and/or supervise healthcare interpreters at a healthcare organization.	82	14.2%	7.9%
I am a representative of a company that contracts healthcare interpreters.	35	6.0%	3.4%
I train healthcare interpreters.	155	26.8%	14.8%
I am a translator.	307	53.0%	29.4%
I am a language instructor (teacher, coach).	94	16.2%	9.0%
Other	84	14.5%	8.0%
N Responses	1044		100.0%
N Individuals	579		

The survey next asked all respondents about where they received their training in healthcare interpreting. The most common response was a training course offered through a private company, and the next most common was a combination of workshops, webinars, or courses totaling more than 40 hours.

Table 243. Question 17. How much FORMAL training in healthcare interpreting specifically do you have (academic and non-academic, including internships, on-the-job training, and continuing education)? Do not count any self-study without an instructor.

Amount of Formal Healthcare Interpreting Training	N	%
Less than 40 instructional hours	50	3.7%
A 40-60-hour interpreter training course through a private company	512	37.7%
Multiple individual workshops, webinars, or courses totaling 40 instructional hours	94	6.9%
Multiple individual workshops, webinars, or courses totaling more than 40 instructional hours	435	32.0%
One-semester college/ university certificate program	48	3.5%
Multi-semester college/university certificate program or associate's degree in healthcare interpreting	113	8.3%
Bachelor's degree in healthcare interpreting	11	0.8%
Master's degree in healthcare interpreting	12	0.9%
I have not received any formal training in healthcare interpreting	27	2.0%
Other	56	4.1%
Total	1358	100.0%

The follow-up question about formal training asked respondents to enter the number of hours they had received. The question did not specify that respondents should enter a whole number; and many entered a range. When a whole number was entered, it was used in the computations reported in *Question 17.1*. When respondents entered a range, the center value of the range was used. Some respondents entered symbols, like + or +/-, and such symbols were eliminated, leaving only the number provided. Consequently, the statistics provided in *17.1* are close approximations but not exact. Extreme values like 5000 were retained because eight individuals responded with 1000 or more and because the individual may have completed substantial coursework in the discipline in a college or university and reported clock hours.

Table 244. Question 17.1 How many hours of healthcare interpreter training have you received totally? (estimate)

Distributional Descriptor	Statistic
N responses	396
Mean (average)	188.8
Median (middle value when responses were ranked)	100
Standard Deviation (range within which 68% of the values may be found)	413.6
Minimum (lowest value)	0
Maximum (highest value)	5000

Continuing on, the survey next asked all respondents to indicate any additional education in the fields relevant to healthcare interpreting, namely, linguistics/language or health care. Two responses are practically tied as most common, each with 35% academic education in linguistics and/or language and non-academic training in interpreting.

Table 245. Question 18. What kind of additional professional education related to linguistics/language or health care have you received? (Check all that apply)

Type of Additional Education in Linguistics or Health Care	N	% Indiv	% Resp
1. Academic education in linguistics and/or language (e.g., major in linguistics, journalism, creative writing, or major in English, Spanish, ASL)	475	35.3%	23.3%
2. Academic training related to provision of clinical health care (e.g., medicine, nursing, dentistry, speech therapy, pharmacy, mental health)	264	19.6%	12.9%
3. Academic education in interpreting (at least one semester at a college/university)	265	19.7%	13.0%
4. Non-academic training in interpreting (for any setting or specialty)	473	35.1%	23.2%
5. Academic education in translation (at least one semester at a college/university)	214	15.9%	10.5%
6. None of the above	240	17.8%	11.8%
7. Other	109	8.1%	5.3%
N Responses	2040	100.0%	
N Individuals	1347		

Probing for more specific information, the survey asked respondents whose responses to *Question 18* indicated academic preparation (the first, third, and fifth responses) in a field related to language, interpreting, or translation to indicate the level. The plurality indicate a bachelor's degree. The next largest group have attained an academic certificate, and just under 20% have a master's degree.

Table 246. Question 18.1.a What level of academic education in *linguistics, language, interpreting or translation* have you attained?

Level of Education in Linguistics	N	%
Academic certificate program	170	27.4%
Associate's degree	53	8.5%
B.A. degree	217	34.9%
M.A. degree	118	19.0%
Ph.D. degree	6	1.0%
Other	57	9.2%
Total	621	100.0%

If respondents indicated they have academic preparation in health care (the second response option for *Question 18*), the survey asked for the level. Members of the largest group have completed an academic certificate program. The next largest group marked *Other*.

Table 247. Question 18.1.a. What level of academic education related to *health care* have you attained?

Level of Education in Health Care	N	%
Academic certificate program	84	34.0%
Associate's degree	29	11.7%
B.A. degree	39	15.8%
M.A. degree	35	14.2%
Ph.D. degree	15	6.1%
Other	45	18.2%
Total	247	100.0%

The survey then asked two open-ended questions to further clarify some of the responses to *Question 18*. The first, *Question 18.1.b* was asked of respondents who chose the fourth option in *Question 18* ("Non-academic training in interpreting (for any setting or specialty)") and concerned the amount and type of non-academic training in interpreting. There were 362 responses, and they are listed in *Appendix F(1)*. The other open-ended question, *18.2*, was asked of those respondents who chose the option "None of

the above” in *Question 18*, in order to ascertain how they learned the non-native language to the level allowing them to interpret, and the 220 responses are provided in *Appendix F(2)*.

The survey then asked questions about the amount of work respondents do in healthcare interpreting. *Question 19* response options ranged from very few hours per week to more than full time. The largest group said they work 30-40 hours per week. The next largest group work 21-29 hours per week, followed by 11-20 hours per week. Note that each response option drew a substantial portion of respondents.

Table 248. Question 19. How many hours do you interpret per week in healthcare settings specifically?

Number of Hours	N	%
Less than 2 hours	101	7.4%
3-5 hours	143	10.5%
6-10 hours	150	11.0%
11-20 hours	197	14.4%
21-29 hours	208	15.2%
30-40 hours	378	27.7%
41 hours and over	190	13.9%
Total	1367	100.0%

The plurality of respondents indicate they are very satisfied with the number of hours they work, though more than one-fourth would like to work more.

Table 249. Question 20. How satisfied are you with the number of hours you work as a healthcare interpreter?

Level of Satisfaction	N	%
Very satisfied	615	45.2%
Somewhat satisfied	329	24.2%
I would like to work more hours	365	26.8%
I would like to work fewer hours	53	3.9%
Total	1362	100.0%

The survey then moved on to the patient age groups served by respondents. Respondents interpret most frequently for adults in the 19-65 age group. Almost one-fourth always work with this age group, and over 40% frequently do. The next most commonly served age group is older adults.

Table 250. Question 21. How frequently do you interpret for patients of different age groups? Select for each age group. (Keep in mind that only one age group can be *always* or *frequently*, and maximum 2 age groups can be *about half the time*)

Children (0-18 years)		
Frequency	N	%
1. Always (100%)	107	8.2%
2. Frequently (67-99%)	217	16.7%
3. About half the time (34-66%)	201	15.5%
4. Occasionally (1-33%)	650	50.1%
5. Never (0%)	122	9.4%
Total	1297	100.0%
Adults (19-65 years)		
Frequency	N	%
1. Always (100%)	325	24.0%
2. Frequently (67-99%)	581	42.9%
3. About half the time (34-66%)	301	22.2%
4. Occasionally (1-33%)	138	10.2%
5. Never (0%)	9	0.7%
Total	1354	100.0%
Older Adults (over 65)		
Frequency	N	%
1. Always (100%)	155	12.0%
2. Frequently (67-99%)	402	31.1%
3. About half the time (34-66%)	299	23.1%
4. Occasionally (1-33%)	388	30.0%
5. Never (0%)	49	3.8%
Total	1293	100.0%

Healthcare interpreters, in general, appear to serve multiple specialties, with over half of all respondents responding with either 6-10 or more than 10 specialties.

Table 251. Question 22. How many healthcare specialties and /or settings do you regularly interpret for during a typical WEEK? (E.g., cardiology, emergency care, neurology, pediatrics, physical therapy, workers' compensation)

Number of Specialties/Settings	N	%
1 specialty/setting	97	7.1%
2 specialties/settings	119	8.8%
3-5 specialties/settings	357	26.3%
6-10 specialties/settings	330	24.3%
Over 10 specialties/settings	455	33.5%
Total	1358	100.0%

Respondents then provided the percentage of their time working as healthcare interpreters in different settings. Outpatient clinics is clearly the most common of the settings. Note that the table for *Question 23* extends past the next page.

Table 252. Question 23. For what healthcare setting(s) do you interpret? In answering, consider the time you spend interpreting in each of these settings on a weekly or daily basis. Please rank each option (i.e., each row needs to have a rank). (Keep in mind that only one age group can be *always* or *frequently*, and maximum 2 age groups can be *about half the time*)

Hospital (inpatient)			School-Based Health Clinics		
Frequency	N	%	Frequency	N	%
Always (100%)	227	18.0%	Always (100%)	28	2.6%
Frequently (67-99%)	341	27.1%	Frequently (67-99%)	55	5.1%
About half the time (34-66%)	194	15.4%	About half the time (34-66%)	62	5.7%
Occasionally (1-33%)	368	29.2%	Occasionally (1-33%)	375	34.5%
Never (0%)	130	10.3%	Never (0%)	567	52.2%
Total	1260	100.0%	Total	1087	100.0%
Outpatient clinic (including hospital-based clinics, labs), neighborhood health centers, specialties and specialized care)			Correctional Facilities		
Frequency	N	%	Frequency	N	%
Always (100%)	272	21.0%	Always (100%)	13	1.2%
Frequently (67-99%)	504	38.9%	Frequently (67-99%)	25	2.4%
About half the time (34-66%)	267	20.6%	About half the time (34-66%)	38	3.6%
Occasionally (1-33%)	214	16.5%	Occasionally (1-33%)	333	31.8%
Never (0%)	38	2.9%	Never (0%)	637	60.9%
Total	1295	100.0%	Total	1046	100.0%
Public Health			Insurance Plans		
Frequency	N	%	Frequency	N	%
Always (100%)	97	9.0%	Always (100%)	44	4.2%
Frequently (67-99%)	125	11.6%	Frequently (67-99%)	77	7.3%
About half the time (34-66%)	110	10.2%	About half the time (34-66%)	86	8.1%
Occasionally (1-33%)	377	34.9%	Occasionally (1-33%)	311	29.3%
Never (0%)	371	34.4%	Never (0%)	542	51.1%
Total	1080	100.0%	Total	1060	100.0%
Home Health			Workers' Compensation (medical appointments)		
Frequency	N	%	Frequency	N	%
Always (100%)	43	3.9%	Always (100%)	84	7.3%
Frequently (67-99%)	72	6.6%	Frequently (67-99%)	115	10.1%
About half the time (34-66%)	81	7.4%	About half the time (34-66%)	111	9.7%
Occasionally (1-33%)	510	46.7%	Occasionally (1-33%)	502	43.9%
Never (0%)	387	35.4%	Never (0%)	331	29.0%
Total	1093	100.0%	Total	1143	100.0%
Long Term Care			Workers' Compensation (medical-legal)		
Frequency	N	%	Frequency	N	%
Always (100%)	36	3.4%	Always (100%)	55	5.0%
Frequently (67-99%)	45	4.3%	Frequently (67-99%)	90	8.2%
About half the time (34-66%)	68	6.5%	About half the time (34-66%)	78	7.1%
Occasionally (1-33%)	418	39.7%	Occasionally (1-33%)	372	33.9%
Never (0%)	487	46.2%	Never (0%)	501	45.7%
Total	1054	100.0%	Total	1096	100.0%

Continued next page

Table 252. Question 23. Continued

Hospice and Palliative Care			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	30	2.7%	Always (100%)	37	5.0%
Frequently (67-99%)	64	5.8%	Frequently (67-99%)	50	6.7%
About half the time (34-66%)	71	6.4%	About half the time (34-66%)	59	8.0%
Occasionally (1-33%)	576	52.1%	Occasionally (1-33%)	316	42.6%
Never (0%)	364	32.9%	Never (0%)	279	37.7%
Total	1105	100.0%	Total	741	100.0%

Mental Health and Behavioral Health Facilities		
Frequency	N	%
Always (100%)	61	5.2%
Frequently (67-99%)	146	12.3%
About half the time (34-66%)	171	14.4%
Occasionally (1-33%)	647	54.6%
Never (0%)	159	13.4%
Total	1184	100.0%

To understand whether healthcare interpreters also interpret in other settings, respondents, who indicated in *Question 4* that they are staff interpreters in a language company, freelancers or have combined roles of a staff and freelance interpreter (options 2, 3, or 4), were asked *Question 24.1*. Almost three-fourths of them work in multiple settings during a typical week.

Table 253. Question 24.1. During a typical week, do you interpret in multiple settings (e.g., healthcare, legal, educational, business, etc.)?

Response	N	%
Yes	607	73.5%
No	219	26.5%
Total	826	100.0%

Remote interpreters (respondents who answered *Question 12.b* or *Question 12.c* to indicate they work in over-the-phone or video-remote modality “Always,” “Frequently,” or “About half the time”) were asked which settings they interpret in. By far, health care is the most common setting, as may be seen in the table of *Question 24.2.a*, which is provided on the next page.

Table 254. Question 24.2.a. As a remote interpreter, what settings do you interpret calls for during a usual WORKDAY? Please rank each option (i.e., each row needs to have a rank).

Healthcare			Education		
Frequency	N	%	Frequency	N	%
Always (100%)	323	48.4%	Always (100%)	30	5.0%
Frequently (67-99%)	215	32.2%	Frequently (67-99%)	49	8.2%
About half the time (34-66%)	68	10.2%	About half the time (34-66%)	97	16.3%
Occasionally (1-33%)	47	7.0%	Occasionally (1-33%)	266	44.7%
Never (0%)	14	2.1%	Never (0%)	153	25.7%
Total	667	100.0%	Total	595	100.0%
Pharmacy			Entertainment and sports		
Frequency	N	%	Frequency	N	%
Always (100%)	37	6.2%	Always (100%)	7	1.2%
Frequently (67-99%)	122	20.3%	Frequently (67-99%)	7	1.2%
About half the time (34-66%)	100	16.6%	About half the time (34-66%)	11	2.0%
Occasionally (1-33%)	259	43.1%	Occasionally (1-33%)	86	15.3%
Never (0%)	83	13.8%	Never (0%)	451	80.2%
Total	601	100.0%	Total	562	100.0%
Banking and retail			Government (including diplomacy, military, etc.)		
Frequency	N	%	Frequency	N	%
Always (100%)	11	1.9%	Always (100%)	16	2.8%
Frequently (67-99%)	38	6.7%	Frequently (67-99%)	15	2.7%
About half the time (34-66%)	47	8.3%	About half the time (34-66%)	33	5.9%
Occasionally (1-33%)	195	34.3%	Occasionally (1-33%)	124	22.0%
Never (0%)	278	48.9%	Never (0%)	376	66.7%
Total	569	100.0%	Total	564	100.0%
Business			Social Services		
Frequency	N	%	Frequency	N	%
Always (100%)	13	2.3%	Always (100%)	40	6.6%
Frequently (67-99%)	26	4.6%	Frequently (67-99%)	116	19.1%
About half the time (34-66%)	49	8.6%	About half the time (34-66%)	125	20.6%
Occasionally (1-33%)	205	36.0%	Occasionally (1-33%)	240	39.5%
Never (0%)	277	48.6%	Never (0%)	86	14.2%
Total	570	100.0%	Total	607	100.0%
Court			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	16	2.8%	Always (100%)	21	5.5%
Frequently (67-99%)	27	4.7%	Frequently (67-99%)	21	5.5%
About half the time (34-66%)	29	5.1%	About half the time (34-66%)	39	10.1%
Occasionally (1-33%)	164	28.6%	Occasionally (1-33%)	158	41.0%
Never (0%)	338	58.9%	Never (0%)	146	37.9%
Total	574	100.0%	Total	385	100.0%
Legal and police, but not court					
Frequency	N	%			
Always (100%)	12	2.1%			
Frequently (67-99%)	34	5.9%			
About half the time (34-66%)	46	8.0%			
Occasionally (1-33%)	289	50.1%			
Never (0%)	196	34.0%			
Total	577	100.0%			

Table 255. Question 24.2.b. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank).

Healthcare			Education		
Frequency	N	%	Frequency	N	%
Always (100%)	50	48.1%	Always (100%)	11	12.4%
Frequently (67-99%)	43	41.3%	Frequently (67-99%)	17	19.1%
About half the time (34-66%)	8	7.7%	About half the time (34-66%)	13	14.6%
Occasionally (1-33%)	2	1.9%	Occasionally (1-33%)	36	40.4%
Never (0%)	1	1.0%	Never (0%)	12	13.5%
Total	104	100.0%	Total	89	100.0%
Pharmacy			Entertainment and sports		
Frequency	N	%	Frequency	N	%
Always (100%)	7	8.9%	Always (100%)	2	2.6%
Frequently (67-99%)	7	8.9%	Frequently (67-99%)	0	0.0%
About half the time (34-66%)	3	3.8%	About half the time (34-66%)	0	0.0%
Occasionally (1-33%)	21	26.6%	Occasionally (1-33%)	14	18.2%
Never (0%)	41	51.9%	Never (0%)	61	79.2%
Total	79	100.0%	Total	77	100.0%
Banking and retail			Government (including diplomacy, military, etc.)		
Frequency	N	%	Frequency	N	%
Always (100%)	4	5.2%	Always (100%)	3	3.8%
Frequently (67-99%)	1	1.3%	Frequently (67-99%)	1	1.3%
About half the time (34-66%)	1	1.3%	About half the time (34-66%)	3	3.8%
Occasionally (1-33%)	13	16.9%	Occasionally (1-33%)	19	24.1%
Never (0%)	58	75.3%	Never (0%)	53	67.1%
Total	77	100.0%	Total	79	100.0%
Business			Social Services		
Frequency	N	%	Frequency	N	%
Always (100%)	4	5.1%	Always (100%)	9	10.6%
Frequently (67-99%)	1	1.3%	Frequently (67-99%)	9	10.6%
About half the time (34-66%)	4	5.1%	About half the time (34-66%)	9	10.6%
Occasionally (1-33%)	27	34.6%	Occasionally (1-33%)	40	47.1%
Never (0%)	42	53.8%	Never (0%)	18	21.2%
Total	78	100.0%	Total	85	100.0%
Court			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	6	7.2%	Always (100%)	4	8.2%
Frequently (67-99%)	4	4.8%	Frequently (67-99%)	1	2.0%
About half the time (34-66%)	3	3.6%	About half the time (34-66%)	0	0.0%
Occasionally (1-33%)	26	31.3%	Occasionally (1-33%)	25	51.0%
Never (0%)	44	53.0%	Never (0%)	19	38.8%
Total	83	100.0%	Total	49	100.0%
Legal and police, but not court					
Frequency	N	%			
Always (100%)	4	4.8%			
Frequently (67-99%)	3	3.6%			
About half the time (34-66%)	3	3.6%			
Occasionally (1-33%)	40	47.6%			
Never (0%)	34	40.5%			
Total	84	100.0%			

Freelance interpreters who work in multiple settings as determined by their response to *Question 24.1*, were asked about their typical **in-person settings** during a week. *Question 24.2.b* was administered to freelance interpreters whose response to *Question 12.a* was they work in-person *Always* (100% of the time). *Question 24.2.c* was for freelancers interpreting in-person *Frequently* (67% to 99% of the time), and *Question 24.2.d* was for those indicating they interpret in-person *About half the time* (24-66% of the time).

Table 256. Question 24.2.c. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank).

Healthcare			Education		
Frequency	N	%	Frequency	N	%
Always (100%)	32	22.9%	Always (100%)	5	4.0%
Frequently (67-99%)	61	43.6%	Frequently (67-99%)	20	16.1%
About half the time (34-66%)	22	15.7%	About half the time (34-66%)	22	17.7%
Occasionally (1-33%)	20	14.3%	Occasionally (1-33%)	65	52.4%
Never (0%)	5	3.6%	Never (0%)	12	9.7%
Total	140	100.0%	Total	124	100.0%
Pharmacy			Entertainment and sports		
Frequency	N	%	Frequency	N	%
Always (100%)	1	0.9%	Always (100%)	1	0.9%
Frequently (67-99%)	4	3.7%	Frequently (67-99%)	1	0.9%
About half the time (34-66%)	1	0.9%	About half the time (34-66%)	0	0.0%
Occasionally (1-33%)	30	27.5%	Occasionally (1-33%)	16	15.1%
Never (0%)	73	67.0%	Never (0%)	88	83.0%
Total	109	100.0%	Total	106	100.0%
Banking and retail			Government (including diplomacy, military, etc.)		
Frequency	N	%	Frequency	N	%
Always (100%)	2	1.9%	Always (100%)	2	1.9%
Frequently (67-99%)	1	0.9%	Frequently (67-99%)	2	1.9%
About half the time (34-66%)	1	0.9%	About half the time (34-66%)	5	4.9%
Occasionally (1-33%)	26	24.1%	Occasionally (1-33%)	21	20.4%
Never (0%)	78	72.2%	Never (0%)	73	70.9%
Total	108	100.0%	Total	103	100.0%
Business			Social Services		
Frequency	N	%	Frequency	N	%
Always (100%)	0	0.0%	Always (100%)	5	4.2%
Frequently (67-99%)	6	5.4%	Frequently (67-99%)	11	9.3%
About half the time (34-66%)	3	2.7%	About half the time (34-66%)	17	14.4%
Occasionally (1-33%)	52	46.8%	Occasionally (1-33%)	64	54.2%
Never (0%)	50	45.0%	Never (0%)	21	17.8%
Total	111	100.0%	Total	118	100.0%
Court			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	7	6.4%	Always (100%)	3	4.1%
Frequently (67-99%)	12	11.0%	Frequently (67-99%)	7	9.5%
About half the time (34-66%)	2	1.8%	About half the time (34-66%)	4	5.4%
Occasionally (1-33%)	27	24.8%	Occasionally (1-33%)	29	39.2%
Never (0%)	61	56.0%	Never (0%)	31	41.9%
Total	109	100.0%	Total	74	100.0%
Legal and police, but not court					
Frequency	N	%			
Always (100%)	2	1.8%			
Frequently (67-99%)	6	5.3%			
About half the time (34-66%)	5	4.4%			
Occasionally (1-33%)	50	44.2%			
Never (0%)	50	44.2%			
Total	113	100.0%			

Table 257. Question 24.2.d. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank).

Healthcare			Education		
Frequency	N	%	Frequency	N	%
Always (100%)	10	23.3%	Always (100%)	1	2.4%
Frequently (67-99%)	14	32.6%	Frequently (67-99%)	6	14.6%
About half the time (34-66%)	12	27.9%	About half the time (34-66%)	10	24.4%
Occasionally (1-33%)	7	16.3%	Occasionally (1-33%)	21	51.2%
Never (0%)	0	0.0%	Never (0%)	3	7.3%
Total	43	100.0%	Total	41	100.0%
Pharmacy			Entertainment and sports		
Frequency	N	%	Frequency	N	%
Always (100%)	1	2.6%	Always (100%)	0	0.0%
Frequently (67-99%)	7	17.9%	Frequently (67-99%)	1	2.5%
About half the time (34-66%)	2	5.1%	About half the time (34-66%)	2	5.0%
Occasionally (1-33%)	19	48.7%	Occasionally (1-33%)	9	22.5%
Never (0%)	10	25.6%	Never (0%)	28	70.0%
Total	39	100.0%	Total	40	100.0%
Banking and retail			Government (including diplomacy, military, etc.)		
Frequency	N	%	Frequency	N	%
Always (100%)	1	2.6%	Always (100%)	0	0.0%
Frequently (67-99%)	2	5.1%	Frequently (67-99%)	4	10.0%
About half the time (34-66%)	3	7.7%	About half the time (34-66%)	1	2.5%
Occasionally (1-33%)	16	41.0%	Occasionally (1-33%)	12	30.0%
Never (0%)	17	43.6%	Never (0%)	23	57.5%
Total	39	100.0%	Total	40	100.0%
Business			Social Services		
Frequency	N	%	Frequency	N	%
Always (100%)	0	0.0%	Always (100%)	4	9.8%
Frequently (67-99%)	3	7.3%	Frequently (67-99%)	6	14.6%
About half the time (34-66%)	6	14.6%	About half the time (34-66%)	6	14.6%
Occasionally (1-33%)	18	43.9%	Occasionally (1-33%)	19	46.3%
Never (0%)	14	34.1%	Never (0%)	6	14.6%
Total	41	100.0%	Total	41	100.0%
Court			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	0	0.0%	Always (100%)	0	0.0%
Frequently (67-99%)	5	12.5%	Frequently (67-99%)	2	7.7%
About half the time (34-66%)	2	5.0%	About half the time (34-66%)	2	7.7%
Occasionally (1-33%)	17	42.5%	Occasionally (1-33%)	14	53.8%
Never (0%)	16	40.0%	Never (0%)	8	30.8%
Total	40	100.0%	Total	26	100.0%
Legal and police, but not court					
Frequency	N	%			
Always (100%)	1	2.5%			
Frequently (67-99%)	3	7.5%			
About half the time (34-66%)	4	10.0%			
Occasionally (1-33%)	21	52.5%			
Never (0%)	11	27.5%			
Total	40	100.0%			

Based on their response to *Question 12*, the survey next asked respondents who do **in-person interpreting** about how often their encounters last, providing options for various periods of time ranging from less than 10 minutes to more than 120 minutes. As may be seen in the table for *Question 25.a*, sessions lasting 31 to 60 minutes are most common, given the combination of *Always* and *Frequently*.

Table 258. Question 25.a. How long does your typical interpreting IN-PERSON assignment (encounter, session) last? Please rank each of the options below. Keep in mind that only one duration can be *always* or *frequently*, and maximum 2 durations can be *about half the time*.

Less than 10 minutes			61-90 minutes		
Frequency	N	%	Frequency	N	%
Always (100%)	27	4.5%	Always (100%)	54	7.6%
Frequently (67-99%)	41	6.8%	Frequently (67-99%)	162	22.7%
About half the time (34-66%)	46	7.6%	About half the time (34-66%)	143	20.1%
Occasionally (1-33%)	300	49.6%	Occasionally (1-33%)	301	42.2%
Never (0%)	191	31.6%	Never (0%)	53	7.4%
Total	605	100.0%	Total	713	100.0%
10-30 minutes			91-120 minutes		
Frequency	N	%	Frequency	N	%
Always (100%)	79	11.4%	Always (100%)	30	4.4%
Frequently (67-99%)	153	22.0%	Frequently (67-99%)	98	14.5%
About half the time (34-66%)	146	21.0%	About half the time (34-66%)	92	13.6%
Occasionally (1-33%)	259	37.3%	Occasionally (1-33%)	360	53.1%
Never (0%)	58	8.3%	Never (0%)	98	14.5%
Total	695	100.0%	Total	678	100.0%
31-60 minutes			More than 120 minutes (2 hours)		
Frequency	N	%	Frequency	N	%
Always (100%)	87	11.8%	Always (100%)	39	5.7%
Frequently (67-99%)	291	39.3%	Frequently (67-99%)	47	6.8%
About half the time (34-66%)	177	23.9%	About half the time (34-66%)	59	8.6%
Occasionally (1-33%)	151	20.4%	Occasionally (1-33%)	422	61.3%
Never (0%)	34	4.6%	Never (0%)	121	17.6%
Total	740	100.0%	Total	688	100.0%

Question 25.b on the next page asked respondents who interpret over-the-phone (Question 12.b) how long their typical call lasts. The survey provided a number of ranges, from less than 3 minutes to more than 120 minutes. Combining the responses for *Always* and *Frequently* for each time range, it is clear that calls in the range of 16-30 minutes are most typical, followed by the 11-15 minute range and then by the 31-60 minute range.

Table 259. Question 25.b. How long does your typical interpreting CALL last? Please rank each of the options below. Keep in mind that only one duration can be *always* or *frequently*, and maximum 2 durations can be *about half the time*.

Less than 3 minutes			31-60 minutes		
Frequency	N	%	Frequency	N	%
Always (100%)	21	3.9%	Always (100%)	47	7.7%
Frequently (67-99%)	45	8.3%	Frequently (67-99%)	157	25.6%
About half the time (34-66%)	42	7.7%	About half the time (34-66%)	160	26.1%
Occasionally (1-33%)	345	63.3%	Occasionally (1-33%)	224	36.5%
Never (0%)	92	16.9%	Never (0%)	26	4.2%
Total	545	100.0%	Total	614	100.0%
3-5 minutes			61-90 minutes		
Frequency	N	%	Frequency	N	%
Always (100%)	30	5.3%	Always (100%)	21	3.6%
Frequently (67-99%)	89	15.6%	Frequently (67-99%)	75	12.9%
About half the time (34-66%)	101	17.7%	About half the time (34-66%)	82	14.1%
Occasionally (1-33%)	304	53.3%	Occasionally (1-33%)	352	60.6%
Never (0%)	46	8.1%	Never (0%)	51	8.8%
Total	570	100.0%	Total	581	100.0%
6-10 minutes			91-120 minutes (2 hours)		
Frequency	N	%	Frequency	N	%
Always (100%)	45	7.9%	Always (100%)	13	2.3%
Frequently (67-99%)	121	21.3%	Frequently (67-99%)	42	7.3%
About half the time (34-66%)	147	25.8%	About half the time (34-66%)	44	7.7%
Occasionally (1-33%)	221	38.8%	Occasionally (1-33%)	368	64.2%
Never (0%)	35	6.2%	Never (0%)	106	18.5%
Total	569	100.0%	Total	573	100.0%
11-15 minutes			More than 120 minutes (2 hours)		
Frequency	N	%	Frequency	N	%
Always (100%)	55	9.5%	Always (100%)	11	1.9%
Frequently (67-99%)	185	31.8%	Frequently (67-99%)	27	4.8%
About half the time (34-66%)	162	27.8%	About half the time (34-66%)	22	3.9%
Occasionally (1-33%)	159	27.3%	Occasionally (1-33%)	316	55.7%
Never (0%)	21	3.6%	Never (0%)	191	33.7%
Total	582	100.0%	Total	567	100.0%
16-30 minutes					
Frequency	N	%			
Always (100%)	58	9.5%			
Frequently (67-99%)	207	34.0%			
About half the time (34-66%)	202	33.2%			
Occasionally (1-33%)	123	20.2%			
Never (0%)	19	3.1%			
Total	609	100.0%			

Question 26 asked respondents to provide a comment if the duration ranges in the previous question did not reflect their work pattern. There were 127 responses, and they are listed in *Appendix G(1)*.

The survey next asked all respondents if their work schedule has fixed hours per day, or interpreting shifts. Just over half of the respondents have fixed hours.

Table 260. Question 27. Do you work fixed hours per day (in “shifts”)?

Response	N	%
Yes	716	51.6%
No	671	48.4%
Total	1387	100.0%

Those whose workday includes fixed hours were asked how long such periods typically last. Based on the combination of responses for *Always* and *Frequently*, by far the most typical shift is 8 hours, followed by 4 hours.

Table 261. Question 27.1.a. How long does your typical “interpreting shift” in healthcare settings last (i.e., how many sequential hours do you interpret in healthcare settings)? Please rank each of the duration options below in terms of how frequently you work in such “shifts” throughout a week. Keep in mind that only one duration can be *always* or *frequently*, and maximum 2 durations can be *about half the time*.

1 hour			8 hours		
Frequency	N	%	Frequency	N	%
Always (100%)	30	8.0%	Always (100%)	340	55.3%
Frequently (67-99%)	43	11.5%	Frequently (67-99%)	82	13.3%
About half the time (34-66%)	23	6.1%	About half the time (34-66%)	29	4.7%
Occasionally (1-33%)	78	20.8%	Occasionally (1-33%)	65	10.6%
Never (0%)	201	53.6%	Never (0%)	99	16.1%
Total	375	100.0%	Total	615	100.0%
2 hours			12 hours		
Frequency	N	%	Frequency	N	%
Always (100%)	20	5.3%	Always (100%)	18	4.8%
Frequently (67-99%)	48	12.7%	Frequently (67-99%)	13	3.5%
About half the time (34-66%)	27	7.2%	About half the time (34-66%)	14	3.7%
Occasionally (1-33%)	99	26.3%	Occasionally (1-33%)	95	25.4%
Never (0%)	183	48.5%	Never (0%)	234	62.6%
Total	377	100.0%	Total	374	100.0%
3 hours			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	23	6.3%	Always (100%)	45	14.4%
Frequently (67-99%)	36	9.8%	Frequently (67-99%)	17	5.4%
About half the time (34-66%)	34	9.3%	About half the time (34-66%)	13	4.2%
Occasionally (1-33%)	83	22.6%	Occasionally (1-33%)	36	11.5%
Never (0%)	191	52.0%	Never (0%)	202	64.5%
Total	367	100.0%	Total	313	100.0%
4 hours					
Frequency	N	%			
Always (100%)	60	14.0%			
Frequently (67-99%)	68	15.9%			
About half the time (34-66%)	41	9.6%			
Occasionally (1-33%)	108	25.2%			
Never (0%)	151	35.3%			
Total	428	100.0%			

Respondents whose schedule does *not* include fixed hours were also asked to rank duration options for their healthcare interpreting work. Responses for *Always* or *Frequently* indicate that the 4-hour duration is most common, followed closely by 1 hour and 2 hour durations, which are practically equal in frequency.

Table 262. Question 27.1.b. On an average workday, how many hours do you spend interpreting in healthcare settings? Please rank each of the duration options below in terms of how frequently you work in such “shifts“ throughout a week. Keep in mind that only one duration can be *always* or *frequently*, and maximum 2 durations can be *about half the time*.

1 hour			8 hours		
Frequency	N	%	Frequency	N	%
Always (100%)	88	17.7%	Always (100%)	45	8.9%
Frequently (67-99%)	77	15.5%	Frequently (67-99%)	53	10.5%
About half the time (34-66%)	55	11.1%	About half the time (34-66%)	51	10.1%
Occasionally (1-33%)	185	37.2%	Occasionally (1-33%)	162	32.1%
Never (0%)	92	18.5%	Never (0%)	193	38.3%
Total	497	100.0%	Total	504	100.0%
2 hours			12 hours		
Frequency	N	%	Frequency	N	%
Always (100%)	63	12.4%	Always (100%)	16	3.7%
Frequently (67-99%)	106	20.9%	Frequently (67-99%)	11	2.6%
About half the time (34-66%)	92	18.1%	About half the time (34-66%)	13	3.0%
Occasionally (1-33%)	179	35.3%	Occasionally (1-33%)	88	20.6%
Never (0%)	67	13.2%	Never (0%)	300	70.1%
Total	507	100.0%	Total	428	100.0%
3 hours			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	41	8.6%	Always (100%)	19	6.1%
Frequently (67-99%)	72	15.0%	Frequently (67-99%)	13	4.2%
About half the time (34-66%)	89	18.6%	About half the time (34-66%)	2	0.6%
Occasionally (1-33%)	196	40.9%	Occasionally (1-33%)	51	16.4%
Never (0%)	81	16.9%	Never (0%)	226	72.7%
Total	479	100.0%	Total	311	100.0%
4 hours					
Frequency	N	%			
Always (100%)	64	12.2%			
Frequently (67-99%)	126	24.0%			
About half the time (34-66%)	77	14.7%			
Occasionally (1-33%)	166	31.7%			
Never (0%)	91	17.4%			
Total	524	100.0%			

As a follow-up question, 27.2, asked about the length of the respondents' typical healthcare interpreting sessions if in the previous question *Other* was ranked as *About half the time* or more frequently. There were 168 responses, and they are listed in *Appendix G(2)*.

Still focusing on respondents whose work includes **in-person** encounters, the survey asked for the number of in-person assignments they have per workday or shift. By far, 1-5 assignments is the most typical range, followed by the 6-10 assignments range.

Table 263. Question 28.a. Typically, how many interpreting IN-PERSON assignments (sessions, encounters) per workday or shift do you have? (For example, if you typically interpret in healthcare 4 hours per day, how many in-person assignments do you have during that time?) Please rank each of the duration options below in terms of how frequently you work in such “shifts” throughout a week. Keep in mind that only one duration can be *always* or *frequently*, and maximum 2 durations can be *about half the time*.

1-5 assignments			16-20 assignments		
Frequency	N	%	Frequency	N	%
Always (100%)	282	38.6%	Always (100%)	53	9.3%
Frequently (67-99%)	205	28.0%	Frequently (67-99%)	27	4.8%
About half the time (34-66%)	74	10.1%	About half the time (34-66%)	22	3.9%
Occasionally (1-33%)	110	15.0%	Occasionally (1-33%)	107	18.8%
Never (0%)	60	8.2%	Never (0%)	359	63.2%
Total	731	100.0%	Total	568	100.0%
6-10 assignments			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	91	14.2%	Always (100%)	23	6.5%
Frequently (67-99%)	116	18.1%	Frequently (67-99%)	9	2.5%
About half the time (34-66%)	71	11.1%	About half the time (34-66%)	4	1.1%
Occasionally (1-33%)	181	28.3%	Occasionally (1-33%)	29	8.2%
Never (0%)	181	28.3%	Never (0%)	289	81.6%
Total	640	100.0%	Total	354	100.0%
11-15 assignments					
Frequency	N	%			
Always (100%)	34	6.0%			
Frequently (67-99%)	61	10.7%			
About half the time (34-66%)	51	9.0%			
Occasionally (1-33%)	124	21.8%			
Never (0%)	299	52.5%			
Total	569	100.0%			

Question 28.1.a asked respondents whose ranking for *Other* in the previous question was 1, 2, or 3 to tell how many in-person assignments they typically have per shift. There were 95 responses given, and they are listed in *Appendix G(3)*.

To understand the volume of calls **remote interpreters** (identified based on their responses to *Question 12.b* or *Question 12.c*) experience, they were asked about how often their workday or shift includes specified ranges of calls. Responses indicate that 1-5 calls, 6-10 calls, 11-15 calls, and 16-25 calls have about the same combination of *Always* and *Frequently* totals, although the largest number of respondents by far indicate they *Always* have 1-5 calls per shift.

Table 264. Question 28.b. Typically, how many interpreting CALLS per workday or shift do you have? (For example, if you typically interpret in healthcare 4 hours per day, how many calls do you have during that time?) Please rank each range.

1-5 calls			26-35 calls		
Frequency	N	%	Frequency	N	%
Always (100%)	112	21.6%	Always (100%)	49	10.0%
Frequently (67-99%)	56	10.8%	Frequently (67-99%)	82	16.7%
About half the time (34-66%)	44	8.5%	About half the time (34-66%)	60	12.2%
Occasionally (1-33%)	140	27.0%	Occasionally (1-33%)	101	20.6%
Never (0%)	166	32.0%	Never (0%)	199	40.5%
Total	518	100.0%	Total	491	100.0%
6-10 calls			36-40 calls		
Frequency	N	%	Frequency	N	%
Always (100%)	70	14.2%	Always (100%)	48	10.1%
Frequently (67-99%)	83	16.8%	Frequently (67-99%)	51	10.8%
About half the time (34-66%)	68	13.8%	About half the time (34-66%)	29	6.1%
Occasionally (1-33%)	137	27.7%	Occasionally (1-33%)	79	16.7%
Never (0%)	136	27.5%	Never (0%)	267	56.3%
Total	494	100.0%	Total	474	100.0%
11-15 calls			Other		
Frequency	N	%	Frequency	N	%
Always (100%)	67	13.3%	Always (100%)	20	6.7%
Frequently (67-99%)	92	18.3%	Frequently (67-99%)	6	2.0%
About half the time (34-66%)	86	17.1%	About half the time (34-66%)	6	2.0%
Occasionally (1-33%)	133	26.5%	Occasionally (1-33%)	33	11.0%
Never (0%)	124	24.7%	Never (0%)	234	78.3%
Total	502	100.0%	Total	299	100.0%
16-25 calls					
Frequency	N	%			
Always (100%)	64	12.7%			
Frequently (67-99%)	97	19.2%			
About half the time (34-66%)	91	18.1%			
Occasionally (1-33%)	119	23.6%			
Never (0%)	133	26.4%			
Total	504	100.0%			

The follow-up question (28.1.b) was for respondents who ranked *Other* in the previous question as 1, 2, or 3 to tell how many calls they have in a typical shift. The 63 responses are listed in *Appendix G(4)*.

All respondents in the survey were then asked how often they receive information about an upcoming assignment in advance. Although the responses indicate that many do receive such information in advance, the largest portion receive it only *Occasionally*. Almost one-fifth never receive it.

Table 265. Question 29. How often are you given (or have access to) helpful information about your interpreting assignments/calls IN ADVANCE? (If you work for multiple employers/companies, please respond from the point of view of your main one.)

How often	N	%
Always (100%)	219	16.4%
Frequently (67-99%)	312	23.4%
About half the time (34-66%)	169	12.7%
Occasionally (1-33%)	373	28.0%
Never (0%)	260	19.5%
Total	1333	100.0%

An open-text box was provided as *Question 29.1* for respondents to list the type of information they are usually given. See *Appendix H(1)* for the 606 responses.

An additional follow-up question (29.2) asked respondents to identify the kind of information they *would like* to receive prior to an assignment. *Appendix H(2)* lists the 572 responses.

Next, all respondents were asked if they can decline assignments based on aspects of the encounter that may be problematic. Over three-fourths indicate they can decline without penalty.

Table 266. Question 30. Do you have the option to decline an assignment/call based on its nature or specialty (without facing consequences for your job)? For example, if you have a personal conflict with the subject matter or feel unprepared for it or prefer not to interpret for a particular provider or patient. (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Response	N	%
Yes	1071	78.6%
No	292	21.4%
Total	1363	100.0%

Respondents then were asked how often they actually decline assignments or calls. Almost four-fifths said they *Almost never* do. Responses to *Question 30.a* were not anchored, so respondents responded based on their individual interpretation of the terms used in the response options.

Table 267. Question 30.a. How often have you actually declined an assignment/call?

Frequency	N	%
Almost never	832	78.0%
Occasionally	218	20.5%
Frequently	16	1.5%
Total	1066	100.0%

In a follow-up to *Question 30.a*, respondents who answered *Yes* to *Question 30*, were asked in *Question 30.b* to indicate the circumstances causing them to decline an assignment or call. There were 861 responses, found in *Appendix I(1)*.

For respondents who indicated in *Question 30* that they do *not* have the option to decline an assignment or call, *Question 30.c.* asked for the reason. *Appendix I(2)* includes the 236 provided responses.

Also, for respondents who cannot decline assignments or calls without penalty, the survey asked in *Question 30.d* if they would like the option to do so. More than half would, but over one-fourth indicate they do not need such an option.

Table 268. Question 30.d. Would you like to have an option to decline an assignment/call (without facing consequences for your job)?

Response	N	%
Yes	154	54.0%
I am not sure	53	18.6%
No, I don't need it.	78	27.4%
Total	285	100.0%

Respondents whose response to *Question 12.a* indicates they do **in-person** encounters were asked how they manage the flow of those assignments. Almost two-thirds said they can decline assignments for personal reasons or preferences and almost a third said they can decline assignments if the subject is one they prefer not to interpret for. Note that respondents could mark all responses that apply.

Table 269. Question 31.a. How do you manage IN-PERSON interpreting assignments while maintaining your current workload and avoiding a reduction in opportunities? (If you work for multiple companies, please respond from the point of view of your main company.) (Check all that apply.)

Management Strategy	N	% Indiv	% Resp
I must take all assignments that are offered to me.	285	27.5%	21.8%
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).	686	66.2%	52.4%
I can decline an assignment if it is on a subject I prefer not to interpret for.	338	32.6%	25.8%
N Responses	1309		100.0%
N Individuals	1036		

Remote interpreters (based on their responses to *Question 12.b* or *Question 12.c*) were asked how they manage the flow of assignments. In substantial contrast to in-person encounters, over 70% said they have to take all calls that are assigned to them, and almost all the rest said they can decline for personal reasons or preferences. Note that respondents could mark all responses that apply.

Table 270. Question 31.b. How do you manage the flow of interpreting CALLS (assuming that you want to keep the workload at the same level and not experience a reduction in calls)? (If you work for multiple companies, please respond from the point of view of your main company.) (Check all that apply.)

Management Strategy	N	% Indiv	% Resp
I must take all incoming calls when I am logged in.	461	70.5%	68.6%
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or I need to take a break).	210	32.1%	31.3%
I can decline an assignment if it is on a subject I prefer not to interpret for.	1	0.2%	0.1%
N Responses	672		100.0%
N Individuals	654		

The survey then asked all respondents to estimate the percentage their assignments that are prescheduled for them. Several descriptive statistics were calculated and they are defined for each in the table for *Question 32*. Although the median (middle value) is only 10%, the mean is 38.8% with a large standard deviation. Such findings indicate that prescheduling does not happen for very many respondents, but for those whose work *is* prescheduled, it happens frequently.

Table 271. Question 32. On your typical workday or week, what PERCENTAGE of your interpreting assignments/encounters (calls, if you are a remote interpreter) are prescheduled (for you, not the patient)? Estimate. Please enter a WHOLE NUMBER between 0 and 100.

N responses	1221
Mean (average)	38.8
Median (middle value when responses were ranked)	10
Standard Deviation (range within which 68% of the values may be found)	42.6
Minimum (lowest value)	0
Maximum (highest value)	100

All respondents were asked if they are able to take breaks between assignments or calls. Just over half indicate they can. This number is augmented by an additional 10% whose breaks may have a negative impact on their job. An additional portion of respondents (just over one-fourth) can take unpaid breaks.

Table 272. Question 33. Are you allowed to (Can you) take breaks between interpreting assignments (between calls, if you are a remote interpreter) during your shift (i.e., working time as you defined it in previous questions)? By breaks we mean any down time, time not actively interpreting. (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Response	N	%
Yes	703	52.8%
Yes, but breaks are unpaid.	362	27.2%
Technically, yes, but I feel my job may negatively be impacted if I do.	132	9.9%
No	134	10.1%
Total	1331	100.0%

The first follow-up question asked about the length of respondents' typical breaks. Almost one-fourth take breaks in the range of 11 to 15 minutes, but most are substantially less than that.

Table 273. Question 33.1 How long a break do you usually have or take between interpreting assignments (calls, if you are a remote interpreter)? (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Length of break	N	%
Less than 1 minute	90	7.7%
1-2 minutes	94	8.1%
3-5 minutes	231	19.9%
6-10 minutes	182	15.7%
11-15 minutes	279	24.0%
Other	286	24.6%
Total	1162	100.0%

Survey respondents marking *Other* for this question could enter how long a break they usually take, and 250 provided a comment, with their responses listed in *Appendix I(3)*.

The second follow up question about breaks asked if time is permitted when an interpreting assignment is emotionally hard. About three-fifths can take time in such circumstances, but more than 25% cannot.

Table 274. 33.2. Are you allowed to (Can you) take a break or finish/leave your shift early after an emotionally hard session/call? (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Response	N	%
Yes	722	60.3%
No	308	25.7%
Other	168	14.0%
Total	1198	100.0%

As with the previous question, respondents answering 33.2 with *Other* could provide an explanation, and the 136 entries are in *Appendix I(4)*.

Respondents were also asked if their employer has a policy about taking breaks. The findings are not definitive since more than one-fourth of respondents do not know if such a policy exists. Otherwise, there is close to an even split between *Yes* and *No*.

Table 275. Question 34. Does your employer/contracting organization (company) have a policy about taking breaks between interpreting assignments/calls? (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
Yes	469	34.8%
No	521	38.6%
I don't know	359	26.6%
Total	1349	100.0%

Respondents were then asked about the kind of support their employers offer. The most frequently offered supports are technology support, technical glossaries, and regular continuing education opportunities.

Table 276. Question 35. What kind of support does your employer/contracting organization (company) offer? (If you work for multiple companies, please respond from the point of view of your main company.) (Check all that apply)

Kind of support	N	% Indiv	% Resp
Terminological glossaries and/or dictionaries (free or discounted to interpreters)	588	43.5%	12.7%
Technology support (initial training, software updates, troubleshooting, etc.)	597	44.2%	12.9%
Equipment support	387	28.6%	8.4%
Regular continuing education opportunities (free or discounted to interpreters)	565	41.8%	12.2%
Opportunity to discuss interpreting challenges and consult with colleagues/experts	538	39.8%	11.6%
Opportunity to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient's trauma, pain, fear, emotional turmoil)	457	33.8%	9.9%
Mechanism to report work-related dissatisfaction	399	29.5%	8.6%
Access to mental health services/counseling	422	31.2%	9.1%
Access to physical well-being services (e.g., gym, meditation practice, etc.)	272	20.1%	5.9%
No support is offered	308	22.8%	6.7%
Other	95	7.0%	2.1%
	N Responses	4628	100.0%
	N Individuals	1351	

The 82 entries from those marking *Other* are provided in *Appendix J(1)*.

Respondents who selected in the previous question that their organization provides "Equipment support" were asked a series of follow-up questions. First, *Question 35.1* asked about their employer's procedures concerning interpreting equipment (i.e., a headset and video camera). Over four-fifths indicate their employer provides a headset and video camera.

Table 277. Question 35.1. What is the organization's procedure related to interpreting equipment?

Organization's procedure	N	%
I am responsible for purchasing a headset and video camera.	34	9.1%
The organization provides to me a headset and video camera at no cost.	303	81.2%
Other	36	9.7%
Total	373	100.0%

Other responses for *Question 35.1* are to be found in *Appendix J(2)*.

Question 35.2 asked respondents about their employer's procedure related specifically to computers. Most respondents (just under 60%) who interpret over-the-phone or using video-remote technology are provided with a computer or laptop. An additional 17% of respondents report are also provided with a mobile device.

Table 278. Question 35.2. What is the organization's procedure related to computers?

Organization's procedure	N	%
I interpret from my personal computer or laptop.	34	8.9%
I interpret from my personal phone or tablet.	3	0.8%
I interpret from both my personal computer/laptop and phone/tablet.	18	4.7%
The organization provides to me a computer or laptop.	227	59.3%
The organization provides to me a phone or tablet.	15	3.9%
The organization provides to me both a computer/laptop and a mobile device.	65	17.0%
Other	21	5.5%
Total	383	100.0%

Seventeen entries for those marking *Other* for *Question 35.2* are provided in *Appendix J(3)*.

The same subset of respondents reports that their employer pays for the internet connection, although over one-third pay for that themselves.

Table 279. Question 35.3. What is the organization's procedure related to Internet connection?

Organization's procedure	N	%
I pay Internet connection fees myself.	142	37.6%
The organization pays a fixed stipend (either a specific amount or percentage of cost) to cover partial cost of Internet connection.	24	6.3%
The organization pays the full cost of Internet connection.	177	46.8%
Other	35	9.3%
Total	378	100.0%

There were 31 respondents adding specifics to their *Other* response for *Question 35.3*, and they may be found in *Appendix J(4)*.

The next focus in the survey was on compensation, with questions addressing benefits, salary, and differences that may exist in compensation for certified interpreters as opposed to those who are not.

All respondents were asked if their employer or contracting organization offers benefits. Most respondents indicate they do not.

Table 280. Question 36. Does your employer/contracting organization (company) offer any benefits (e.g., paid time off, overtime pay, healthcare insurance)? (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
Yes	636	47.2%
No	711	52.8%
Total	1347	100.0%

For respondents who do have benefits, the survey provided a list and asked for any benefit received to be marked. Common benefits are paid time off for sickness or vacation, healthcare insurance, retirement, and overtime pay.

Table 281. Question 36.a. What benefits does your employer/contracting organization offer? (Check all that apply.)

Benefits offered	N	% Indiv	% Resp
Paid holidays	425	67.4%	10.3%
Paid time off (sick leave or vacation)	536	84.9%	13.0%
Overtime pay (i.e., paying at a higher rate for working overtime)	449	71.2%	10.9%
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)	323	51.2%	7.9%
Tuition reimbursement (for continuing education)	323	51.2%	7.9%
Direct continuing education training (free to interpreters)	192	30.4%	4.7%
Certification fees reimbursement	253	40.1%	6.2%
Flexible workday/schedule	193	30.6%	4.7%
Healthcare insurance	518	82.1%	12.6%
Worker's comp/protection if injured or exposed to health risks on the job	361	57.2%	8.8%
Retirement plan	486	77.0%	11.8%
Other	50	7.9%	1.2%
	N Responses	4109	100.0%
	N Individuals	631	

The 44 responses from respondents who marked *Other* for 36.a are listed in *Appendix K(1)*.

Respondents who indicated they do *not* receive benefits from their employer or contracting organization responded to several follow-up questions, the first one being about the effect of *not* having benefits.

Table 282. Question 36.b. Is not having benefits offered for healthcare interpreting (e.g., paid time off, overtime pay, healthcare insurance) a concern (hardship) for you?

Response	N	%
Yes	361	51.7%
No (benefits are not a priority or consideration for me at this time).	337	48.3%
Total	698	100.0%

These respondents then ranked the importance of a list of benefits to them. The most important benefits are higher pay for work on holidays and healthcare insurance. See the table on the next page.

Table 283. Question 36.b.1. Rank the importance of each benefit to you at this time.

Paid holidays			Ability to take breaks (reasonable, as needed) between assignments/call		
Importance	N	%	Importance	N	%
Very important	199	58.2%	Very important	181	53.7%
Important	107	31.3%	Important	119	35.3%
Not important enough	36	10.5%	Not important enough	37	11.0%
Total	342	100.0%	Total	337	100.0%
Paid time off (sick leave or vacation)			Ability to decline assignments/call as needed		
Importance	N	%	Importance	N	%
Very important	234	67.4%	Very important	151	44.8%
Important	83	23.9%	Important	121	35.9%
Not important enough	30	8.6%	Not important enough	65	19.3%
Total	347	100.0%	Total	337	100.0%
Overtime pay (i.e., paying at a higher rate for working overtime)			Paid travel time to assignments (for freelancers who work in-person)		
Importance	N	%	Importance	N	%
Very important	232	66.3%	Very important	203	60.8%
Important	90	25.7%	Important	73	21.9%
Not important enough	28	8.0%	Not important enough	58	17.4%
Total	350	100.0%	Total	334	100.0%
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)			Healthcare insurance		
Importance	N	%	Importance	N	%
Very important	266	74.9%	Very important	248	71.7%
Important	75	21.1%	Important	73	21.1%
Not important enough	14	3.9%	Not important enough	25	7.2%
Total	355	100.0%	Total	346	100.0%
Tuition reimbursement (for continuing education)			Worker's comp/protection if injured or exposed to health risks on the job		
Importance	N	%	Importance	210	61.6%
Very important	140	40.5%	Very important	76	22.3%
Important	115	33.2%	Important	55	16.1%
Not important enough	91	26.3%	Not important enough	341	61.6%
Total	346	100.0%	Total	210	100.0%
Direct continuing education training (free to interpreters)			Retirement plan		
Importance	N	%	Importance	N	%
Very important	190	54.8%	Very important	212	62.2%
Important	123	35.4%	Important	84	24.6%
Not important enough	34	9.8%	Not important enough	45	13.2%
Total	347	100.0%	Total	341	100.0%
Certification fees reimbursement			Other		
Importance	N	%	Importance	N	%
Very important	184	54.6%	Very important	29	8.8%
Important	111	32.9%	Important	21	6.3%
Not important enough	42	12.5%	Not important enough	81	24.5%
Total	337	100.0%	Total	131	39.6%
Flexible workday/schedule					
Importance	N	%			
Very important	210	62.5%			
Important	87	25.9%			
Not important enough	39	11.6%			
Total	336	100.0%			

Continuing the focus on compensation, the survey asked all respondents if they have professional development opportunities through their employer or contracting organization. Almost half do, but more than 10% do not know.

Table 284. Question 37. Does your employer/contracting organization offer any professional development opportunities (interpreter training/continuing education)?

Response	N	%
Yes	651	48.2%
No	549	40.7%
I don't know	150	11.1%
Total	1350	100.0%

The survey then asked all respondents how they are paid (*Question 38*). The plurality has an hourly pay with no minimum, followed by a fifth who have an hourly pay with a two-hour minimum. The survey driver then used the responses given to ask targeted follow-up questions.

Table 285. Question 38. How are you primarily paid? (If you work for multiple companies, please respond from the point of view of your main company.)

Payment method	N	%
I have a fixed annual salary.	212	15.7%
I have an hourly pay with no minimum (i.e., if I work 30 min, I'll be paid for 30 minutes).	370	27.5%
I have an hourly pay with a 1-hour minimum.	171	12.7%
I have an hourly pay with a 2-hour minimum.	270	20.0%
I have a per-minute pay.	200	14.8%
I am a dual-role healthcare worker and receive an additional stipend for interpreting in addition to my base pay.	12	0.9%
I am a dual-role healthcare worker. I am NOT paid extra for interpreting.	20	1.5%
Other	92	6.8%
Total	1347	100.0%

There were 79 entries submitted by respondents who marked *Other* for *Question 38*. See *Appendix K(2)*.

Next, the survey asked respondents whose response to *Question 38* indicated they have a fixed annual salary to indicate what it would be in U.S. dollars. The largest portion earn \$46,000 to \$60,000, followed by an almost equal number earning \$61,000 to \$75,000.

Table 286. Question 38.1. What range most closely describes your annual salary for full-time equivalency (FTE) (in U.S. dollars) for healthcare interpreting?

Salary range	N	%
less than \$30,000	8	3.8%
\$30,000 - \$45,000	34	16.3%
\$46,000 - \$60,000	57	27.3%
\$61,000 - \$75,000	54	25.8%
\$76,000 - \$90,000	36	17.2%
Other	20	9.6%
Total	209	100.0%

Respondents marking *Other* for *Question 38.1* could enter details, and the 14 entries are listed in *Appendix K(3)*.

The survey asked respondents who have an hourly pay with no minimum or an hourly pay with a one-hour minimum or who receive their stipend by the hour to indicate the hourly range that applied to them. Close to half are paid in the combined range of \$21 to \$30 per hour.

Table 287. Question 38.2. What range most closely describes your hourly rate for your primary Language Other Than English (LOTE) (in U.S. dollars)? Please round your actual amount to the ranges provided (e.g., 7.30 = \$5-7 range, 10.50 = \$11-15 range).

Hourly range	N	%	Hourly range	N	%
less than \$5 per hour	9	1.7%	\$31-35 per hour	83	15.5%
\$5-7 per hour	23	4.3%	\$36-40 per hour	46	8.6%
\$8-10 per hour	29	5.4%	\$41-50 per hour	43	8.0%
\$11-15 per hour	9	1.7%	Other	9	1.7%
\$16-20 per hour	29	5.4%			
\$21-25 per hour	119	22.2%			
\$26-30 per hour	137	25.6%	Total	536	100.0%

Appendix K(4) lists the eight responses entered by respondents marking *Other* for *Question 38.2*.

Respondents who are paid by the hour with a two-hour minimum were given *Question 38.3*. The plurality receives \$76 to \$100 per two-hour assignment, followed by those receiving \$51 to \$75.

Table 288. Question 38.3. What range most closely describes your per 2-hour assignment rate (in U.S. dollars)? Please round your actual amount to the ranges provided (e.g., 10.50 = \$11-20 range).

2 Hourly range	N	%	2 Hourly range	N	%
< \$10 per assignment	0	0.0%	\$51-75 per assignment	58	21.6%
\$11-20 per assignment	5	1.9%	\$76-100 per assignment	74	27.6%
\$21-30 per assignment	24	9.0%	Other	22	8.2%
\$31-40 per assignment	52	19.4%			
\$41-50 per assignment	33	12.3%	Total	268	100.0%

The information provided by respondents marking *Other* is found in *Appendix K(5)*.

The 200 respondents who have a per-minute pay were asked to indicate which range applied to them. Almost 30% receive \$0.51 to \$1.00 per minute. The next largest group receives \$0.31-\$0.50 per minute.

Table 289. Question 38.4. What range most closely describes your per-minute rate (in U.S. dollars)?

Per minute range	N	%	Per minute range	N	%
< \$0.05 per minute	3	1.5%	\$0.26-\$0.30 per minute	16	8.2%
\$0.05-0.10 per minute	16	8.2%	\$0.31-\$0.50 per minute	43	21.9%
\$0.11-0.15 per minute	28	14.3%	\$0.51-\$1.00 per minute	57	29.1%
\$0.16-0.20 per minute	17	8.7%	Other	2	1.0%
\$0.21-0.25 per minute	14	7.1%	Total	196	100.0%

Two responses were entered by those answering *Other*, one saying the rate is 0.12 per minute and other saying it varies.

Twelve dual-role respondents receive a stipend for their services as a healthcare interpreter in addition to their other compensation as a healthcare provider. Although it is difficult to generalize from such a small number of respondents, two-thirds of this group are paid by the hour.

Table 290. Question 38.5. How is the stipend you receive for interpreting paid?

Payment method	N	%
Per hour	8	66.7%
Per interpreting assignment	1	8.3%
Monthly	3	25.0%
Quarterly	0	0.0%
Annually	0	0.0%
Total	12	100.0%

Question 38.5.a asked respondents to enter the amount of their stipend. Two people answered the question, one saying 40 and the other 100. (There was no indication of currency.)

If respondents' response to Question 12 indicated they work as a remote interpreter (OPI or VRI), they were asked which options for compensation applied to them. More than half are paid only for time during actual calls although over 40% are paid for the time between assignments during a shift.

Table 291. Question 38.6. Please indicate if any of the options below apply to you as a REMOTE interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	126	22.0%	Yes	83	15.0%
No	447	78.0%	No	470	85.0%
Total	573	100.0%	Total	553	100.0%
I am paid for the time between calls during my shift.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	241	41.8%	Yes	63	11.5%
No	335	58.2%	No	486	88.5%
Total	576	100.0%	Total	549	100.0%
I am paid only for time during actual calls (when I am logged in).			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	339	56.8%	Yes	115	20.9%
No	258	43.2%	No	434	79.1%
Total	597	100.0%	Total	549	100.0%
I am paid a cancellation fee.					
Response	N	%			
Yes	136	23.9%			
No	432	76.1%			
Total	568	100.0%			

Freelancers who answered Question 12 to say they do in-person interpreting *Always* (100% of the time) were asked if any of the following compensation details apply to them. Almost three-fourths of this group are paid a cancellation fee and a substantial portion are paid a travel-time fee.

Table 292. Question 38.7.a. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	30	21.6%	Yes	30	22.6%
No	109	78.4%	No	103	77.4%
Total	139	100.0%	Total	133	100.0%
I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	53	38.1%	Yes	25	19.2%
No	86	61.9%	No	105	80.8%
Total	139	100.0%	Total	130	100.0%
I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	108	73.5%	Yes	21	16.2%
No	39	26.5%	No	109	83.8%
Total	147	100.0%	Total	130	100.0%

Respondents who freelance in-person *Frequently* (67% to 99% of the time) are typically paid a cancellation fee and almost two-fifths are paid travel-time fees.

Table 293. Question 38.7.b. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	28	22.8%	Yes	25	21.0%
No	95	77.2%	No	94	79.0%
Total	123	100.0%	Total	119	100.0%

I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	48	38.1%	Yes	23	19.0%
No	78	61.9%	No	98	81.0%
Total	126	100.0%	Total	121	100.0%

I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	112	84.2%	Yes	19	16.0%
No	21	15.8%	No	100	84.0%
Total	133	100.0%	Total	119	100.0%

Freelance interpreters who work in-person *About half the time* are usually paid a cancellation fee and often receive a travel-time fee.

Table 294. Question 38.7.c. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	9	24.3%	Yes	7	18.9%
No	28	75.7%	No	30	81.1%
Total	37	100.0%	Total	37	100.0%

I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	17	44.7%	Yes	5	13.5%
No	21	55.3%	No	32	86.5%
Total	38	100.0%	Total	37	100.0%

I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	30	76.9%	Yes	7	18.4%
No	9	23.1%	No	31	81.6%
Total	39	100.0%	Total	38	100.0%

Staff interpreters, who work in-person *Always* (100% of the time) and responded to *Question 15* that they “work as needed (i.e., on-demand, on-call, per diem),” are generally paid a travel-time fee, but it is important to remember this is a small group. The majority are paid travel-time fees. The majority also report their stipend differs for national holidays, but not for cancellations.

Table 295. Question 38.7.d. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	2	16.7%	Yes	4	30.8%
No	10	83.3%	No	9	69.2%
Total	12	100.0%	Total	13	100.0%
I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	8	57.1%	Yes	5	38.5%
No	6	42.9%	No	8	61.5%
Total	14	100.0%	Total	13	100.0%
I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	4	33.3%	Yes	8	57.1%
No	8	66.7%	No	6	42.9%
Total	12	100.0%	Total	14	100.0%

Respondents who are staff interpreters working “on-demand/per diem” in-person *Frequently* (67% to 99% of the time) were asked about the same compensation details. The number of respondents in this group is very small, so it is not reasonable to generalize, but for these respondents, most have pay that differs depending on time-of-day, day-of-week, and holidays.

Table 296. Question 38.7.e. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	1	11.1%	Yes	6	66.7%
No	8	88.9%	No	3	33.3%
Total	9	100.0%	Total	9	100.0%
I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	2	22.2%	Yes	5	55.6%
No	7	77.8%	No	4	44.4%
Total	9	100.0%	Total	9	100.0%
I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	2	22.2%	Yes	6	66.7%
No	7	77.8%	No	3	33.3%
Total	9	100.0%	Total	9	100.0%

A single staff interpreter working “on-demand/per diem” in-person *About half the time* answered the following question.

Table 297. Question 38.7.f. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

I am paid a stand-by fee.			My pay differs depending on the time of the day.		
Response	N	%	Response	N	%
Yes	1	100.0%	Yes	1	100.0%
No	0	0.0%	No	0	0.0%
Total	1	100.0%	Total	1	100.0%
I am paid a travel time fee.			My pay differs depending on the day of the week.		
Response	N	%	Response	N	%
Yes	1	100.0%	Yes	1	100.0%
No	0	0.0%	No	0	0.0%
Total	1	100.0%	Total	1	100.0%
I am paid a cancellation fee.			My pay differs depending on the day being a national holiday or not.		
Response	N	%	Response	N	%
Yes	0	0.0%	Yes	1	100.0%
No	1	100.0%	No	0	0.0%
Total	1	100.0%	Total	1	100.0%

Question 38.8 asked respondents who had responded *Yes* to any of the options in the preceding Question 38.7 to explain how their pay differs in certain circumstances compared to their standard rate. 567 responses were received, and they are listed in *Appendix K(6)*.

All respondents were asked in what way their compensation has changed since they began interpreting in healthcare settings. About 60% have received an increase in pay, but for only half of this group the amount of the increase was large enough to meet expectations.

Table 298. Question 39. How did your pay change since the time you started interpreting in healthcare settings?

Change in pay	N	%
My pay increased reasonably enough to meet my expectations.	402	29.7%
My pay increased insignificantly.	413	30.5%
My pay remained the same.	307	22.7%
My pay decreased.	64	4.7%
My pay varied.	78	5.8%
Other	89	6.6%
Total	1353	100.0%

Appendix K(7) lists the detail provided by 78 respondents whose answer to question 39 was *Other*.

Respondents were all asked about how often they receive payment. Just over half are paid on a biweekly basis.

Table 299. Question 40. How often are you paid? (If you work for multiple companies, please respond from the point of view of your main company.)

Pay Frequency	N	%
Weekly	74	5.4%
Biweekly (every other week)	717	52.3%
Twice a month	162	11.8%
Once a month	330	24.1%
After finishing each assignment	21	1.5%
Other	67	4.9%
Total	1371	100.0%

Fifty-nine *Other* responses are listed in *Appendix K(8)*.

The last question related to compensation, asked of everyone, was about delays in payment. Almost two-thirds do not experience delays. Close to 20% experience rare delays.

Table 300. Question 41. Do you experience any delays in payment? (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
No	897	65.0%
Very rarely	240	17.4%
Sometimes	185	13.4%
Often	58	4.2%
Total	1380	100.0%

Respondents were asked next a series of four questions about certification in the workplace. The first question asked if certification is a requirement for employment where they work. Combining the first two response options, about 35% indicate that it is.

Table 301. Question 42. Does the organization you work or contract for require interpreters to be certified in healthcare interpreting? (If you work for multiple companies, please respond from the point of view of your main company.) By certification, we mean a certification credential from a U.S. certification organization (not an employer or company or an educational institution) that includes testing of knowledge and skills needed for healthcare interpreting. Completing a training course, having a degree in interpreting, or passing a company's interpreting test does not equal certification. (By organization we mean either a health system or a language company/agency.)

Response	N	%
Yes, all interpreters must be certified at the time of hire.	275	20.6%
Yes, all interpreters be certified within a certain time of hire.	191	14.3%
No	639	47.8%
I don't know	180	13.5%
Other	51	3.8%
Total	1336	100.0%

Forty-eight respondents who answered *Other* on *Question 42* provided additional information, listed in *Appendix L(1)*.

The survey then asked if there is a pay differential for certified healthcare interpreters where they work. Considering that *Question 42* shows it is a condition of employment for 20% of respondents and there cannot be a differential in those environments, this circumstance may account for a large portion of the *No* responses. Nonetheless, responses are relatively evenly distributed among the three choices.

Table 302. Question 43. Does the organization you work or contract for offer a higher pay to interpreters who are certified? (By organization we mean either a health system or a language company/agency.) (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
Yes	417	30.5%
No	483	35.4%
I don't know	466	34.1%
Total	1366	100.0%

If respondents answered *Yes* to *Question 43*, indicating there is a pay differential, they were asked how big it is. Approximately two-fifths do not know; however, the difference is 1% to 5% for just under one-fifth and 6% to 10% for the next largest group.

Table 303. Question 43.1. What is the approximate pay difference between certified and non-certified interpreters?

Pay difference	N	%
1-5%	79	19.5%
6-10%	52	12.8%
11-15%	28	6.9%
16-20%	25	6.2%
21-25%	13	3.2%
26-30%	22	5.4%
I don't know	171	42.1%
Other	16	3.9%
Total	406	100.0%

Appendix L(2) contains 16 responses from respondents who answered *Other* to this question.

Then the survey asked if the employer paid for or reimbursed the costs of certification. Though most do not and about a fifth of respondents do not know, about 25% of respondents indicate at least some portion of the fees are paid or reimbursed.

Table 304. Question 44. Does the organization you work or contract for reimburse the cost of certification? (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
Yes, all fees: application, exams, and renewal fees	122	8.9%
Yes, fees for application and exams only	40	2.9%
Yes, fees for first attempt only	25	1.8%
Yes, fees if the exams are passed	54	4.0%
Yes, renewal fees only	26	1.9%
No	820	60.0%
I don't know	247	18.1%
Other	32	2.3%
Total	1366	100.0%

The responses received from 32 people marking *Other* for *Question 44* may be found in *Appendix L(3)*.

The survey then asked about employer requirements for a language proficiency test. About three-fifths of respondents indicate there is such a requirement. Overall, one-third of respondents said their employer requires testing for proficiency in both English and the Language Other Than English (LOTE).

Table 305. Question 45. Does the organization you work or contract for require all interpreter job applicants to take a language proficiency test? (If you work for multiple companies, please respond from the point of view of your main company.) (A language proficiency test assesses a person's ability to understand and speak a language; this test does not assess interpreting skills or knowledge about interpreting.)

Response	N	%
Yes, for English	227	16.5%
Yes, for Language Other Than English (LOTE)	165	12.0%
Yes, for both English and LOTE	460	33.5%
No	351	25.6%
I don't know	169	12.3%
Total	1372	100.0%

If respondents indicated that language proficiency testing *is* required, the survey asked who administers it. The organization itself administers the tests for almost half of respondents, and an outside organization administers it for almost 43%, with 10% of respondents not knowing who does it.

Table 306. Question 45.1. Who administers the language proficiency test(s)?

Proficiency Test Provider	N	%
The organization itself	396	47.3%
An outside company that the hiring organization contracts with (i.e., a third-party test)	357	42.7%
I don't know	84	10.0%
Total	837	100.0%

All respondents were then asked if their employer requires that they complete a course in healthcare interpreting. The plurality of respondents indicate that such a course is required, but almost as many indicate that it is not. Almost one-fifth do not know.

Table 307. Question 46. Does the organization you work or contract for require all interpreter job applicants to complete a course in healthcare interpreting (NOT an orientation to the job)?

Response	N	%
Yes, interpreters need to complete or show proof of completing a healthcare interpreting course.	580	42.6%
No	525	38.6%
I don't know	256	18.8%
Total	1361	100.0%

If respondents answered that an interpreter training course *is* required by their employer, they were asked who provides the course. Over 43% said the course is offered by an outside company, although almost as many indicated that their employer provides it.

Table 308. Question 46.1 Who provides the required healthcare interpreter training?

Training provider	N	%
The organization itself	218	38.2%
An outside company that the hiring organization contracts with (i.e., a third-party test)	247	43.3%
I don't know	105	18.4%
Total	570	100.0%

Respondents whose employer requires an interpreter training course also were asked about the course duration. Just over half say it lasts 40 hours. The next most common length is 41 to 60 hours.

Table 309. Question 46.2. How long is the required training in healthcare interpreting specifically?

Length of training	N	%
less than 4 hours	21	3.7%
4 hours	12	2.1%
4-8 hours	18	3.2%
9-16 hours	10	1.8%
17- 39 hours	17	3.0%
40 hours	284	50.4%
41-60 hours	114	20.2%
61-100 hours	38	6.7%
101-120 hours	13	2.3%
Other	37	6.6%
Total	564	100.0%

The 24 responses provided by respondents marking *Other* for this question are provided in *Appendix M(1)*.

Almost 70% of all respondents have signed a contract with their employer.

Table 310. Question 47. Did you sign a contract with your current employer/contracting organization? (If you work for multiple companies, please respond from the point of view of your main company.)

Response	N	%
Yes	951	69.6%
No	348	25.5%
I don't know	68	5.0%
Total	1367	100.0%

The respondents, who have a contract *and* reside in the U.S., were asked a follow-up question about whether their contract requires the individual to operate as a legal business. Almost 80% are *not* required to do so.

Table 311. Question 47.1. Does your contract require you to establish an LLC or otherwise incorporate as a business owner?

Response	N	%
Yes	87	11.8%
No	576	77.9%
I don't know/remember	76	10.3%
Total	739	100.0%

All respondents, regardless of residence, who signed a contract, were asked if it requires exclusivity or includes non-complete provisions.

Table 312. Question 47.2. Does your contract contain an exclusivity or non-compete agreement related to your general interpreting (limiting your employment to this organization/company)? (If you work for multiple organizations/companies, please respond from the point of view of your main one.)

Response	N	%
Yes	167	17.9%
No	571	61.1%
I don't know/remember	197	21.1%
Total	935	100.0%

Question 47.3 offered respondents the opportunity to provide comments about their contract. The information provided by 131 of them is provided in *Appendix N* (comments such as “n/a” and “none” have been removed).

All respondents were asked next about the U.S. compliance documents they sign or prove possession of at the time of employment. They were asked to mark all that applied. The two most common options are “Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreements” and “Proof of HIPAA training,” each selected by about 45% of respondents.

Table 313. Question 48. Mark what U.S.-compliance documents you needed to sign or show proof of at the time of starting to interpret in healthcare settings? (If you work for multiple organizations/companies, please respond from the point of view of your main one.) (Select all that apply)

Compliance documents	N	% Indiv	% Resp
A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement	603	45.8%	29.0%
A business license	103	7.8%	5.0%
A U.S. government-issued Employer Identification Number (EIN)	285	21.6%	13.7%
Proof of HIPAA training	599	45.4%	28.9%
None	322	24.4%	15.5%
Other	164	12.4%	7.9%
N Responses	2076		100.0%
N Individuals	1318		

The next questions in the survey asked about the use of artificial intelligence (AI). Less than 20% of respondents use AI in their work.

Table 314. Question 49. Do you utilize any AI tools or applications in your work?

Response	N	%
Yes	238	17.6%
No	1117	82.4%
	1355	100.0%

If respondents use AI in their work, they were asked how they use it. Just over half use it for research. Less than 10% use it to assist while they are interpreting.

Table 315. Question 49.1 For what purpose do you use AI tools or applications?

Purpose for AI	N	%
For research/knowledge (outside actual interpreting, e.g., terminology, idioms, grammatical collocation)	119	51.3%
For assistance while I am interpreting (e.g., live transcription/close captioning while I am interpreting)	20	8.6%
For both of the above	78	33.6%
Other	15	6.5%
Total	232	100.0%

Appendix O lists the 14 responses offered by respondents selecting *Other* for *Question 49.1*.

Respondents using AI were then asked if they had been asked to monitor it as an interpreting tool. Only a small portion of the group said they had.

Table 316. Question 49.2. Have you ever been asked to monitor AI while it is interpreting instead of a human?

Response	N	%
Yes	13	5.6%
No	218	94.0%
Other	1	0.4%
Total	232	100.0%

The singular *Other* response for this question was: "I have been asked to evaluate from a language access perspective if certain AI was accurate."

All respondents were asked if translation of written documents into a LOTE was part of their job. It is for just over one-fourth of the respondents.

Table 317. Question 50. Is translation of written documents from English (not sight translation) part of your job description or job duties AS A HEALTHCARE INTERPRETER?

Response	N	%
Yes	376	27.7%
No	929	68.4%
Other	54	4.0%
Total	1359	100.0%

There were 50 entries in the text box *Other* for this question, and they are listed as *Appendix P(1)*.

Survey respondents who translate written documents as part of their work responsibilities were asked how often they do so. Responses indicate that just over 30% do translate written documents at least once a week. The next most frequent response was a few times a year.

Table 318. Question 50.1. How often do you do written translation?

Frequency	N	%
At least once a day	82	22.2%
At least once a week	114	30.8%
At least once a month	72	19.5%
A few times a year	102	27.6%
Total	370	100.0%

The next follow-up question for this group asked if respondents have received training in written translation. Almost three-fifths have.

Table 319. Question 50.2. Have you received training in written translation?

Response	N	%
Yes	219	59.0%
No	152	41.0%
Total	371	100.0%

Given a list of documents, these respondents identified the ones that they translate as part of their job. All of the documents listed were identified, with the most frequent being *Discharge instructions* and *Medication instructions*.

Table 320. Question 50.3. What kind of documents do you translate as part of your interpreter job? (Select all that apply.)

Documents Translated	N	% Indiv	% Resp
Provider-patient communication via chat or email	167	45.8%	9.3%
After Visit Summaries (AVS)	185	50.7%	10.3%
Discharge instructions	253	69.3%	14.0%
Medication instructions	238	65.2%	13.2%
Patient medical records	106	29.0%	5.9%
Terms and Conditions of Care	123	33.7%	6.8%
Consent forms	211	57.8%	11.7%
Patient educational materials	209	57.3%	11.6%
Patient Rights & Responsibilities	153	41.9%	8.5%
Other institutional forms	156	42.7%	8.7%
N Responses	1801		100.0%
N Individuals	365		

The last follow-up question about translation asked if respondents use assistive tools to translate written documents. More than one-third do.

Table 321. Question 50.4. Do you use any machine-translation or translation memory tools (software) in your work as a translator?

Response	N	%
Yes	135	36.5%
No	235	63.5%
Total	370	100.0%

All respondents were asked if they perform non-interpreting duties as part of their responsibilities. Just over one-fourth answered Yes.

Table 322. Question 51. Do you perform any other non-interpreting job tasks as part of your employment/contract? (e.g., accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs)

Response	N	%
Yes	378	27.8%
No	983	72.2%
Total	1361	100.0%

Respondents who indicated that they perform non-interpreting tasks in their work were asked open-ended *Question 51.1* to describe those tasks. The responses are listed in *Appendix P(2)*.

Next, the survey asked several questions about employer evaluation of respondents on-the-job. The first of these was addressed to all respondents, asking if they received performance feedback. A modest majority indicated that they do.

Table 323. Question 52. Are you offered any kind of evaluation or feedback about your interpreting and overall performance? (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Response	N	%
Yes	752	55.0%
No	487	35.6%
I'm not sure	129	9.4%
Total	1368	100.0%

Respondents who receive feedback were asked follow-up questions, the first of which asked about the frequency of performance feedback. Approximately half receive it annually.

Table 324. Question 52.1. How frequently do you receive evaluation or feedback about your interpreting and overall performance? (If you work for multiple employers/companies, please respond from the point of view of your main one.)

Frequency	N	%
Annually	360	48.9%
Quarterly	101	13.7%
Monthly	107	14.5%
Occasionally	168	22.8%
Total	736	100.0%

The second follow-up question provided a list of types of evaluation or feedback and respondents who receive feedback marked any that applied to them. About three-fifths received annual overall performance evaluation. The next most frequent response was regular evaluation of compliance with the organization's requirements.

Table 325. Question 52.2. What kind of evaluation or feedback do you receive? (Check all that apply.)

Type of evaluation or feedback	N	% Indiv	% Resp
Annual overall evaluation of my performance	441	59.8%	29.6%
Regular evaluation of my customer service performance	235	31.9%	15.8%
Regular evaluation of my compliance with the organization's requirements	275	37.3%	18.4%
Regular evaluation of my compliance with the healthcare interpreter's code of conduct (standards of practice)	209	28.4%	14.0%
Regular (at least once a year) review of a specific interpreting session with specific feedback by an interpreter who works in the same language combination.	169	22.9%	11.3%
Regular (at least once a year) review of a specific interpreting session with specific feedback by a more experienced interpreter who does NOT work in the same language combination.	64	8.7%	4.3%
None of the above	36	4.9%	2.4%
Other	62	8.4%	4.2%
N Responses	1491		100.0%
N Individuals	737		

The *Other* responses for *Question 52.2* are in *Appendix Q*.

Next, the survey asked all respondents if their employer has a procedure for monitoring compliance with the standards of practice. Although many answered that such procedures are in place, slightly more said they were not, but a large portion of the respondents do not know if there are such procedures.

Table 326. Question 52.3. Does your organization have a procedure for monitoring your compliance with the professional healthcare interpreters standards of practice (NOT organizational protocols)? Do you get regular feedback about following these standards?

Response	N	%
Yes	510	37.3%
No	526	38.5%
I don't know	330	24.2%
Total	1366	100.0%

All respondents then were asked how useful the feedback they receive is to their professional growth. The most frequent response (35.3%) was that it is very useful.

Table 327. Question 52.4. How useful is the feedback you receive in supporting your ongoing professional growth?

Rating of usefulness	N	%
Very useful	457	35.3%
Sufficiently useful	258	19.9%
Somewhat useful	279	21.6%
Not quite useful	136	10.5%
Not useful at all	164	12.7%
Total	1294	100.0%

The next question asked all respondents about the number of organizations they work or contract for. Not quite half work for a single entity, but more than a fifth chose the option *More than 3*.

Table 328. Question 53. How many organizations do you work or contract for as a healthcare interpreter?

Number	N	%
1	618	46.9%
2	278	21.1%
3	131	9.9%
More than 3	290	22.0%
Total	1317	100.0%

The survey then focused on the type of employer organization respondents work for. Just over half work for a language company. The second most frequent response was a hospital or health system.

Table 329. Question 54. What kind of organization are you employed by or contract with? If you selected more than 1 organization in the previous question, when answering the rest of the questions, please pick the ONE that you consider your PRIMARY employment (where you interpret most frequently for).

Kind of organization	N	%
Language Company	680	50.9%
Hospital or Health system	477	35.7%
Outpatient Clinic or Physician's Office (including specialties, labs, neighborhood health centers)	65	4.9%
Public Health Department	28	2.1%
Physician's Office for Workers' Compensation	9	0.7%
Workers' Compensation Insurance Company directly or through their vendor	27	2.0%
Attorney's Office for Workers' Compensation	2	0.1%
Health Insurance Plan	3	0.2%
Home Health	2	0.1%
Long Term Care	1	0.1%
Other	42	3.1%
Total	1336	100.0%

Other responses to Question 54 are in Appendix R(1).

The first follow-up question about the respondents' employer organization asked about the geographic area it serves. The plurality responded with *Local (city or county)*.

Table 330. Question 54.a. What area does the organization you work or contract for serve? We'd like to know where the organization operates, not where you may be assigned as an interpreter. (By organization we mean either a health system or a language company/agency.)

Area served	N	%
Local (city or county)	438	38.9%
One state in the U.S.	215	19.1%
More than one state in the U.S.	168	14.9%
Across all the U.S. (national)	234	20.8%
International	50	4.4%
Other	22	2.0%
Total	1127	100.0%

Twenty *Other* responses for *Question 54.a* are in *Appendix R(2)*.

Overseas respondents were asked to indicate all of the countries from which they receive calls. More than half of the respondents receive calls from the United States, with Canada and the United Kingdom as the second and third most frequently indicated.

Table 331. Question 54.b. From which countries are you receiving calls to interpret in healthcare settings? (Check all that apply)

Countries	N	% Indiv	% Resp
The USA (various states)	204	93.6%	51.5%
Australia	11	5.0%	2.8%
Canada	84	38.5%	21.2%
The European Union	12	5.5%	3.0%
The United Kingdom	71	32.6%	17.9%
Other	14	6.4%	3.5%
N Responses	396		100.0%
N Individuals	218		

Appendix R(3) has nine *Other* responses to the above question.

Respondents who indicated in *Question 54* that they work for a language company were asked to estimate the size of the company based on its total weekly volume of in-person assignments. Most respondents do not know and cannot estimate. The other four options each received about 10%.

Table 332. Question 54.1.1. Select the size of the company you work or contract for by estimating its total weekly volume of IN-PERSON assignments (not just with you)?

Size (based in-person assignments)	N	%
Small (fewer than 100 interpreting appointments per week)	62	9.5%
Medium (100-499 interpreting appointments per week)	75	11.5%
Large (500-1,000 interpreting appointments per week)	69	10.5%
Super large (over 1,000 interpreting appointments per week)	55	8.4%
I don't know and cannot estimate	394	60.2%
Total	655	100.0%

The same respondents were asked to provide such an estimate based on the volume of calls. The majority do not know and cannot estimate, but about 20% indicated the number is super large.

Table 333. Question 54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?

Size (based on calls)	N	%
Small (fewer than 100 interpreting appointments per week)	48	7.3%
Medium (100-499 interpreting appointments per week)	53	8.1%
Large (500-1,000 interpreting appointments per week)	61	9.3%
Super large (over 1,000 interpreting appointments per week)	129	19.6%
I don't know and cannot estimate	366	55.7%
Total	657	100.0%

This subset of respondents then was asked to estimate the company's size based on the number of interpreters working for it. About two-fifths of these respondents work for companies with 1,000 or more interpreters.

Table 334. Question 54.1.3. How many interpreters work or contract for the company? Estimate.

Number of interpreters	N	%
Fewer than 25	24	8.1%
25-50	29	9.8%
51-100	36	12.2%
101-499	43	14.5%
500-999	42	14.2%
1,000 or more	122	41.2%
I don't know and cannot estimate	0	0.0%
Total	296	100.0%

Almost two-fifths of the respondents who work in a language company (*Question 54*) answering *Question 54.1.4* about the language diversity indicated that they work for full-service companies, but more than 25% do not know which language combinations are available through their company.

Table 335. Question 54.1.4. What language combinations does this company offer (to your knowledge and based on public information available on their website)?

Language combinations	N	%
Only Spanish	12	1.8%
Only ASL	15	2.2%
Only one specific language which is not ASL or Spanish	6	0.9%
2-5 spoken languages	21	3.1%
6-20 spoken languages	65	9.7%
More than 20 spoken languages	111	16.6%
Full-service company	255	38.2%
I don't know	183	27.4%
Total	668	100.0%

The next three questions were answered by U.S. respondents (not overseas) working in a hospital or health system. The responses are summarized separately for healthcare interpreters who work in-person, remotely by phone, and remotely by video. It is important to note that the method for selecting data to include in the three modalities allows response records to be included in more than one. The plurality of respondents who work in-person and by phone work in a large organization (more than 5,000 appointments/call in a typical week, while respondents who work remotely by video work for small organizations.

Table 336. Question 54.2.1. Select the size of the organization you work or contract for by estimating its total weekly interpreting volume (not just with you).

Size (based on total weekly volume)	In-Person		Remote Phone		Remote-Video	
	N	%	N	%	N	%
Small (fewer than 1,000 appointments /week)	46	10.0%	56	26.3%	56	35.0%
Medium (1,000-5,000 appointments /week)	95	20.7%	46	21.6%	20	12.5%
Large (more than 5,000 appointments /week)	167	36.5%	74	34.7%	43	26.9%
I don't know and cannot estimate	72	15.7%	37	17.4%	41	25.6%
Total	458	100.0%	213	100.0%	160	100.0%

Close to half of the U.S. respondents working in a hospital or health system who interpret in-person and by phone work in a single location, whereas the largest group of respondents who interpret by video work in several locations across their city.

Table 337. Question 54.2.2. In how many locations do you interpret at this organization?

Number of locations	In-Person		Remote-Phone		Remote-Video	
	N	%	N	%	N	%
One location	178	45.9%	98	51.9%	28	27.7%
Several locations across the city	148	38.1%	59	31.2%	37	36.6%
Several locations across the state	54	13.9%	23	12.2%	25	24.8%
Multiple locations across the U.S.	5	1.3%	6	3.2%	8	7.9%
Multiple locations internationally	3	0.8%	1	0.5%	0	0.0%
I don't know	0	0.0%	2	1.1%	3	3.0%
Total	388	100.0%	189	100.0%	101	100.0%

The large majority of U.S. respondents working in a hospital or health system work in organizations that manage requests for interpreting services through an in-house language services department that supplements in-house interpreting with contracted services.

Table 338. Question 54.2.3. How does the organization you work or contract for manage interpreting requests?

How requests are managed	In-Person		Remote-Phone		Remote-Video	
	N	%	N	%	N	%
There is a coordinator of language services (interpreting) but no department of in-house interpreters. All interpreting is done through outside contractors.	46	11.9%	27	14.4%	14	14.3%
There is an in-house language services (interpreting) department which supplements in-house interpreting with contracted services.	318	82.4%	146	78.1%	79	80.6%
Other	22	5.7%	14	7.5%	5	5.1%
Total	386	100.0%	187	100.0%	98	100.0%

The 15 *Other* responses are in *Appendix R(4)*.

If U.S. respondents (regardless of the mode of interpreting) working in a hospital or health system answered *Question 54.2.3* to indicate they work for or contract with an organization where there is a coordinator of language services (interpreting) but no department of in-house interpreters and all interpreting is done through outside contractors, the survey asked three follow up questions. The first one was about the kind of language companies the organization contracts with. Respondents could mark all response options that apply to them.

Table 339. Question 54.2.3.a. What kind of language companies does the organization contract with? (check all that apply)

Kind of language companies	N	% Indiv	% Resp
Direct contract with individual interpreters	23	43.4%	31.9%
Local language company(s)	15	28.3%	20.8%
State-level language company(s)	5	9.4%	6.9%
National-level language company(s)	18	34.0%	25.0%
International language company	0	0.0%	0.0%
I don't know	11	20.8%	15.3%
N Responses	72		100.0%
N Individuals	53		

This same subset of the respondents provided information about the number of interpreters who work in the in-house department.

Table 340. Question 54.2.3.b. How many interpreters work in the department?

Number of interpreters	N	%
Less than 5	4	7.1%
6-10 interpreters	8	14.3%
11-20 interpreters	17	30.4%
21-50 interpreters	1	1.8%
51-100 interpreters	18	32.1%
101 and more	8	14.3%
Other	0	0.0%
Total	56	100.0%

There were 12 responses from those marking *Other* to this question. See *Appendix R(5)*.

These same respondents were asked about the language combinations offered.

Table 341. Question 54.2.3.c. What language combinations are covered by staff (in-house interpreters) in the department?

Language combinations	N	%
Only Spanish	142	32.1%
Only ASL	0	0.0%
Only ASL and Spanish	29	6.5%
Only ONE spoken language which is NOT Spanish	8	1.8%
Several languages	264	59.6%
Total	443	100.0%

Two additional follow-up questions were presented to group of respondents responding “several languages” in *Question 54.2.3.c. Question 54.2.3.c.1* was open-text format and asked respondents to indicate the language of interpreters who work in their department, and 233 responses were received. They are listed in *Appendix R(6)*. The second follow-up was asked of respondents answering *Question 54.2.3.c* with “only ONE spoken language which is not Spanish” question, presented a pull-down menu of languages, and eight responses were received.

Table 342. Question 54.2.3.c.2. Please select the language of interpreters who work in your department.

- Anuak
- Arabic
- Arabic
- Cantonese
- Karen
- Polish
- Polish
- Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, Mandarin, Cantonese, German, Arabic, Russian

If respondents answered *Question 54* to indicate they work in a hospital or health system, they were asked a series of three questions about their organization.

Table 343. Question 54.2.4. What type of organization do you work or contract for?

Type of organization	N	%
Non-profit	286	61.1%
For-profit	103	22.0%
I don't know	79	16.9%
Total	468	100.0%

Table 344. Question 54.2.5. What kind of organization do you work or contract for?

Kind of organization	N	%
General Hospital/Health system	265	56.6%
Specialty Hospital	21	4.5%
Children's Hospital	69	14.7%
University Hospital/Health system	96	20.5%
I don't know	5	1.1%
Other	12	2.6%
Total	468	100.0%

Table 345. Question 54.3.1. Select the size of the organization you work or contract for by estimating its total weekly interpreting volume (not just with you).

Size (based on total weekly volume)	N	%
Small (fewer than 100 interpreting appointments per week)	65	34.9%
Medium (100-999 interpreting appointments per week)	37	19.9%
Large (1,000 or more interpreting appointments per week)	26	14.0%
I don't know and cannot estimate	58	31.2%
Total	186	100.0%

All respondents were asked a series of demographic questions. The first focused on gender. Three-fourths of the respondents are women.

Table 346. Question 55. What is your gender?

Gender	N	%
Woman	1027	75.3%
Man	299	21.9%
Non-binary (or another gender not listed above)	8	0.6%
Prefer Not to Answer	29	2.1%
Total	1363	100.0%

Just over half of the respondents are in the combined age range of 41 to 50 years and 51 to 60 years.

Table 347. Question 56. What is your age?

Age range	N	%
18 to 30 years	138	10.2%
31 to 40 years	253	18.6%
41 to 50 years	318	23.4%
51 to 60 years	388	28.6%
61 years and over	260	19.2%
Total	1357	100.0%

Question 57 asked about race or ethnicity, and respondents were able to enter more than one response. Over half of the respondents are Hispanic or Latino, and the next largest group are White.

Table 348. Question 57. What is your race or ethnicity? Select all that apply AND enter additional details in the spaces below. Note, you may select more than one group.

Race or ethnicity	N	% Indiv	% Resp
American Indian or Alaska Native	7	0.5%	0.5%
Asian	152	11.0%	10.0%
Black or African American	53	3.8%	3.5%
Hispanic or Latino	763	55.1%	50.1%
Middle Eastern or North African	46	3.3%	3.0%
Native Hawaiian or Pacific Islander	3	0.2%	0.2%
Non-U.S. Indigenous	13	0.9%	0.9%
White	412	29.8%	27.0%
Prefer not to answer	75	5.4%	4.9%
N Responses	1524		100.0%
N Individuals	1384		

There were nine responses to *Question 57.a*, which was the follow up request for detail for people who selected American Indian or Alaska Native for questions 57. They were asked to enter, for example, Aztec, Blackfeet Tribe, Navajo Nation, Tlingit, etc. The five received response are: Apache (2), Cherokee, Shawnee and Cherokee, and Taino.

Respondents indicating Asian background in response to question 57 were asked to provide more specific detail, provided in the table of *Question 57.b*, with *Other* responses in *Appendix S(1)*. Just over two-fifths of this group are Chinese.

Table 349. Question 57.b. Choose or provide details below (Asian).

Origin	N	%
Chinese	57	41.0%
Filipino	5	3.6%
Asian Indian	17	12.2%
Japanese	8	5.8%
Korean	7	5.0%
Vietnamese	15	10.8%
Other	30	21.6%
Total	139	100.0%

If respondents indicated their race or ethnicity was Black or African American, they were asked to respond to *Question 57.c*. The largest portion of these respondents marked *Other*; the 12 received responses to the *Other* option are provided in *Appendix S(2)*

Table 350. Question 57.c. Choose or provide details below (Black or African American).

Origin	N	%
African American	9	20.0%
Ethiopian	2	4.4%
Haitian	9	20.0%
Jamaican	1	2.2%
Nigerian	2	4.4%
Somali	5	11.1%
Other	17	37.8%
Total	45	100.0%

Hispanic or Latino respondents were given *Question 57.d*, and the *Other* responses given to this question are in *Appendix S(3)*. Just over one-third are Mexican or Mexican-American.

Table 351. Question 57.d. Choose or provide details below (Hispanic or Latino).

Origin	N	%
Colombian	72	10.4%
Cuban	21	3.0%
Dominican	17	2.5%
Mexican or Mexican American	244	35.2%
Puerto Rican	62	8.9%
Salvadoran	22	3.2%
Venezuelan	40	5.8%
Other	215	31.0%
Total	693	100.0%

Respondents indicating Middle Eastern or North African race or ethnicity were asked to respond to *Question 57.e*. Almost one-third are Egyptian. Their 5 *Other* responses are Iraqi, Half-Iraqi and half-Syrian, Jordanian, Kurdish, and Mozambique. The sixth response related to the languages interpreted by the respondent and not to their ethnicity.

Table 352. Question 57.e. Choose or provide details below (Middle Eastern or North African).

Origin	N	%
Egyptian	13	30.2%
Iranian	4	9.3%
Israeli	0	0.0%
Lebanese	6	14.0%
Moroccan	1	2.3%
Palestinian	7	16.3%
Syrian	5	11.6%
Other	7	16.3%
Total	43	100.0%

If respondents indicated their race or ethnicity as Native Hawaiian or Pacific Islander, they were asked for additional detail in *Question 57.f*. Two of the three *Other* responses were Samoan and the third was Tongan. This question was answered by only three individuals, so it is not reasonable to draw conclusions about the makeup of this category in the population.

Table 353. Question 57.f. Choose or provide details below (Native Hawaiian or Pacific Islander).

Origin	N	%
Chamorro	0	0.0%
Fijian	0	0.0%
Native Hawaiian	0	0.0%
Marshal Iese	0	0.0%
Samoan	2	66.7%
Tongan	1	33.3%
Other	0	0.0%
Total	3	100.0%

When respondents responded that they were Non-U.S. Indigenous, they were asked to enter detail. The five responses received were:

- Haitian
- Mayan
- Mixtec/ Nuu Savi
- Possibly Nicoya
- Possibly Nicoya

Survey respondents classifying their race or ethnicity as White were given the following options in *Question 57.h*, and those providing detail in response to *Other* are listed in *Appendix S(4)*. Just about half of the individuals report having English background. The second most common response was *Other*.

Table 354. Question 57.h. Choose or provide details below (White).

Origin	N	% Indiv	% Resp
English	161	49.4%	36.2%
French	22	6.7%	4.9%
German	31	9.5%	7.0%
Irish	21	6.4%	4.7%
Italian	17	5.2%	3.8%
Polish	19	5.8%	4.3%
Russian	32	9.8%	7.2%
Ukrainian	11	3.4%	2.5%
Other	131	40.2%	29.4%
N Responses	445		100.0%
N Individuals	326		

The next two questions asked respondents to consider if they will remain in the healthcare interpreting profession in the future. Just about 70% see themselves working in the field in five years, but the percentage drops to just over two-fifths who think they will still be in practice in ten years.

Table 355. Question 58. Do you see yourself working as a healthcare interpreter 5 years from now?

Response	N	%
Yes	945	69.9%
No	130	9.6%
I don't know	277	20.5%
Total	1352	100.0%

In follow up, all respondents were asked why they gave the response they did to question 58. *Appendix T(1)* lists all 1,143 responses.

Table 356. Question 59. Do you see yourself working as a healthcare interpreter 10 years from now?

Response	N	%
Yes	593	42.9%
No	354	25.6%
I don't know	434	31.4%
Total	1381	100.0%

Again, the survey asked all respondents to indicate the reason for the response given to question 59, and the 1,073 responses are listed in *Appendix T(2)*.

The next question provided a list of feelings that respondents may or may not experience after an assignment. The Survey Advisory Council has selected the common symptoms of secondary traumatization for this question, without labeling them as such to minimize potential bias. Respondents were asked to identify the frequency with which they experienced feelings on the list. The plurality does experience them "from time to time," but a group of almost equivalent size has experienced them a "couple of times."

Table 357. Question 60. In your role as a healthcare interpreter, how often do you experience any of these feelings after a session (assignment, call)?

- Anxiety
- Emotional exhaustion (feeling drained or overwhelmed after witnessing patients' suffering)
- Sleep difficulties
- Difficulty concentrating or staying focused
- Physical symptoms (headaches, fatigue, or tension)
- Repetitive thoughts about the interpreted emotionally difficult content
- Loss of empathy or feeling detached from clients or colleagues
- Avoidance of assignments or topics related to the witnessed patients' suffering

Response	N	%
I've never experienced anything like that.	231	16.8%
I've experienced some of these feelings a couple of times.	458	33.4%
I experience such feelings from time to time.	506	36.9%
I experience such feelings somewhat often.	177	12.9%
Total	1372	100.0%

Respondents then were asked to indicate which feelings they experience, with the opportunity of marking more than one option. Emotional exhaustion is the most frequently identified feeling; almost four-fifths marked it. Just over half report having experienced physical symptoms, and almost exactly half have experienced anxiety.

Table 358. Question 60.a. Which of these feelings do you experience? (Check all that apply)

Feelings (i.e., Symptoms of Secondary Traumatization)	N	% Indiv	% Resp
Anxiety	341	49.9%	15.0%
Emotional exhaustion (feeling drained or overwhelmed after witnessing patients' suffering)	541	79.2%	23.9%
Sleep difficulties	197	28.8%	8.7%
Difficulty concentrating or staying focused	258	37.8%	11.4%
Physical symptoms (headaches, fatigue, or tension)	365	53.4%	16.1%
Repetitive thoughts about the interpreted emotionally difficult content	267	39.1%	11.8%
Loss of empathy or feeling detached from clients or colleagues	211	30.9%	9.3%
Avoidance of assignments or topics related to the witnessed patients' suffering	88	12.9%	3.9%
N Responses	2268		100.0%
N Individuals	682		

The survey ended with five open response questions. The questions are listed here, with the appendix where the responses may be found:

Question 61. What gives you most satisfaction in your job as a healthcare interpreter?

1,214 responses found in *Appendix U(1)*

Question 62. What is the most frustrating aspect of your job as a healthcare interpreter?

1,186 responses found in *Appendix U(2)*

Question 63. What is the purpose of the healthcare interpreter? What professional code of ethics are you aware of/do you follow?

1,109 responses found in *Appendix U(3)*

Question 64. How do you expect the healthcare interpreting profession or your personal work role to change over the next 2 years?

1,084 responses found in *Appendix U(4)*

Question 65. What additional professional development and/or continuing education would you like to be available for your current work role?

940 responses found in *Appendix U(5)*

The last question in the survey asked respondents to provide any additional comments about your current employment or working conditions or healthcare interpreting profession. There were 655 responses, and they may be found in *Appendix U(6)*.

4. Conclusion

The comprehensive data collected by the **Global Workforce Survey of Healthcare Interpreters** offers a detailed portrait of the healthcare interpreting profession, revealing a landscape of both shared experiences and significant disparities. The findings collectively highlight that the professional reality of a healthcare interpreter is not uniform, but profoundly shaped by their **employment status, residence, modality, and certification status**.

A central theme observed throughout the data is the clear divide in requirements, support and professional stability between staff interpreters and freelancers. This divide is rooted in systemic differences between organizations that hire and contract interpreters, with more rigorous standards typical for healthcare organizations that hire their own staff interpreters. Staff interpreters consistently benefit from more robust organizational support, including access to mental health services, provided equipment, and formal break policies. In contrast, freelancers often bear the full burden of managing equipment costs, professional development, and the emotional toll of their work with far less institutional support. These disparities extend to compensation, workload management, and job satisfaction, creating distinct professional realities that impact well-being and long-term career outlook. The data presented in this report serves as a foundation for stakeholders - from healthcare organizations and language companies to policymakers - to address these gaps and foster a more equitable, supported, and sustainable profession for all interpreters, ultimately ensuring the highest quality of patient-provider communication and patient care.

The survey findings underscore the importance of requiring certification for healthcare interpreters as a crucial, objective measure of the interpreter's qualifications and fitness for the job. This standard provides a universal and verifiable benchmark that helps mitigate the systemic deficiencies in vetting and monitoring processes identified in this report. By ensuring every interpreter, who serves the U.S. healthcare field, meets *and* maintains a core level of professional competency, CCHI certification credentials help safeguard the quality of interpreting, and ultimately, the quality of communication between healthcare providers and patients with limited English proficiency.

This report and its data serve as a vital resource for a wide range of stakeholders within the interpreting profession. **Healthcare organizations and language services companies** can use these findings to understand and improve working conditions, leading to greater job satisfaction for and retention of their interpreters, as well as to improve their internal vetting and monitoring processes. For **professional organizations and advocates**, the data provides a powerful evidence base to champion better industry recognition and support, highlighting specific areas such as compensation, benefits, and the emotional toll of the work. This report can guide **educators and trainers** in enhancing professional development opportunities, ensuring that training programs are aligned with the realities and challenges interpreters face in their daily work. By leveraging this information, all stakeholders can collaborate to foster a more professional, sustainable, and supportive environment for healthcare interpreters.

Individual interpreters can also leverage this data to their advantage. They can use the findings on compensation, benefits, and workload as a benchmark for negotiating better contracts and advocating for themselves with employing and contracting organizations. The data also empowers them to make more informed career decisions, from pursuing certification to seeking a different employment model. **By understanding the profession's broader trends, individual interpreters can become more effective advocates for their own professional well-being and the advancement of the field.**

To facilitate more granular analyses and meaningful comparisons in future studies, a more robust number of survey respondents is needed, especially from interpreters residing overseas. **We call upon professional organizations, language companies, and individual interpreters to actively participate in and promote future surveys.** This widespread collaboration is essential to building a truly representative dataset that can effectively inform and advance the entire profession.